

### MAJOR DEPRESSIVE DISORDER

Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. It affects how you feel, think and behave and can lead to a variety of emotional and physical problems. You may have trouble doing normal day-to-day activities, and sometime you may feel as if life isn't worth living.

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### SADNESS VERSUS DEPRESSION

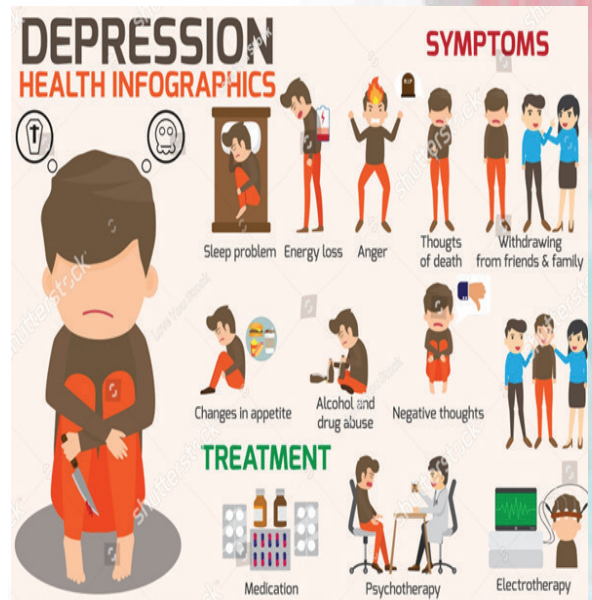


SADNESS



DEPRESSION

A typical human emotion	A medical mental illness
Typically happens in response to an event	Happens because of a life event, genetics or a mix of the two
Allows people to go about their daily activities	Gets in the way of work, relationships and daily life
Goes away with time and healthy lifestyle choices	Goes away with professional treatment, like therapy and/or medication



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# TOOL FOR MDD SCREENING:

## DSM-5 CRITERIA FOR MAJOR DEPRESSIVE DISORDER AND PERSISTENT DEPRESSIVE DISORDER

### Major Depressive Disorder (in children and adolescent, mood can be irritable)

5 or more symptoms (including at least 1 of depressed mood and loss of interest or pleasure) in the same 2 week period: each of these symptoms represents a change from previous functioning.

- Depressed mood (subjective or observed)
- Loss of interest or pleasure
- Change in weight or appetite
- Insomnia or hypersomnia
- Psychomotor retardation or agitation (observed)
- Loss of energy or fatigue
- Worthlessness or guilt
- Impaired concentration or indecisiveness
- Thoughts of death or suicidal ideation or suicide attempt

### Persistent depressive disorder (in children and adolescents, mood can be irritable and duration must be 1 year or longer)

Depressed mood for most of the day, for more days than not, for 2 years or longer

Presence of 2 or more of the following during the same period

- Poor appetite or overeating
- Insomnia or hypersomnia
- Low energy or fatigue
- Low self-esteem
- Impaired concentration or indecisiveness
- Hopelessness

Never without symptoms for more than 2 months

LEVEL OF SEVERITY	DESCRIPTION
MILD	≥5 symptoms are present which cause distress but they are manageable and result in minor impairment in social or occupational functioning
MODERATE	Both symptoms presentation and functional impairment are between mild and severe
SEVERE	Most of the symptoms are present with marked impairment in functioning. It can present with or without psychotic symptoms.

## WHO SHOULD SCREEN FOR MDD ?

Depression

Chronic Disease

Obesity

Chronic Pain

Financial Strain

Experiencing Major Life Changes

Pregnant Or Postpartum Period

Socially Isolated

Multiple Vague Symptoms

Sleep Disturbance

Substance Abuse

Loss Of Interest In Sexual Activity

Old Age

## Experts say, ask yourself these questions:



Are the things you used to be interested in not fun anymore?



Do your feelings make it really hard for you to eat, concentrate or sleep?



Are you waking up in the middle of the night feeling sad or afraid?



Are you crying more often?



Are these feelings getting worse as time goes by?

