Guiding discontinuation of antidepressants by community pharmacists: A mixed-methods study

Sally Harbiye (6766110)
FA-MA203 Research Project, Universiteit Utrecht. Examiner: Dr. Marle Gemmeke.
Daily supervisor: Samah Bouarfa MSc. Referee: Prof. Dr. Jacqueline Hugtenburg.
Amsterdam UMC, location VUmc, Department of Clinical Pharmacology and Pharmacy.
June 2024

Abstract

Background
Despite guidelines recommending antidepressants (ADs) discontinuation after remission or relapse, many patients continue long-term AD use. Long-term AD use increases risks of harmful side effects, drug-drug interactions, and the feeling of dependence. Therefore, AD discontinuation may benefit some patients. The Dutch multidisciplinary guideline for reducing and stopping ADs provides recommendations based on expert opinions due to a lack of scientific evidence and is poorly implemented because of unclear responsibilities among healthcare providers (HCPs). This can leave patients uninformed, impacting their discontinuation process. In addition, pharmacists can play an important role in guiding patients for AD discontinuation. Their expertise in medication management allows them to identify patients for AD discontinuation, manage the process, and help with issues that may arise during discontinuation. Guidance and collaboration protocol were formulated based on literature combined with a context analysis conducted among HCPs and an interview study was conducted to investigate patients' needs and wishes regarding guidance for AD discontinuation.

Objective
This study tested an evidence-based guidance and collaboration protocol for AD discontinuation in daily pharmacy practice.

Methods
A mixed-methods proof-of-concept study was part of phase II of the Pharm Guide AD involving community pharmacists in the Amstelland region. Patients were selected in the pharmacies via the pharmacy information system (PIS) and flyers. Those meeting the inclusion criteria and deemed eligible for discontinuation after GPs assessment began the AD discontinuation. Data was collected from February 2024 to June 2024 through interviews and questionnaires with patients and pharmacists. Transcripts were analyzed using inductive thematic analysis, while quantitative data was analyzed using descriptive and logistic regression analysis. Assessments are made using the RE-AIM framework. This framework improves the measurement of outcomes at individual and organizational levels, focusing on five key dimensions: Reach, Effectiveness, Adoption, Implementation, and Maintenance.

Results
The results show that challenges are faced in patient recruitment due to various challenges, including patients' preferences and pharmacist's workload. Collaboration with GPs was effective during the preparation phase, although GPs had a limited role during the AD discontinuation. While patient selection demanded effort and time, tools like the STIZON monitor could streamline this process. Despite initial obstacles, pharmacists found the guidance protocol to be clear and effective. They played a crucial role in informing and guiding patients through the process, and patients valued them for their proactive support and effective communication. Patient feedback highlighted the need for better preparation and proactive follow-up during AD discontinuation. While pharmacists recommended the intervention for its effectiveness, challenges like time investment and compensation remain to be addressed for sustained implementation. However, the intervention holds potential for long-term reduction of AD use.

Conclusion
The challenges regarding AD discontinuation identified in previous studies, within the context analysis involving HCPs and patient interviews to investigate the needs and wishes regarding guidance, have been addressed through the development of the Pharm Guide AD protocols. By analyzing both patients' and pharmacists' perspectives, this study has shown various successes and challenges in implementing the Pharm Guide AD protocols for AD discontinuation in daily pharmacy practice. Further research is necessary to test these protocols, including comparative studies across various settings, randomized controlled trials, exploring post-discontinuation, and assessing the maintenance of the intervention could provide insights into its long-term sustainability.

1. Introduction

In recent years, the use of antidepressants (ADs) has significantly increased globally [1]. In 2023, there were 1.2 million users of AD in the Netherlands. Compared to 2018, the number of AD users has increased by 29% in 2023. The growth is largely attributed to patients who use ADs for longer periods [2, 3]. The average duration of treatment exceeds two years [4].

According to the Dutch general practitioners' (GP) guideline to treat depression, discontinuation of ADs should be considered six months after remission or one year after relapse [5]. Despite these guidelines, 33% of Dutch patients were using ADs for more than two years in 2018 [6]. Long-term use of ADs may prevent relapses in chronic depression [7, 8]. However, it has also been suggested that long-term use of ADs is ineffective. [9] In general, AD use increases the risk of harmful side effects, drug-drug interactions, and the feeling of dependence among patients [9]. This implies that it may be beneficial for some patients to discontinue the use of ADs.

Multiple studies have indicated that abruptly discontinuing ADs can result in antidepressant discontinuation symptoms. Examples of antidepressant discontinuation symptoms are flu-like symptoms, insomnia, nausea, imbalance, sensory disturbances, and hyperarousal and seem to occur less if the dose of ADs is gradually reduced [10-12]. However, discontinuation of ADs appears to be difficult. A study, in which questionnaires were completed by patients, found that 42% of the 3600 patients failed to discontinue their AD [13]. Whether the discontinuation of ADs is successful or not depends on patient-related and physician-related factors. Due to fear of relapse of their depression, unstable life circumstances or inadequate information about discontinuation from physicians, discontinuation is often not successful [14, 15, 17]. To increase the success, AD discontinuation must be done under the competent guidance of a healthcare provider (HCP). Guidelines can help HCPs to guide patients optimally by ensuring consistent care, efficient communication, patient-centered care based on the patients' needs and preferences, and continuity of the care [18]. Therefore, there is a need for specific guidelines for discontinuation of ADs.

However, there is a lack of scientific evidence to provide specific guidelines for AD discontinuation. For that reason, the Dutch multidisciplinary guideline for reducing and stopping ADs (Discontinuing SSRIs and SNRIs) provides recommendations based on expert opinions. These guidelines are based on patient perspectives, available (scientific) literature, psychopharmacology, and practical experience. Unfortunately, the multidisciplinary guideline is not sufficiently implemented, probably due to lack of agreements and collaboration between HCPs. For example, it is indicated to explain to the patient that antidepressant discontinuation symptoms can occur, but it is not specified who is responsible for the counselling of these patients. As a result, there is a chance that antidepressant discontinuation symptoms may or may not be explained to the patient. This can lead to patients not having clear expectations, which can impact their AD discontinuation [19, 20]. Therefore, there is a need to improve agreements between HCPs [21].

Besides the lack of agreements and collaboration between HCPs, additional challenges have been identified for AD discontinuation. Firstly, GPs may be hard to reach due to a lack of time [16]. Secondly, GPs may provide inadequate guidance due to insufficient information given to the patient regarding discontinuation [16]. For example, guidance on how to discontinue ADs, as well as the risk and benefits of discontinuing ADs, are not discussed. Additionally, patients believed that GPs are responsible for initiating discussions about discontinuation [14, 16, 21]. However, pharmacists can also play an important role in guiding patients during AD discontinuation. Because pharmacists maintain a trusting relationship with patients who usually visit a single pharmacy, they are easily accessible to them. They also have expertise in medication management [22]. Therefore, pharmacists should have the opportunity to identify patients to initiate AD discontinuation, as well as to manage discontinuation and help patients with issues that may arise during AD discontinuation. So, pharmacists can play a valuable role in educating patients and

supporting them throughout the AD discontinuation process [23, 24].

