

## 1. Adverse reaction to an antidepressant?

A psychiatry registrar asks for your advice concerning a patient who has experienced reduced libido since they started taking fluoxetine.

Suggested questions to ask include:

**(a) When did the patient experience reduced libido in relation to starting fluoxetine?**

To help assess whether fluoxetine is a likely cause of the reduced libido.

**(b) Does the patient take any other medicines?**

To enable you to identify other possible causes. Also if you are going to recommend an alternative, then there may be drug interactions to consider.

**(c) What dose of fluoxetine is the patient taking?**

A dose reduction may sometimes be appropriate.

**(d) What is the indication for the fluoxetine?**

Although it may seem obvious it's important to check the indication. This may help you to suggest clinically relevant alternatives if required.

**(e) Does the patient have any other significant medical conditions or allergies?**

This may highlight other possible causative factors and, if swapping medicines is appropriate, whether there will be any drug-disease interactions to consider.

**(f) How is the patient otherwise tolerating the fluoxetine?**

To help you to decide on the best course of action. If the patient is suffering other side effects with fluoxetine then it may be preferable to switch to an alternative agent.

**(g) Is the patient responding to fluoxetine, and what antidepressants have they tried before, if any?**

If the patient has tried and failed to respond to other antidepressants, but is doing well on fluoxetine, then it may be advisable to stick with this but trial a dose reduction or 'drug holiday'. If you did decide that a switch to an alternative agent is required, then it's useful to know what the patient has tried previously.

Suggested Sources:

- The BNF or SmPC for fluoxetine is a good starting point to check whether reduced libido is listed as a side effect. The Maudsley Prescribing Guidelines and/or Bazire's Psychotropic Drug Directory may have advice on managing the side effect. You may also have local mental health guidelines on the topic.

## 2. Choice of antidepressant

On a ward round, you are asked about the choice of antidepressant in a patient with chronic liver cirrhosis. The team are unsure which agent would be most appropriate.

Suggested questions to ask include:

**(a) If the patient didn't have liver disease which antidepressant would the team normally use?**

This will give you a starting point in your search for an appropriate medicine.

**(b) Has the patient taken any antidepressants before? If yes, how have they responded to, and tolerated them?**

Establishing the patient's antidepressant drug history will help you to choose a suitable agent.

**(c) What is the clinical presentation of the liver cirrhosis?**

Choosing a medicine for a patient with liver disease can be complex and it is important to know whether, for example, their clotting is impaired so that you select an agent with a lower risk of bleeding.

**(d) What medicines are they currently taking? Have any started recently?**

To enable you to check for interactions with the treatment you advise, and to see whether the patient's depression could be drug-related.

**(e) Does the patient have any other current medical conditions?**

To help identify any drug-disease interactions with the treatment you advise.

**(f) Does the patient have any allergies to medicines?**

Suggested Sources:

- The Maudsley Prescribing Guidelines and/or Bazire's Psychotropic Drug Directory should be amongst the first resources to check. You may have local mental health guidelines on the topic, or you could try searching for review papers using Embase and/or Medline. NHS Evidence might help you to pick other guidance such as that through the Royal Colleges.

### 3. Interaction with an antipsychotic

*A doctor bleeps you about a patient who needs a course of erythromycin, but the e-prescribing system has flashed up a warning about QT prolongation with their zuclopenthixol depot. Is this combination safe to prescribe?*

Suggested questions to ask include:

**(a) What are doses of both medicines?**

This may help you ascertain the risk of concurrent use, especially if the reaction is dose-related.

**(b) What are the indications for both medicines?**

To help you explore alternative antibiotics if necessary.

**(c) Does the patient have any allergies to medicines?**

To help you explore alternative antibiotics if necessary.

**(d) Does the patient have a history of cardiac problems, or any other medical problems that might predispose them to QT interval prolongation?**

To help assess the risk posed to the individual patient of receiving this combination of medicines.

**(e) Is the patient taking any other medicines?**

To check whether any other of the patient's medicines are associated with an increased risk of QT prolongation. Also, if you do decide to recommend an alternative, then you'll need to check for potential interactions too.

Suggested Sources:

- The product SmPCs and Stockley's Drug Interactions will be good starting points. The Maudsley Prescribing Guidelines, Bazire's Psychotropic Drug Directory, Martindale and AHFS may also be helpful. SPS have produced a Medicines Q&A on general considerations when prescribing drugs that prolong the QT interval which you may find helpful as background reading.