

## ABSTRACT

### **ANTIDEPRESSANT PROFILE IN DEPRESSIVE PATIENT (Study at Psychiatry Ambulatory Care Dr. Soetomo Teaching Hospital Surabaya) Nur Aida Ayu Kusumaningtyas**

Depression is a mood disorder that causes a persistent feeling of sadness with accompanying symptoms, such as changes in sleep patterns, appetite, psychomotor and concentration, anhedonia, fatigue, frustration and helplessness, and suicidal thoughts that lasted for at least two weeks (Sadock *et al.*, 2009; Maslim, 2013). In the management of therapy, there are several types of drugs to treat depression and provide individual responses to each patient.

The aims of this study was to describe the profile of drugs used in depression, including type of drug, dosage, and frequency, associated with the clinical data of patients. In addition, this study also aims to identify Drug Related Problems (DRPs) that might happened. This observational study was conducted retrospectively using medical record of depressive patient in Department of Psychiatry Ambulatory Care Dr. Soetomo Teaching Hospital Surabaya on period June 1<sup>st</sup> 2014 – March 31<sup>st</sup> 2015 (N=44). This study was reviewed by Ethical Board Review of Health Research Dr. Soetomo Teaching Hospital Surabaya.

The results showed that main drugs that used in the case of depression were amitriptyline (9%), maprotiline (5%), fluoxetine (82%), and sertraline (23%). The dosage and frequency were in accordance with the literature which, the dose of amitriptyline 12,5-25 mg once up to three times a day, dose of maprotiline 25 mg once a day, dose of fluoxetine 10-20 mg once up to twice a day, and dose of sertraline 25-50 mg once up to twice a day. The actual DRPs in this study were occurred in one patient who received amitriptyline in the form of a dry mouth, rebound depression happened to one patient because dose reduction of fluoxetine, and one patient who received fluoxetine in the form of nausea, bloating, and headache. Potential interaction was the interaction between sertraline with antipsychotic clozapine which could increase the plasma concentrations of clozapine, thus giving a combination of these two drugs had to be considered and monitored side effects, as well as lowering the dose of clozapine performed if necessary.

**Keywords** :depressive, antidepressants, TCA, SSRI, ADRs, antidepressants interactions