During phase I of the pilot study of the Pharm Guide AD study, protocols were developed to guide patients using ADs. These include a collaboration protocol between pharmacists and GPs, as well as a protocol to guide patients [Appendix 1-3]. These protocols were formulated based on literature combined with a context analysis that was carried out among HCPs (GPs, pharmacists and psychiatrists) [14]. In addition, an interview study was conducted to investigate patients' needs and wishes regarding guidance for AD discontinuation [15].

To improve the collaboration between pharmacists and GPs, the patient guidance, and to increase the success of AD discontinuation, more research is needed to evaluate the Pharm Guide AD protocols. Therefore, the aim of the Pharm Guide AD study is to test the Pharm Guide AD protocols for guiding the discontinuation of SSRIs and SNRIs in daily pharmacy practice.

2. Methods

2.1 Study design and recruitments

A mixed-methods proof-of-concept study was part of the phase II of the Pharm Guide AD involving community pharmacists in the Amstelland region, as outlined in Figure 1.

The qualitative and quantitative data are derived from interviews with and questionnaires for the community pharmacists and patients [Appendix 4, 5]. The qualitative and quantitative assessments are made using the RE-AIM framework [Appendix 6]. This framework improves the measurement of outcomes at individual and organizational levels, focusing on five key dimensions: reach, effectiveness, adoption, implementation, and maintenance. This enhances the adoption and sustainable implementation of the intervention [25]. The total duration of the Pharm Guide AD study is three years. Phase I ended on September 2023 and phase II started on January 2024. This study is part of the phase II study. Collection of preliminary data took place from February 2024 to June 2024.

2.1.1 Recruitment of pharmacists

The study population consisted of community pharmacists who guided patients during AD discontinuation. The pharmacists were recruited through the regional pharmacists' organization, Zorggroep Apothekers Amstelland. There is a strong collaboration between GPs and pharmacists in the Amstelland region in the Netherlands. They play an important role in healthcare innovation by supporting and guiding it. Pharmacists in the Amstelland region have been actively involved in innovating and testing pharmaceutical care for many years [26]. During the pharmacotherapy consultation meeting, which is held periodically between GPs and pharmacists, agreements based on the collaboration protocol were discussed. The pharmacists were contacted by email. Information about the research project has been provided. In addition, the pharmacists underwent training at the beginning of this project. The training provided information

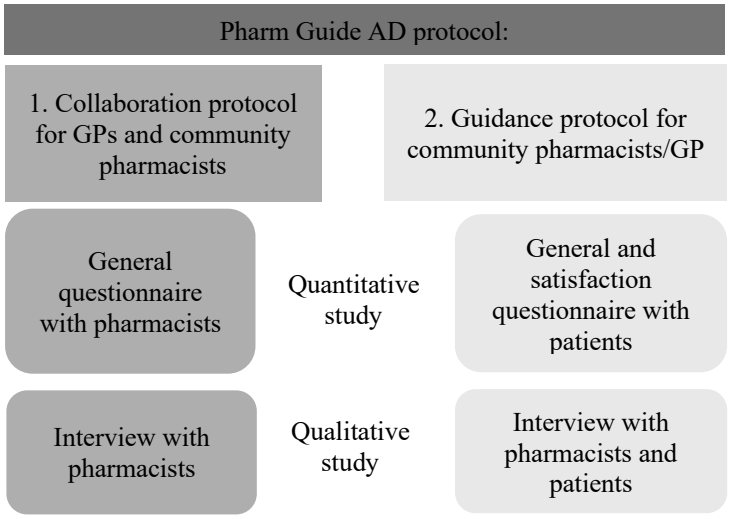


Figure 1. Overall approach of the mixed-method study.

about the project and the guidance for AD discontinuation, based on the guidance protocol [Appendix 1]. One week prior to the training, pharmacists received an informed consent (IC) form by email. The signed IC forms were collected by the researchers on the day of training. After the training, project folders were sent to the pharmacists by email. Additionally, appointments were scheduled to visit the pharmacies in person to deliver the project folders, flyers and assist the pharmacists with patient recruitment.

2.1.2 Recruitment of patients

The patient population consisted of long-term AD users. Patient recruitment was conducted by the pharmacist, and each pharmacy aimed to include at least five patients for discontinuation of AD. The overall patient recruitment is illustrated in Figure 2. There were two methods for patient recruitment: informing patients by presenting flyers in the pharmacy and selecting patients by searching within the pharmacy information system (PIS) [Appendix 7]. A list of potential patients belonging to the latter group was then sent to GPs to verify whether patients are eligible for participation in the study. The eligible patients received an invitation letter and IC by post [Appendix 8]. One week after sending the invitation letters, patients were contacted by telephone and asked about their willingness to discontinue their AD use. A script was used for contacting patients by telephone [Appendix 9]. During or after AD discontinuation, the pharmacists informed the patients about the study and asked them if they were interested in participating in this study. After agreement the patient was enrolled in the AD discontinuation process. For evaluation of the guidance provided, patients were asked to fill out two questionnaires. In addition, some patients gave consent to be interviewed. These patients signed an IC prior to the interviews. Patients were recruited until saturation of data was reached.

Signed ICs of both pharmacists and patients were stored in a secured environment at the Amsterdam University Medical Centre, location VUmc. The pharmacists have received 20 euros for participating in an interview, and patients received a gift voucher worth 20 euros for participating in this study.