Source: Carlton Duff & Connie Scuccimarri



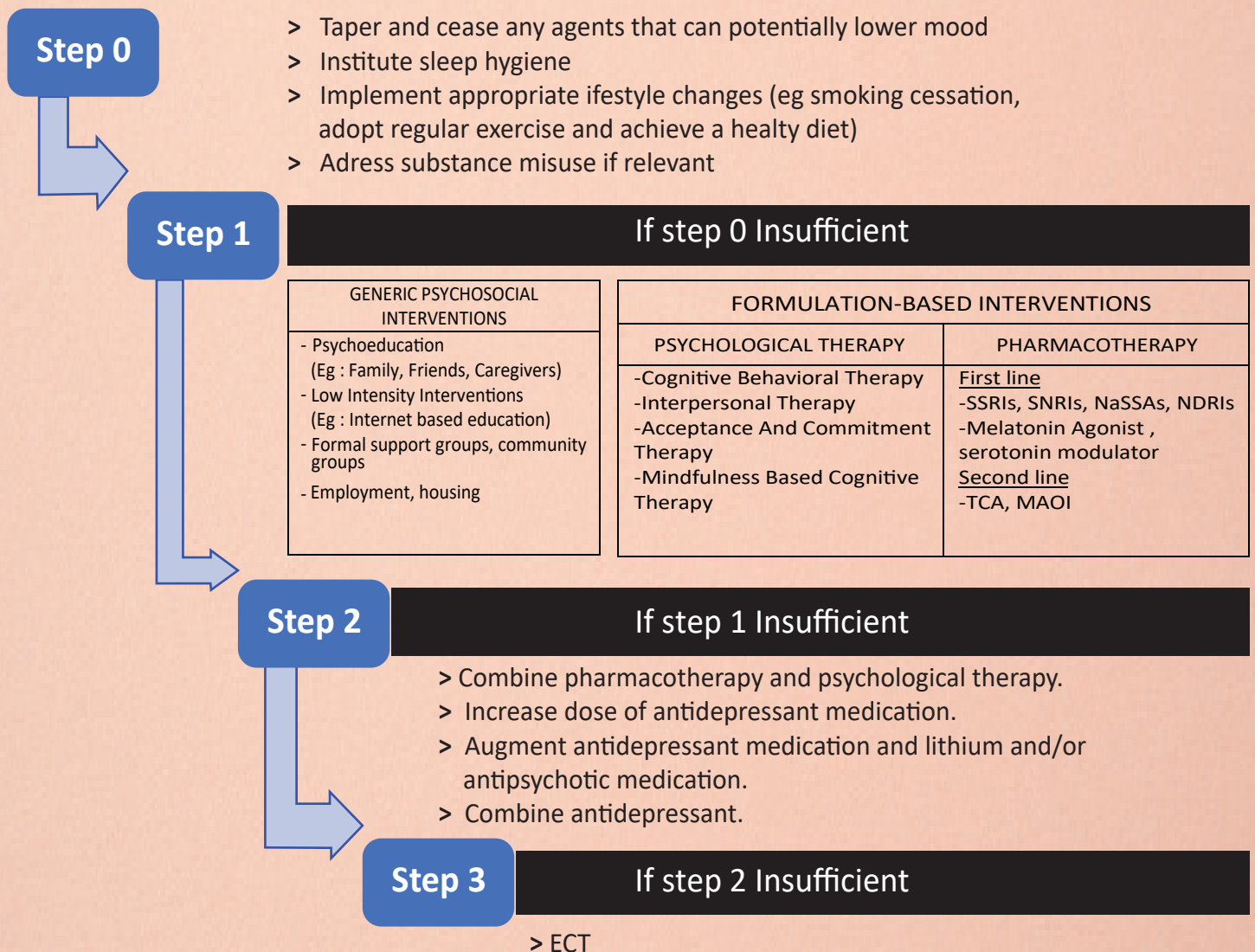
## TREATMENT MODALITIES:

- Pharmacotherapy
- Psychotherapy
- Psychosocial Intervention
- Physical
- Others – Complementary and alternative treatments

