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Abilify for Depression

Abilify® (aripiprazole) is the newest "antipsychotic" kid on the block, although it's been around for a few years now. Its popularity is increasing as prescribers seek alternatives for residents with behavioural challenges. Its greatest utility, however, may be in treating resistant depression, where standard antidepressant therapy has been unsuccessful.

Depression treatment typically starts with an SSRI (e.g. citalopram, escitalopram or sertraline). If maximal dosing fails to resolve the depression, an SNRI (venlafaxine, duloxetine), mirtazapine or bupropion are the next first-line options. If the depression does not resolve, the prescriber faces a challenge. A second antidepressant can be added, but adding an antipsychotic, particularly Abilify®, may produce superior results.

A handful of small studies in older adults show remission is achieved in roughly half of patients with resistant depression who add Abilify® to their SSRI. A US Veteran's Affairs study of over 1500 subjects showed a 29% remission rate, with depressive symptoms reduced by 74%.

Abilify® is a convenient drug, with once daily dosing. Its adverse effect profile is similar to that of the other atypical antipsychotics, with some possible advantages. Where olanzapine and quetiapine frequently cause metabolic disturbance and diabetes, Abilify® is only minimally implicated. Anticholinergic activity seems to be limited, so constipation and cognitive impairment are less problematic than with other agents. QT prolongation is a class effect of the atypicals, but some sources suggest it is less of a concern with Abilify®.

Augmenting SSRI treatment with Abilify® did yield adverse effects in some cases. Akathisia (restlessness), anxiety, sedation, weight gain, blurred vision and constipation all occurred more frequently that in the placebo group. Responding subjects tended not to drop out, however, as the improvement in depressive symptoms outweighed these effects. Abilify® does carry a black box warning for increased mortality in dementia, due to CV effects. Its classification as an antipsychotic is also a deterrent, so documentation must show it is being used as an antidepressant in these cases. Cost has been a major impediment to the use of this drug, but a generic form will be available shortly, making it more cost efficient to use.

Atropine Drops Dropped

Atropine eye drops are no longer with us. Alcon has ceased production of this and a similar drop, Isopto-Homatropine. These anti-cholinergic drugs are best known for forcing the eye to dilate, necessitating the use of sunglasses after a trip to the ophthalmologist. Dilatation is very useful clinically in treating inflammatory conditions, such as iritis, where contracting (dilating) the iris prevents it from sticking to the lens and becoming damaged.

Alternate eye drops, such as Cycogyl® and Mydriacyl® are similar to atropine (though not covered by ODB), so they can be substituted.

The bigger problem we face is finding an alternative to atropine drops for drying lung secretions in end of life care. Scopolamine or glycopyrrolate injections are not always available and Transderm V patches have a delayed onset of 4 – 6 hours. Atropine drops, administered orally, were ideal for this indication. The comparable eye drops may be effective, but there are no supportive studies. Perhaps scopolamine s.c. stat followed by Transderm patch application is the best approach for now.

Prepared by Randy Goodman
Board Certified Geriatric Pharmacist