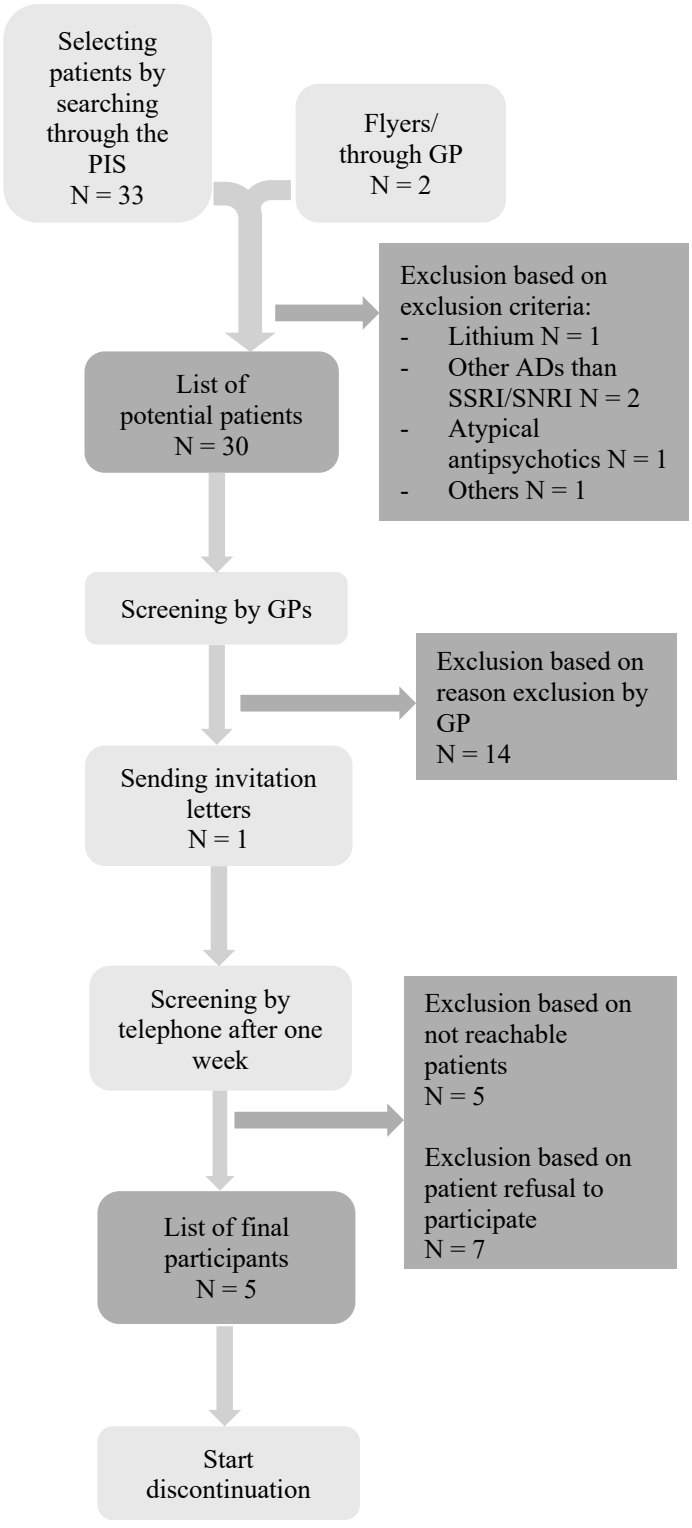


Figure 2. Patient recruitment (in light grey) and the number of patients included and excluded (in dark grey).

2.2 Participants

The inclusion criteria were patients aged 18 years or older, SSRI or SNRI use at least six months, SSRI or SNRI use for the treatment of depression and/or anxiety and in remission for more than 6 months. Prolonged use is defined as using ADs for more than 6 months. If the patient had not experienced depressive symptoms and/or anxiety for more than six months, it means AD discontinuation is possible [5, 27].

A patient is considered complex, when being treated for conditions other than depression and/or anxiety, is using lithium, other ADs than SSRIs/SNRIs, and atypical antipsychotics or benzodiazepines at dose not equivalent to 10 mg of diazepam. Those patients who use SSRIs or SNRIs and any of the medicines mentioned above, may face more difficulties, and can yield mixed effects while discontinuing. Therefore, these patients were excluded from this study [26, 27]. However, this does not apply to ADs other than SSRI or SNRI at doses below the minimum effective dose, and benzodiazepines at doses under an equivalent of 10 mg of diazepam, because they are used for sedative purposes.

2.3 Data collection

Questionnaires and interviews were conducted with both pharmacists and patients [Appendix 2.2, 3.2, 3.3]. The questionnaires and questions for the interviews were developed by the research team based on literature and experience.

The pharmacists handed over the general and satisfaction questionnaires to the patients after the discontinuation. In the general questionnaires patients were asked about which medication they were discontinuing, the reason for discontinuation, whether they had achieved their discontinuation goal, and whether they had experienced antidepressant discontinuation symptoms. Additionally, they were asked to assess the collaboration among HCPs involved in their care [Appendix 5.1]. In the satisfaction questionnaires patients were given statements about the pharmacists' guidance and what they consider important during a consultation with the pharmacist. Patient were also asked whether they would recommend the pharmacists' guidance to others and what compliments or suggestions they had for the pharmacist. The patients' questionnaire includes a query regarding their willingness to participate in an interview [Appendix 5.2]. The pharmacists submitted their questionnaires prior to the interview. In the pharmacists' questionnaire, pharmacists were asked about their satisfaction with the training and the collaboration protocol. In addition, they were asked questions about the communication with other HCPs [Appendix 4.1].

In total, one pharmacist and five patients completed the questionnaires. The results from the questionnaires were transferred to an Excel file containing patient characteristics. In addition, patient characteristics were extracted from the pharmacy information system. Both the results from the questionnaires and patient characteristics were stored for 10 years in a secured environment at the Amsterdam UMC, location VUmc.

Interviews were conducted with one pharmacist and four patients between september 2023 and June 2024 using a questionnaire by the research team. The semi-structured questionnaire of the pharmacists consists of the following topics: the recruitment of patients, experience during this project, the training, patients' guidance and their experience and opinions regarding the collaboration protocol [Appendix 4.2]. The semi-structured questionnaire of the patients consists of the topics: expectations and experience regarding the AD discontinuation, and their experience and opinions regarding the guidance from pharmacists [Appendix 5.3]. Despite the structure, the interviews were interactive conversations. Individual interviews were conducted either face-to-face or by telephone in a private room, depending on the individual preference. All interviews were audio-recorded and then transcribed verbatim. After transcribing, the recordings were deleted, and the transcripts were stored in a secured environment at the Amsterdam UMC, location VUmc. The name of the pharmacy and the patient were encoded to ensure anonymity. The interview with the pharmacists took approximately 35 minutes, and 19 minutes (range 12 to 27 minutes) with the patients. Interviews were continued until data saturation was reached.

2.4 Data analysis

During data collection, analysis was conducted simultaneously. For this qualitative study, inductive thematic analysis was applied to generate themes using the Braun & Clarke six-stage approach: familiarizing with the data (1), generating initial codes (2), searching for themes (3), reviewing themes (4), defining and naming themes (5) and drafting results in thesis (6) [30, 31]. In brief, the transcripts were independently open coded by two researchers using the MAXQDA software. Based on the codes, themes and subthemes were formulated. To ensure the trustworthiness of the findings, the research team compared the codes and adjusted them until consensus is reached. For this article, anonymous quotes were translated from Dutch to English.

For the quantitative study, descriptive and logistic regression analysis techniques were used. The statistical analysis was conducted in SPSS.

3. Results

3.1 Patient outcomes

The interview data from patients were categorized into four themes: guidance by the pharmacist, therapeutic relationship between patient and pharmacist, patient's experiences with the AD discontinuation, and patient's experiences after the AD discontinuation. An overview of the themes, subthemes, and their descriptions is provided in Table 1. Because four patients were interviewed, data saturation may not have been reached. Additionally, the results of the interview and questionnaires were described below by each dimension of the RE-AIM framework.

Table 1. Overview of themes and subthemes of the patients' interview.