### General principles of MDD treatment are:


- to relieve symptoms
- to reduce the morbidity and disability
- to limit risks of self-harm and fatality


## The Algorithm of MDD includes:



## Pharmacotherapy options for MDD :

NAME	STARTING DOSE (mg)	USUAL DOSE RANGE (mg/day)
<b>Selective Serotonin reuptake Inhibitors (SSRI)</b>		
Citalopram	20	20-40
Escitalopram	10	10-20
Fluoxetine	20	20-60
Fluvoxamine	50-100	50-300
Paroxetine	20	20-50
Sertraline	50	50-200
<b>Serotonin and Noradrenaline reuptake Inhibitors (SNRI)</b>		
Duloxetine	20-60	60-120
Venlafaxine	37.5-75	75-225 *(375)
Desvenlafaxine	50	50-400
<b>Noradrenergic and specific serotonergic antagonist (NaSSA)</b>		
Mirtazapine	15	15-45
<b>Melatonergic agonist and Serotonergic antagonist</b>		
Agomelatine	25	25-50
<b>Multimodal Serotonin Modulator</b>		
Vortioxetine	10	10-20
<b>Noradrenaline and Dopamine Reuptake Inhibitors (NDRI)</b>		
Bupropion	150	150-400
<b>Tricyclic and Tetracyclic Antidepressants (TCA)</b>		
Amitriptyline	50-75	75-150 *(300)
Clomipramine	10-75	30-150 *(250)
Dothiepin	50-75	75-225
Imipramine	25-50	50-200 *(300)
Mianserin	30	30-90
Nortriptyline	75-100	75-150
<b>Monoamine Oxidase Inhibitors (MAOI)</b>		
Phenelzine	15	30
Moclobemide	150	150-600

 Available in Hospital Segamat

 Can up to certain dose for in-patients

# Non-pharmacological therapy:

## 1. Psychosocial Interventions

- ❖ Psychoeducation
- ❖ Counselling/Non-directive supportive therapy
- ❖ Peer Intervention
- ❖ Exercise
- ❖ Relaxation
- ❖ Psychospiritual intervention

## 2. Psychotherapy

- ❖ Cognitive behavioural therapy
- ❖ Interpersonal psychotherapy
- ❖ Problem solving therapy
- ❖ Behavioural therapy
- ❖ Third-wave cognitive behavioural therapy
- ❖ Psychodynamic psychotherapy
- ❖ Marital therapy
- ❖ Internet Cognitive Behavioural Therapy

## 3. Physical Treatment

Physical treatments are non-invasive techniques using electrical or magnetic stimulation targeting specific regions of the brain. Most of these treatments have been studied and are used in patients with treatment-resistant depression (TRD) who have failed to respond to standard treatments. There are several types of physical treatments:

- Electroconvulsive Therapy
- Repetitive Transcranial Magnetic Stimulation
- Transcranial Direct Current Stimulation

## 4. Complementary and Alternative Treatment

Complementary and alternative medicine is broadly defined as “a group of diverse medical and health care systems, practices and products that are not generally considered part of conventional medicine”. Although 10% to 30% of depressed patients are thought to use CAM treatments, there is generally no medical supervision and these treatments are often used in combination with existing medications without considering possible interactions.

- ✚ St John's wort (Hypericum extracts)
- ✚ Acupuncture
- ✚ Omega-3
- ✚ Folate
- ✚ Other treatments
  - ❖ Yoga
  - ❖ Music therapy
  - ❖ Dance therapy
  - ❖ Hypnosis

### References:

- CPG of Major Depressive Disorder (2<sup>nd</sup> Edition) 2019
- APA Guideline for The Treatment of Depression 2019

## Propofol: Risk of priapism

Propofol is indicated for the induction and maintenance of general anesthesia or sedation in children and adults during surgical or other diagnostic procedures. Currently, there are 10 registered products containing propofol in Malaysia.

