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# Antidepressant use

**Keywords:** general practice; mental health, prescriptions; antidepressive agents



The recent 2009–2010 National Prescribing Service (NPS) Evaluation Report<sup>1</sup> used Pharmaceutical Benefits Scheme (PBS) prescribing data to examine antidepressant prescribing. The report stated that general practitioner antidepressant prescribing in 2007–2009 was lower than expected due to NPS interventions. This article tests this statement using 12 years of nationally representative BEACH data, which includes data on antidepressants prescribed by GPs – not just those subsidised through the PBS.

First we examined the rate per 1000 encounters of total prescriptions of antidepressants (including repeats) and the prescription rate of antidepressants for depression (as only about 70% of antidepressants are prescribed for depression<sup>2</sup>) for every year in BEACH. Antidepressants were defined as all Australian Therapeutic Category N06A medications. We compared these two BEACH results with the NPS figures reported (Figure 1). Between 1998–1999 and 2004–2005, the NPS figures show an ~80% increase in the PBS paid prescriptions of antidepressants generated by GPs, but there was only an 18% increase in both BEACH rates. Between 2004–2005 (the first year of NPS interventions) and 2008–2009 (the last year for which reductions were reported) both BEACH rates of antidepressant prescriptions increased significantly while the PBS figures reported by NPS showed no change.

Next we examined the management rate of depression and the prescribing of antidepressants for the management of depression (including repeats). Figure 2 shows that the rate of antidepressants prescribed (including repeats) per 100 depression problems managed increased between 1998–1999 and 2005–2006 and subsequently remained relatively steady. Conversely the rate at which depression was managed stayed relatively unchanged between 1998–1999 and 2006–2007. Since then it has significantly increased. Our results show that the GP prescribing of antidepressants has increased. However, the recent increase is not due to an increase in prescribing for depression but is largely explained by an increase in the management rate of depression since 2006–2007, which coincidentally ties in with the introduction of the 'Better Access' initiative.

These results demonstrate that GP generated, PBS paid antidepressant prescriptions cannot be regarded as synonymous with 'GP prescribing of antidepressants'. Differences in the two results are likely due to changes over time in the medications paid by the PBS.

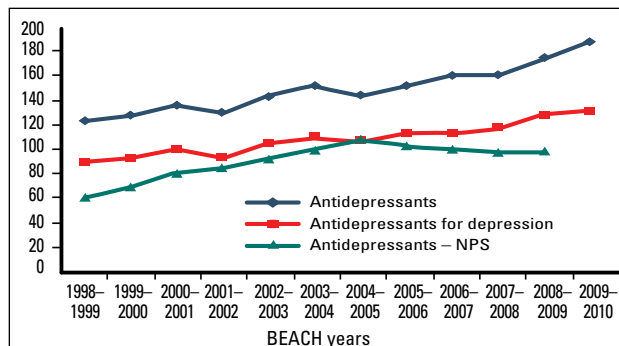


Figure 1. BEACH – antidepressants (including repeats) compared to NPS,<sup>1</sup> rate per 1000 encounters

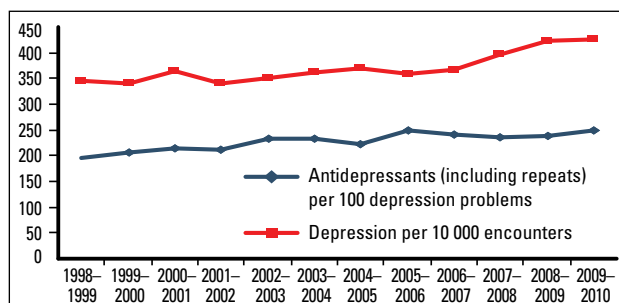


Figure 2. Management rate of depression and prescribing rate of antidepressants (including repeats) for depression

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Conflict of interest: none declared.

## Acknowledgments

The authors thank the GP participants in the BEACH program and all members of the BEACH team. Financial contributors to BEACH between 1998 and 2010: Australian Government Department of Health and Ageing; Australian Government Department of Veterans' Affairs; Australian Safety and Compensation Council, Department of Employment and Workplace Relations; Australian Institute of Health and Welfare; National Prescribing Service; Abbott Australasia; AstraZeneca Pty Ltd (Australia); CSL Ltd; GlaxoSmithKline Australia Pty Ltd; Janssen-Cilag Pty Ltd; Merck, Sharp and Dohme (Australia) Pty Ltd; Novartis Pharmaceuticals Australia Pty Ltd; Pfizer Australia; Roche Products Pty Ltd; Sanofi-Aventis Australia Pty Ltd; Wyeth Australia Pty Ltd.

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