Theme	Subtheme	Description	RE-AIM
Theme 1. Guidance by the pharmacist	1.1 Patients' experiences with pharmacist's attitude	• Positive experience with pharmacist guidance: pharmacist thought along well, shows interest, was proactive, and involved.	Effectiveness
	1.2 Patients' experiences with pharmacist's support	• Patient needed support during AD discontinuation: encouraging in the right direction, and pharmacist as a safety net. • Essential for supportive guidance: quick access, contact moments, and clarity.	
	1.3 Patients' recommendation regarding the pharmacists' guidance	• Patients recommended the pharmacist in another AD discontinuation. • Patients recommended awareness through media. • Patients recommended pushing patients during AD discontinuation and to be proactive in questioning patients.	Maintenance
Theme 2. Therapeutic relationship between patient and pharmacist	2.1 Patients' experiences with the first consultation by the pharmacist	• The first consultation was clear, and patients had no expectations.	Effectiveness
	2.2 Patients' experiences with communication with pharmacist	• During the AD discontinuation, there was: personal contact, contact moments, contact through WhatsAppp, quick access, and quick responds • Trusting the pharmacists	
	2.3 Shared decision-making between patient and pharmacist	• Patients and pharmacists had a good agreement on the AD discontinuation schedule. • Patient had room for their own input and understanding of what patient finds comfortable.	
	3.1 Accessibility of the pharmacists	• Pharmacists were easier to reach than the GP, who has lack time	

Theme 3. Patient's experiences with the AD discontinuation	3.2 Expectations of the AD discontinuation	• No expectations • Not expecting personal contact with pharmacist • Expecting withdrawal symptoms • Unawareness about pharmacists' role: positively surprised • Negative perception of the pharmaceutical industry.	Effectiveness
	3.3 Starting AD discontinuation	• Motives for starting AD discontinuation: the flyer in the pharmacist, side effects and unpleasant taste of medication, changing lifestyle, and questioning effect of ADs. • Challenges of starting AD discontinuation: fear of withdrawal symptoms, relapse, and to reduce the dose too fast. Also, the impact of personal circumstances, discontinuation period, negative experience with starting the therapy, previous discontinuation attempts, and recommendations from the GP.	
	3.4 The course of the AD discontinuation	• AD discontinuation is going well. • Helpful to proceed with the AD discontinuation: guidance was noticeable, and non-pharmacological measurements. • Challenges to proceed with the AD discontinuation: presence of withdrawal symptoms during AD discontinuation and discontinuation period. • Involving surroundings in AD discontinuation: family is understanding, felt discomfort, taboo or only when side effects are noticeable.	
	3.5 Experiencing something missing in this project	• Nothing was missing. • Missing information sites • Invitation letter translated in English	
Theme 4. Patient's experiences after the AD discontinuation	4.1 The patient's well-being after AD discontinuation	• Experiencing increased sadness and more intense thoughts after AD discontinuation compared to before.	Maintenance
	4.2 Expectations of the period after AD discontinuation	• Did not expect different feelings. • Did not expect the need for ADs.	

3.1.1 Reach

The outcomes of patient selection and the number, as well as characteristics, of the participating patients are described below.

In total, 266 patients were selected in all four pharmacies by searching in the PIS. Of the 266 patients, 40 patients (15.0%) were excluded based on the exclusion criteria. The patient selection further carried out for one pharmacy. The overview of patient selection of this pharmacy is illustrated in Figure 2. Of the 33 patients included in the pharmacy, 5 patients (15.2%) were excluded based on the exclusion criteria, and 14 patients (42.4%) were excluded by the GP. The reasons for the GP determining that the patients are not eligible for AD discontinuation were: it is not a good time for AD discontinuation due of illness or condition, a recent increase in AD dose, and the patient is no longer residing in the Netherlands. Telephone contact was made with 14 patients. Five patients could not be reached, and seven patients refused to discontinue their AD use. The reasons for patients refusing AD discontinuation were: not being open for AD discontinuation because the patient recently became a mom, already slowly reducing AD use, still needing to take ADs, using ADs for another indication besides depression/anxiety, and not wanting to change their AD use.

Another patient preferred to try AD discontinuation in summer rather than in the

winter due to trauma and withdrawal symptoms experienced during previous discontinuation attempt.

In total, five patients started AD discontinuation. The ratio of enrolled patient to potential participants was 5:30. So, the recruitment rate is 16.7%. Two patients were enrolled after telephone contact, one patient responded to the invitation letter, one patient was interested in AD discontinuation through the flyers/posters placed in the pharmacy, and one patient was enrolled through the GP.

Table 2 illustrates the characteristics of the five patients who were enrolled and started AD discontinuation. The average age of the patients was 42.8 with a range of 27 to 53. Two patients were female and three were male. The SSRIs discontinued included sertraline, citalopram, escitalopram and venlafaxine. One patient used AD for depression, while two patients used them for anxiety, one patient for reduced mood, and one patient to remove certain thoughts. Only one patient was treated with mirtazapine for side effects during their AD use. Additionally, the AD discontinuation was initiated by the therapist, the pharmacist, or the patient. Three patients wanted to start AD discontinuation because they did not want to be dependent on the medication, and one patient felt better and wanted to return to normal. Two patients had two previous discontinuation attempts, which were unsuccessful due to rapid reduction resulting in withdrawal symptoms.

Table 2. Patient characteristics

Age (in years)	Average:42,8 Standard deviation:10.45
Sex	
Female	2
Male	3
AD	
SSRI	
Sertraline	2
Citalopram	1
Escitalopram	1
SNRI	
Venlafaxine	1
Indication	
Depression	1
Anxiety	2
Other	2
Treated with medication for side effects of AD	
Yes	1
No	4
Initiative for starting AD discontinuation	
Therapist	1
Pharmacist	2
Patient	2
Reason for AD discontinuation	
To not be dependent on the medication.	4
Other	1
Previous discontinuation attempts	
Yes	2
No	3

3.1.2 Effectiveness

The impact of the Pharm Guide AD intervention on the patients' AD discontinuation were described in themes one, two, and three of the patient interviews, as well as in the results of the patient general/satisfaction questionnaires.

Theme 1: Guidance by the pharmacist

This theme describes the patients' experience with the guidance provided by the pharmacist. The following three subthemes are identified: patients' experiences with pharmacist's attitude, patients' experiences with pharmacist's support, and patients' recommendation regarding the pharmacists' guidance. All these subthemes assess the effectiveness of the Pharm Guide AD intervention, expect for the third subtheme "patients' recommendation regarding the pharmacists' guidance" which assesses maintenance.

Subtheme 1.1: Patients' experiences with pharmacist's attitude

Patients had a positive experience with the pharmacists' attitude during AD discontinuation (n=3). They felt that the pharmacist was proactive and involved throughout the process (n=2).

"Well, that interest was shown, you know. Not just a conversation and then you are left to figure it out on your own. And if I asked for something, for example, or suggested doing things a bit differently, she listened." – man, 39 years

Subtheme 1.2: Patients' experiences with pharmacist's support

Patients' experienced support from their pharmacist during AD discontinuation (n=3). The patient felt that the pharmacist guided them in the right direction by encouraging them to stay committed to discontinuing their AD (n=2).

"Because I think I still need that push, like, you know, then Christmas comes and it is New Year's, and you think, well, I will just keep going on with half dose for a little while longer." – woman, 51 years

In addition, the pharmacist was a safety net for patients. Patient felt that the pharmacist was somebody they can talk to when they did not feel well or to answer their questions (n=3).