Priapism refers to a pathologic, prolonged, painful erection of the penis without sexual stimulation. In most cases, it requires prompt evaluation and emergency management. There are two (2) classifications of priapism:

### 1. Low-flow (ischemic) priapism

- caused by a reduced venous drainage from the corpora cavernosa, which is commonly seen in drug-induced priapism
- considered a medical emergency as it may lead to potentially irreversible damage and impotency if not treated within 24 hours.

### 2. High-flow priapism

- precipitated by an increase in arterial inflow, which is commonly happens in post-trauma.
- not considered a medical emergency as it usually resolves spontaneously without any complications.

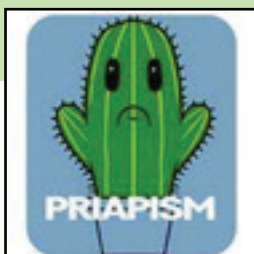
### Adverse Drug Reaction (ADR) Reports:

To date, the NPRA has received a total of 77 reports with 128 adverse events suspected to be related to propofol containing products. **However, no ADR related to priapism following the use of propofol has been reported locally.**

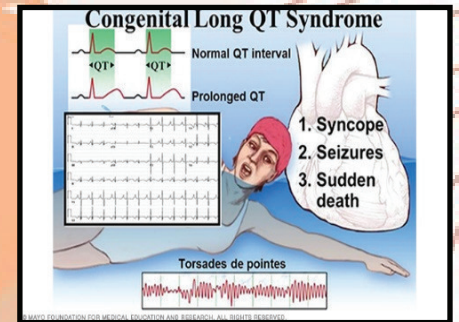
### Advice for Healthcare Professionals:

- Be alert on the risk of priapism associated with the use of propofol products.
- Low-flow (ischemic) priapism, which is commonly associated with drug use, is considered a medical emergency because irreversible damage may occur if not treated immediately. Early intervention allows the best chance for functional recovery.
- Report all suspected adverse events associated with the use of propofol products to the NPRA.

(Adapted from NPRA Safety Alerts , 25th August 2020)



# Plaquenil® (hydroxychloroquine): Risk of QT prolongation and other drug drug interactions in the context of COVID - 19 management



## Description:

In Malaysia, Plaquenil® is approved for the treatment of rheumatoid arthritis, juvenile chronic arthritis, discoid and systemic lupus erythematosus, and dermatological conditions caused or aggravated by sunlight. Due to limited clinical evidence to support the efficacy and safety of hydroxychloroquine in the management of COVID-19, Plaquenil® is not approved for COVID-19 management either alone or in combination. Any prescription issued for this purpose is considered as off-label use.

### (i) Risk of QT - prolongation

Hydroxychloroquine has been documented to cause QT interval prolongation in some patients and it is dose-dependent. The risk of cardiac events depends on several factors and is increased by the association of hydroxychloroquine with other QT-prolongation drugs, such as class IA and III antiarrhythmics, tricyclic antidepressants, antipsychotics, and certain anti-infectives. Patient's existing medical conditions such as cardiac disease, heart failure, myocardial infarction, bradycardia (<50 bpm), history of ventricular dysrhythmias and uncorrected hypocalcemia, hypokalemia and/or hypomagnesemia may also potentiate the risk of QT prolongation.

Recently, an increasing number of serious and life-threatening cases of QT prolongation, *torsades de pointes*, syncope, cardiac arrest, and sudden death have been observed following the use of hydroxychloroquine in the context of COVID-19 management. In most of these cases, the drug was used in combination with another drug known to prolong the QT interval, such as azithromycin. Upon hydroxychloroquine discontinuation, most patients were reported to recover from the adverse event.

### (ii) Other drug -drug interactions

There are also a number of known drug-drug interactions associated with hydroxychloroquine, such as:

#### Drugs affecting the absorption, concentration or efficacy of hydroxychloroquine:

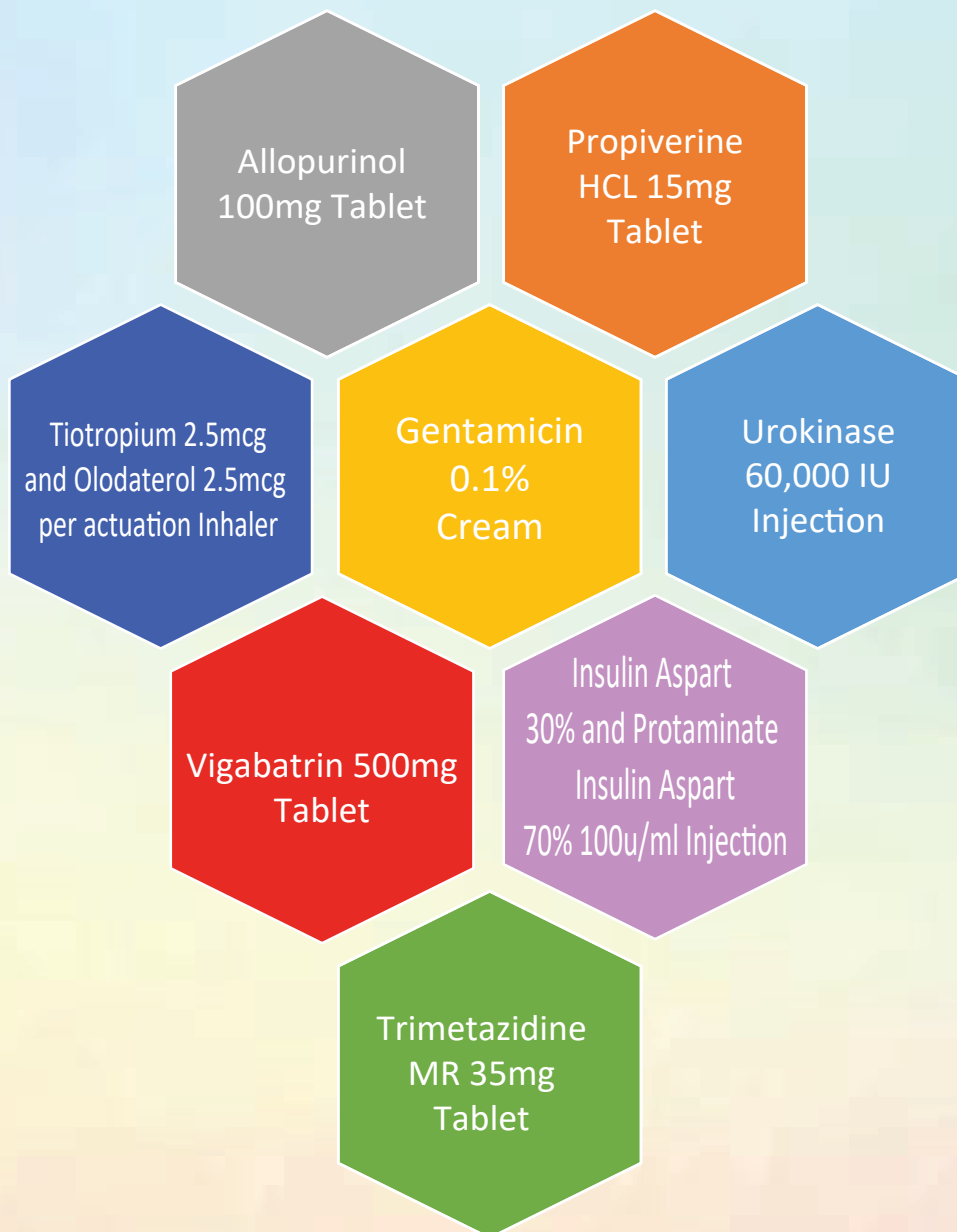
- Antacids (magnesium-containing antacids or kaolin)
- CYP2C8 and CYP3A4 inhibitors (such as cimetidine, gemfibrozil, clopidogrel, ritonavir, itraconazole, clarithromycin and grapefruit juice)
- CYP2C8 and CYP3A4 inducers (such as rifampicin, St John's Wort, carbamazepine and phenobarbital).

#### Inhibitory potential of hydroxychloroquine on other drugs:

- P-glycoprotein substrates (some of these substrates include digoxin, dabigatran and ciclosporin).