"Well, the contact, being able to reach out right away if, for example, I notice things aren't going smoothly. Or if I am not feeling well, or if I have questions. I found that to be very important." – man, 39 years

Figure 3 illustrates various statements regarding the patient satisfaction with pharmacists' guidance during AD discontinuation. In general, patients were satisfied with the pharmacists' guidance. The patients felt that the pharmacist listened to them, understood their questions/concerns about their medication, and provided understandable information about AD discontinuation. In addition, they received treatment and/or advice that was useful to them. Overall, they felt that they could manage their AD discontinuation better with the pharmacists' help and that the conversation with the pharmacist was useful. However, one patient did not ask the pharmacist any questions. So, the following statements were not applicable for the patient: the pharmacist understood my questions/concerns about my medication, and the pharmacist provided understandable information about AD discontinuation.

Theme 2: Therapeutic relationship between patient and pharmacist

This theme explores the therapeutic relationship between patients and pharmacist. The following three subthemes were identified: patients' experiences with the first consultation by the pharmacist, shared decision-making between patient and pharmacist, and patients' experiences with communication with pharmacist.

Subtheme 2.1: Patients' experiences with the first consultation by the pharmacist

Patients had no expectations of the first consultation with the pharmacist (n=2). However, they found the first consultation with the pharmacist to be clear and helpful (n=2). The following aspects were important for all patients to discuss during the consultation with the pharmacist: the use of medication, satisfaction with AD discontinuation, and the questions, concerns and adjustments regarding AD discontinuation. During the first consultation, it also became clear that questions could be asked through WhatsApp or the pharmacy's app.

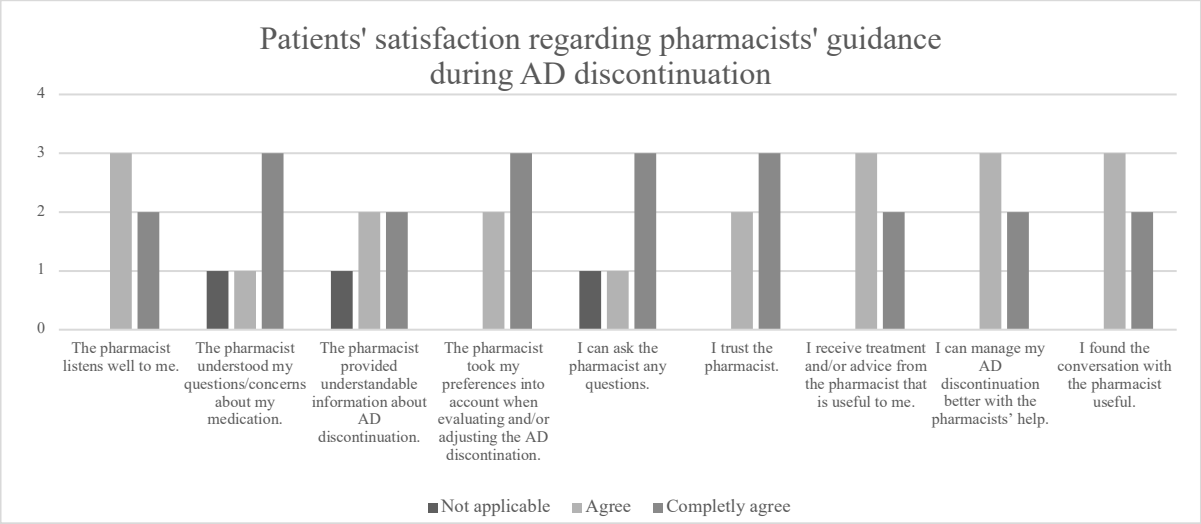


Figure 3. Statements regarding the patient satisfaction with pharmacists' guidance

"I could ask anything if it was not clear." – man, 39 years

"She did say you can always ask your question via the app. I did not actually know that, and it is good to know." – woman, 51 years

Subtheme 2.2: Patients' experiences with communication with pharmacist

Overall, patients found communication through WhatsApp or the pharmacy's app to be positive (n=3). They felt it was easier than a phone call and allowed for quick access to the pharmacist, who responded quickly.

"That is was so easy, that I could just send a message, really convenient instead of having to call or something." – woman, 27 years

Furthermore, the patient had occasional contact moments with the pharmacist, who asked about their well-being and offered support (n=2). Thus, the patient felt they had personal contact with the pharmacist (n=1). Therefore, the patient trusted the pharmacist.

"There was personal contact, I had come by to go through all those pills, so I did feel like I was in good hands. Because I have wanted to get off them for quite some time." – woman, 51 years

Subtheme 2.3: Shared decision-making between patient and pharmacist

Overall, shared decision-making was noticeable between patients and the pharmacist, particularly during the development of the AD discontinuation schedule or at decision points. Patients felt that the pharmacist welcomed their input and was understanding of their opinions (n=4). For example, if a patient expressed a preference to discontinue more slowly.

"She wanted to be a little bit faster, but I said no. She was OK." – man, 44 years

"I could just indicate how, you know, how I preferred it. So, there was understanding for that and that was completely fine, you know." – man, 39 years

Theme 3: Patient's experiences with the AD discontinuation

This theme describes the patient's experience with AD discontinuation. The following five subthemes were identified: accessibility of the pharmacist, expectations of the AD discontinuation, starting AD discontinuation, the course of the AD discontinuation, and experiencing something missing during AD discontinuation.

Subtheme 3.1: Accessibility of the pharmacist

Patients experienced that the pharmacist was easier to reach than their GP (n=3). Patients found it easier to contact the pharmacist than contacting the GP due to lack time (n=2).

"In the last months that if I am going crazy, I will contact the pharmacy. Now we are good. Especially because it is easier to contact the pharmacist than contacting the GP because they also have like 3 hours in span that you can call." – man, 44 years

Figure 4 illustrates the overall assessment of patients regarding the collaboration between their pharmacist and GP. Most patients viewed the collaboration positively. Out of five patients, two patients rated the collaboration between their pharmacist and GP as good, and one patients rated it as excellent. These three patients also felt that care for their condition from the HCPs aligned well. However, two patients rated the collaboration as insufficient and moderate, respectively. These two patients felt that the care for their condition from the HCPs did not align well. Nevertheless, none of the patients reported receiving conflicting information regarding their condition from HCPs.

Subtheme 3.2: Expectations of the AD discontinuation

Patients had no expectations of the AD discontinuation (n=2). However, one patient also expected withdrawal symptoms during AD discontinuation due to previous discontinuation attempts. Regarding the pharmacists' guidance for AD discontinuation, most patients knew exactly what to expect. One patient had a fairly good idea, while another patient had only a limited understanding.

One patient had a negative perception about the pharmacy, influenced by reading the news. The patient may question if the pharmacy is influenced by the industry to sell medicines.

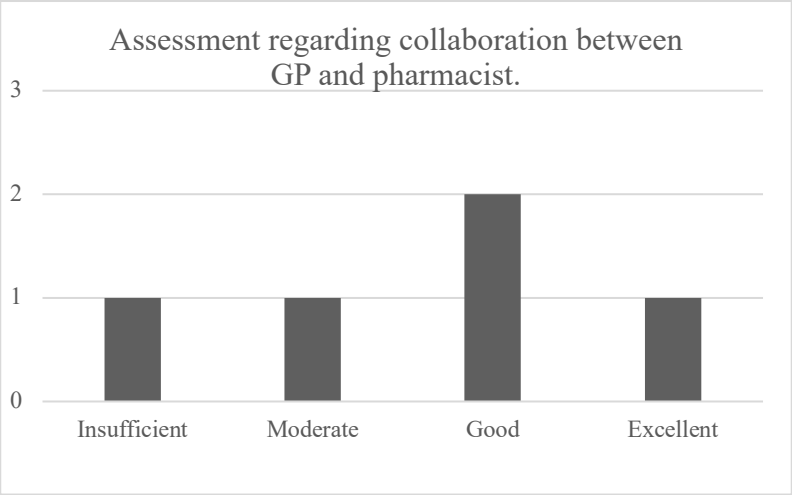


Figure 4. Assessment of patients regarding the collaboration between their pharmacists and GP.