(Adapted from NPRA Safety Alerts, 14<sup>th</sup> August 2020)

# Newly Approved Drugs :



## Medication withdrawn From Hospital Segamat Drug Formulary (Mesyuarat JKUT Bil. 3/2020)

- 1) Acitretin 25mg Capsule
- 2) Perphenazine 4mg Tablet
- 3) Supp. Lignocaine , Aluminum acetate, Zinc Oxide , Hydrocortisone
- 4) Clonazepam 0.5mg Tablet



# PRODUCT CHANGES HOSPITAL SEGAMAT OCTOBER - DECEMBER 2020

## Tranexamic Acid 250MG Capsule



Brand: Tren®  
Manufacturer: Y.S.P Industries



Brand: Transamin®  
Manufacturer: Daiichi Sankyo

## Celecoxib 200MG Capsule



Brand: Celebib®  
Manufacturer: Macleods



Brand: Hovid-Celecoxib®  
Manufacturer: Hovid

## Latanoprost 0.005% Eye Drop



Brand: Latandrops®  
Manufacturer: Vianex S.A



Brand: Xalatan®  
Manufacturer: Pfizer

## Clopidogrel 75mg Tablet



Brand: Ceruvin®  
Manufacturer: Ranbaxy



Brand: Vitraq®  
Manufacturer: Xepa

### Esomeprazole 40mg Tablet

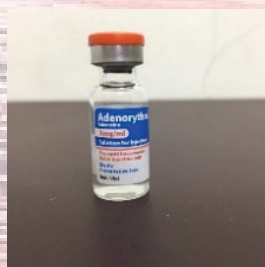


Brand: Axiago®  
Manufacturer: AstraZeneca

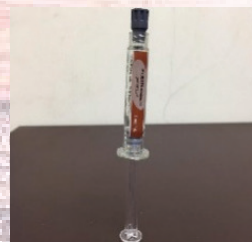


Brand: Emanera®  
Manufacturer: KRKA

### Adenosine 3mg/ml Injection



Brand: Adenorythm®  
Manufacturer: Vianex S.A

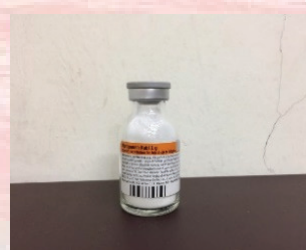


Brand: Myodeen Adenosine®  
Manufacturer: Gland Pharma

### Meropenem 1g Injection



Brand: Nuronem®  
Manufacturer: Sun Pharma



Brand: Meropenem Kabi®  
Manufacturer: Fresenius Kabi

# AKTIVITI JABATAN FARMASI

Audit Dalam EKSA Jabatan Farmasi 2020 (4 Oktober 2020)

Johan : Zon FLORA



Majlis Perpisahan Puan Suhadaniah (20 Oktober 2020)



Minggu Kesedaran Antibiotik Sedunia ( 15/11/20-18/11/20)



# WELCOME NEW STAFF TO HOSPITAL SEGAMAT



Nama : Nurul Izyan Izzaty Binti Pairan  
Jawatan : Pegawai Farmasi UF41



Nama : Muhammad Hanif Bin Abdul Rahman  
Jawatan : Pegawai Farmasi UF41 (PRP)



Nama : NorzieLa Rahyza Binti Zamri  
Jawatan : Penolong Pegawai Farmasi UF32



Nama : Muhd Redhuan Bin Nordin  
Jawatan : Penolong Pegawai Farmasi UF32

## Transfer Out:

Puan Suhadaniah Binti Mamat  
(KK Sultan Ismail, Johor Bahru)

## Drug Information & Enquiries on Medication

Enquiries on medication may directed to the National Pharmacy Call Centre Toll Free Line 1-800-88-6722 (Mon to Fri, 8.00am to 5.00pm). Questions on medication can also be emailed to online services at Know Your Medicine official website

<http://www.knowyourmedicine.gov.my/>

Drug Information Centre Hospital Segamat can be reached at 07-9433333 (ext.141) during office hours (Mon to Fri, 8.00am to 5.00pm).