However, the patient had a positive view of the pharmacist after AD discontinuation for not choosing the medicinal route and for providing care.

"When you think of a pharmacist, you think they want to sell you everything, right? Like they are pushed by the industry to sell as much as possible." – woman, 51 years

In addition, patients were positively surprised by the pharmacists' role (n=2). One patients believed that AD discontinuation was the responsibility of the GP, while another patient did not expect personal contact with the pharmacist.

"I did not know that this was a pharmacist issue. To be honest, I thought this was with the GP and that's it." – man, 44 years

Subtheme 3.3: Starting AD discontinuation

Various motives for starting AD discontinuation have been identified. Most of the patients wanted to start AD discontinuation because they preferred minimal medication use (n=3). Other motives included experiencing side effects of medication (n=1), questioning the effect of AD (n=1), and a preference for non-pharmacological treatment, such as building positive aspects in live and taking moments of rest (n=1),

"You know of course I wanted to take it off because, it is very heavy, you know, you feel like very tired or very sleepy, and sometimes it is very difficult to get through the day." – man, 44 years

However, there were also challenges that have been identified when starting AD discontinuation. Fear of withdrawal symptoms (n=1), relapse (n=1), and to reduce the dose too fast (n=1) were challenges for patients to start AD discontinuation. Another challenge was personal circumstances, such as divorce (n=1), as well as previous discontinuation attempts where patients experienced withdrawal symptoms (n=1). Additionally, one patient also feared restarting ADs due to negative experiences with starting the therapy.

"I thought, what if I discontinue and it does not go well, and I have to start again? Will I experience those symptoms again? That actually held me back." – woman, 51 years

The GP also played a role in starting AD discontinuation (n=1). A patient felt that the GP did not recommend starting the AD discontinuation and did not feel entering a process if the patient wanted to start AD discontinuation.

"I have brought it up with the GP before, and they were like 'Yeah, maybe we could start reducing at some point', but it did not really feel like we were starting a process." – woman, 51 years)

Subtheme 3.4: The course of the AD discontinuation

The AD discontinuation went well for patients (n=5). Out of five patients, three patients achieved their discontinuation goal. The other two patients partially achieved their discontinuation goal. The ratio of patients who achieved their discontinuation to patients who did not is 3:2.

Patients experienced that non-pharmacological treatment, such as exercise or carpentry, were helpful during AD discontinuation (n=1). Other helpful aspects included the noticeable guidance of the pharmacist (n=1) and the ability to achieve very low doses of the medication using the liquid form (n=1).

"I just thought, let's go for it, and I also noticed that the guidance was there. It is nice to know that you can just send a WhatsApp message to someone and ask what to do and how you are feeling." – woman, 51 years

However, patients also experienced challenges during AD discontinuation (n=3). Overall, three patients experienced withdrawal symptoms during AD discontinuation. One patient experienced three withdrawal symptoms, while the other patients experienced one and two withdrawal symptoms, respectively. Some patients experienced withdrawal symptoms, which decreased over time (n=1), while other patients were uncertain if they would go away (n=1).

As shown in Figure 5, the most common withdrawal symptoms were dizziness, as well as psychological complaints, such as anxiety, irritability, and a restless mind. Other withdrawal symptoms experienced by patients included nausea and head jolts. Furthermore, none of the patients who experienced withdrawal symptoms has been treated with other medication.

Patients found ways to live with the withdrawal symptoms, for example, by drinking more water when feeling dehydrated (n=1). Furthermore, some patients were unsure if the withdrawal symptoms were related to the AD discontinuation (n=2) because personal circumstances had an impact on their well-being.

"During the AD discontinuation, I was feeling a bit sadder. But I did not pay much attention to it because I thought, well, that is probably just due to everything else going on." – woman, 27 years

Another challenge was the discontinuation period (n=1). For instance, the AD discontinuation took longer than expected due to discontinuation during the holiday season.

Most of the patients did not involve their surroundings in the AD discontinuation (n=3). They felt it was uncomfortable, taboo or unnecessary to discuss. Another patient was afraid of prejudices or that others would not understand. However, some patients discuss the

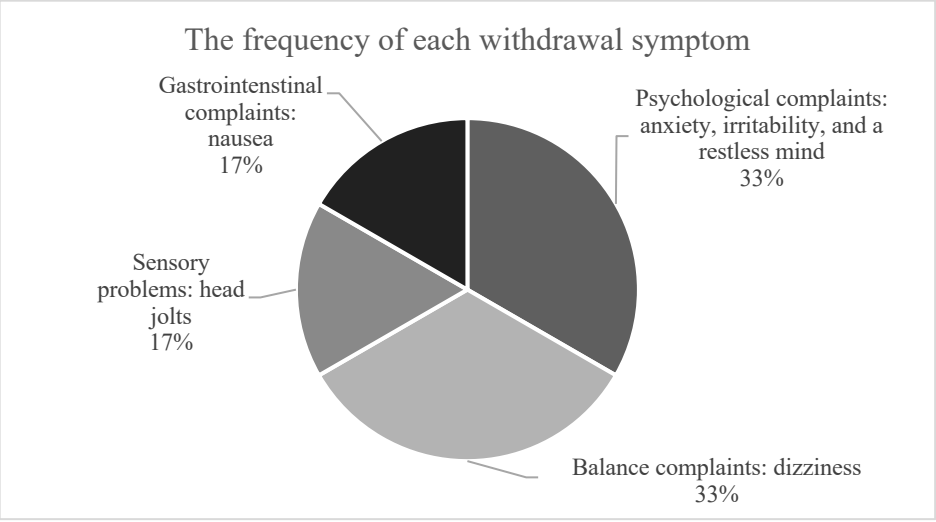


Figure 5. The frequency of each withdrawal symptom experiences by patients during AD discontinuation.

AD discontinuation with their family and find them to be understanding (n=2).

"But this is very personal because if you tell, I don't know, like coworkers or something, they might, you know, not understand or put a flag on you like, oh, this guy, this guy is medicated, so he's insane or something. So yeah, that's something like you want to have it like very separate from." – man, 44 years

Subtheme 3.5: Experiencing something missing in this project

Patients felt they did not miss anything during AD discontinuation (n=2). One patient felt that the guidance of the pharmacist was sufficient. However, another patient expressed the need for websites to seek addition information. Additionally, one patient had to translate the invitation letter into English using Google Translate.

"Perhaps getting an overview of what symptoms to expect or something." – woman, 51 years

3.1.3 Maintenance

Recommendations from patients regarding the pharmacists' guidance are described in theme 1. In addition, theme 4 of the interview and the results of the general/satisfaction questionnaires evaluate whether the Pharm Guide AD intervention can be integrated into the regular.

Theme 1: Guidance by the pharmacist

Subtheme 1.3: Patients' recommendation regarding the pharmacists' guidance

Patients recommended their pharmacist to guide others through AD discontinuation (n=3). Patients were asked to rate their recommendation of pharmacist guidance for other patients who want to discontinue their AD use on a scale from 0 to 10. A score of 0 means they would not recommend the guidance, and 10 means they would recommend the guidance. On average, patients gave a score of 9 (range 8 to 10). A patient emphasized the importance of pushing patients through AD discontinuation and being proactive in questioning patients. It is also suggested to raise awareness about AD discontinuation and the pharmacists' guidance through the news (n=1).

"But of course, it is very nice if attention is given to it both in this direct way through the letter, but it is also nice if it is approached more broadly in the news or through, well, I have no idea how that works, but you have those women's magazines where an article might come out someday, something like that, I think." – woman, 51 years

Theme 4: Patient's experiences after AD discontinuation

This theme describes the patient's experience after AD discontinuation. The following two subthemes are identified: the patient's well-being after AD discontinuation, and expectations of the period after AD discontinuation.

Subtheme 4.1: The patient's well-being after AD discontinuation

A patient felt sadder and had more intense thoughts after AD discontinuation compared to before. The patient did not experience these symptoms during the AD discontinuation and suspects it is related to the AD discontinuation. Another patient felt the anxiety coming back and wanted to use ADs again.

"I have a completely different kind of thoughts. And they are quite a bit more intense than what I was used to when I was on the medication." – woman, 27 years

"And now suddenly, it is all coming to the forefront more. So, I think that is definitely related to stopping the medication." – woman, 27 years

Subtheme 4.2: Expectations of the period after AD discontinuation

However, the patient did not expect feeling different after AD discontinuation and did not expect the need for ADs again.

"So, I just expected to feel kind of the same as on the medication or something. Or at least not really sad or bad or anything. I had expected everything to just be kind of normal." – woman, 27 years

3.2 Pharmacist outcomes

The interview data from the pharmacist interview were categorized into four themes: pharmacists' participation in this project, pharmacists' experience with guidance protocol, pharmacists' experience with collaboration protocol, and pharmacists' perception on implementing the Pharm Guide AD protocols in the regular care. An overview of the themes, subthemes and their description are provided in Table 3. Because only one pharmacist was interviewed, data saturation has not been reached. In addition, the results of the interview and questionnaire are described below by each dimension of the RE-AIM framework.

Table 3. Overview of themes and subthemes of the pharmacists' interview.

Theme	Subtheme	Description	RE-AIM
Theme 1. The role of pharmacists in AD discontinuation.	1.1 Guidance of AD discontinuation before the Pharm Guide AD project.	• Overview of AD users. • Collaboration with GP.	Adoption
	1.2 Pharmacists' involvement in the Pharm Guide AD project.	• There is a strong region organization. • Pharmacists learned who to work on projects together.	
	1.3 Motives to participate in the Pharm Guide AD project.	• A lot of long-term AD users. • To give pharmacists a more prominent role: well-equipped and more knowledge about the available medication.	
Theme 2. Pharmacists' experience with guidance protocol	2.1 Experience with patient selection.	• Ways of patient enrollment. • Positive aspects of patient selection: meaningful to discuss AD discontinuation with patient. • It was a lot of work and time, but it was not difficult. • Support staff to help with patient selection. • Influence on patients' decision to discontinue AD use. • Patient selection with new monitor.	Reach
	2.2 Positive experience with training.	• Prepared the pharmacists well for tasks within this project. • Substantive information and helpful cases. • Not too long.	Implementation
	2.3 The implementation of the guidance protocol	• Working in accordance with the guidance protocol. • Agreements with GP were not applicable.	
	2.4 Experience with patient consultations.	• Took less time than expected. • Found it interesting and enjoyed it.	
	2.5 Experience with project folder for patient guidance.	• Space for notes. • Project folder was structured. • Took less time than expected. • Things will go well when following the folder	

	2.6 Experience with patient guidance during AD discontinuation	• Ideas on patient's experience with AD discontinuation: patients were positive. • Challenges during patients' guidance: wondering when to have contact moment with patient, and every patient has a different need. • Contact with patient through WhatsApp or pharmacy app: quick response, patient was motivated, worked well, and contact moments. • Implementing individualized patient guidance.	
Theme 3. Pharmacists' experience with collaboration protocol	3.1 The implementation of the collaboration protocol.	• Collaboration protocol helped with implementing intervention. • GP knew this project was coming.	Implementation
	3.2 The collaboration between GP and pharmacist.	• With GP in general: easy to reach, direct communication, and good relationship. • With GP during AD discontinuation: coordination went excellently and quick response from GP. • Trust between pharmacist and patient.	
	3.3 The role of the GP with AD discontinuation.	• GP had a limited role. • GP also found it important to be involved. • Hand over pharmacists' role to the GP: unnecessary, it depends on who is willing to make the time and questioning how to expend the role of the GP. • Informing the GP by patients: self-management of patient.	
Theme 4. Pharmacists' perception on implementing the Pharm Guide AD protocols in the regular care	4.1 Assessment of this project.	• Pharmacist recommended the Pharm Guide AD intervention to other pharmacists. • This project works well. • Satisfied with the project. • Nothing is missing within this project.	Maintenance
	4.2 Recommendations for adjustments in this project	• No adjustments to this project. • Talking with health insurers.	
	4.3 Role of this project to reduce long-term AD use.	• It takes time, but it is an added value for the patient. • The Pharm Guide AD intervention will make a difference: further developing care.	
	4.4 Challenges for implementing the Pharm Guide AD intervention in regular care	• The Pharm Guide AD intervention takes time. • No appropriate compensation.	

3.2.1 Reach

The challenges of patient recruitment are described in theme 2, which assesses the reach of the Pharm Guide AD intervention.

Theme 2: Pharmacists' experience with guidance protocol

This theme explores the pharmacists' experience with guidance protocol. Six subthemes emerge: experience with patient selection, positive experience with training, the implementation of the guidance protocol, experience with patient consultations, experience with instructions and protocols folders, and experience with patient guidance during AD discontinuation. The first subtheme "experience with patient selection" assesses the reach of the Pharm Guide AD, while the other subthemes evaluate the implementation.

Subtheme 2.1: Experience with patient selection

The pharmacist described that patients quickly took the flyers in the pharmacy, which led to their participation.

"And I noticed that those flyers were just taken by people really quickly. And that also led to one spontaneous registration." – pharmacist

The pharmacist observed that patients act when invited to do so and that there are obstacles preventing them from AD discontinuation. Therefore, the pharmacist found it meaningful to discuss AD discontinuation with patients.

"Yeah, and with the others, it might also be worthwhile to regularly discuss with them whether they continue using antidepressants or not." – pharmacist

It is ultimately the patients' own decision whether or not to discontinue their AD use, according to the pharmacist. However, the pharmacist described assisting the patient with the decision by providing the right information. For example, informing the patient that discontinuing ADs takes time and suggesting taking gradual steps during AD discontinuation. Overall, the pharmacist would weigh the pros and cons of AD discontinuation for the patient.

"And we help them to make that decision themselves. And while doing so, we still weigh the pros and cons for them to do that." – pharmacist

A negative aspect that the pharmacist experienced with patient selection is that it required a lot of work and effort. It took time to send invitation letters and to call patients. However, the pharmacist found the patient selection not difficult. The support staff helped the pharmacist with patient selection, which saved time. According to the pharmacist, selecting patients would be challenging without the support staff.

"But it is some work. You must take the effort to select the people, and that takes some time. And then you must send those letters, and that takes some time. And you must call the people, and that takes some time." – pharmacist

The pharmacist suggested using the STIZON monitor for patient selection instead of the PIS. The pharmacist wondered if using the STIZON monitor would make it easier to select patients compared to searching in the PIS and if it would save time.

"And now we have built such a monitor, and I am curious to see how that will turn out. Whether it works easier than making the selections with the pharmacy computer system." – pharmacist

3.2.2 Adoption

The outcomes of pharmacist selection and the number pharmacists participating versus the initial targeted number are described below. In addition, the reasons for pharmacists to participate in this project is described in theme 1 of the interview.

In total, 40 pharmacists were invited by email. Four pharmacists were not invited because they no longer worked at the pharmacy or have a different profession than community pharmacists. Out of the 40 pharmacists invited, 17 pharmacists did not respond to the email. Of the remaining 23 pharmacists, five pharmacists had registered for the first training, and 13 pharmacists for the second training. However, four pharmacists did not attend the second training and one pharmacist could not attend either training day. For the following reason, pharmacists did not participate in this project:

only willing to participate if compensation is available, high workload, discussing participation during the pharmacotherapy consultation meeting with other pharmacists, or maternity leave. So far, four pharmacists were participating in this project. The ratio of participating community pharmacists to the initial target number is 4:23. So, the recruitment rate is 17.4%.

Theme 1: The role of pharmacists in AD discontinuation

This theme describes the role of pharmacists in AD discontinuation for patients. The following three subthemes were identified: guidance of AD discontinuation before the Pharm Guide AD project, pharmacists' involvement in the Pharm Guide AD project, and motives to participate in the Pharm Guide AD project.

Subtheme 1.1: Guidance of AD discontinuation before the Pharm Guide AD project

The pharmacist indicated that before the Pharm Guide AD project, there is no overview of the AD users. There was no specific indication of how many AD-users there are, and it is unknown who those patients are.

"Right now, you know, I do not have an overview of the entire group of patients who use antidepressants. I know there are many, but I do not know how many or who they are." – pharmacist

Before the Pharm Guide AD project, the pharmacist described that there were short-term projects with GPs for AD discontinuation, which were discussed during pharmacotherapy consultation meeting. List of long-term AD users were sent to the GP by the pharmacist, who then assessed which patients were eligible for AD discontinuation. However, the pharmacist did not always receive a response from the GP.

"And then we give those lists to the GPs. We do not always hear back about what happened." – pharmacist

Subtheme 1.2: Pharmacists' involvement in the Pharm Guide AD project

The pharmacist stated there is a good collaboration between pharmacists, both in general and during the Pharm Guide AD project. Pharmacists in Amsterdam worked on many projects together, thereby gaining a lot of experience.

"And as pharmacists in Amsterdam, we have done similar projects before, so we already have experience with them. And we build further on this experience." – pharmacist

Subtheme 1.3: Motives to participate in the Pharm Guide AD project

The pharmacist had multiple motives to participate in the Pharm Guide AD project. Firstly, the pharmacist encountered many long-term AD users. Secondly, the Pharm Guide AD project is an opportunity to give a more prominent role to pharmacists. The pharmacist believed that pharmacists are well-equipped to guide patients during AD discontinuation because they have more knowledge about the available medication. In addition, the pharmacist found that guiding patient for AD discontinuation is an extension of medication review.

"And when they do medication reviews, I saw it a bit as an extension of medication review but then for long-term users of antidepressants. And in fact, it is the same method you apply." – pharmacist

3.2.4 Implementation

The experiences and feedback of the pharmacists after implementation of the Pharm Guide AD protocols are described in theme 2 and 3. Furthermore, the time invested in the different components of the intervention is detailed.

Theme 2: Pharmacists' experience with guidance protocol

Subtheme 2.2: Positive experience with training

The pharmacist found the training very helpful for implementing the intervention and believed that it provided sufficient tools to guide patients in AD discontinuation. The pharmacist rated the training an 8 out of 10 for its usefulness. Positive aspects of the training, according to the pharmacist, included that it was not too long, provided substantive information, and included helpful cases applicable to this project. Overall, the pharmacist believed that without the training, it would be difficult to perform these tasks effectively.

"And especially the cases, I found them very helpful. Yes, with some examples. And that helps a lot because pharmacists are nowadays much better trained to conduct consultations. So, you can apply that very well in this project." – pharmacist

"Without the training, it would have been much more difficult." – pharmacist

Subtheme 2.3: The implementation of the guidance protocol

Overall, the pharmacist was familiar with the Pharm Guide AD protocols for guiding AD discontinuation. The pharmacist found it clear and is satisfied with it. The pharmacist indicated that the patient guidance went smoothly according to the guidance protocol. However, there were aspects of the guidance protocol that were not applicable during the patient guidance. For example, involving the GP when difficulties arise during the patients' guidance.

"We also agreed that if difficulties arise during the AD discontinuation, we involve the GPs, but that simply did not happen at all. So, that agreement was actually not applicable." – pharmacist

Subtheme 2.4: Experience with patient consultations

The pharmacist found that patient consultations took less time than expected. Furthermore, the pharmacist found the patient consultation interesting and enjoyable. This is because patients who discontinue their AD are typically not ill and do not use a lot of medication. Additionally, they are often younger patients compared to the older patients with whom the pharmacist frequently interacts.

"We are used to having many conversations with older people who use a lot of medication. And this is just a whole different category of patients that you usually do not interact with. I found that enjoyable." – pharmacist

Subtheme 2.5: Experience with project folder for patient guidance

Overall, the pharmacist was positive about the project folder for patient guidance. Filling in the project folder for patient guidance during AD discontinuation also took the pharmacist less time than expected. The pharmacist found the protocols folder structured and had space for notes. According to the pharmacist, things will go well when following the folder.

"My idea was that if you follow that approach a bit, then it actually turns out fine." – pharmacist

Subtheme 2.6: Experience with patient guidance during AD discontinuation

While guiding multiple patients, the pharmacist encountered a challenge. The pharmacist was wondering the patients' well-being, when to have check-ins with them, and whether calling the patients would be a good idea.

"Well, what I still find challenging is when you are guiding multiple patients at once, and sometimes there were a few, that you always keep in mind for yourself, oh, how are those patients doing?" – pharmacist

As a solution to this challenge, the pharmacist had multiple contact moments through WhatsApp or the pharmacy app. This approach worked well for the pharmacist and received positive feedback from patients.

"And then asking people via the app, 'How are you doing? Is it going well with the lower dose of the medication? Can I assist you with anything, and would you like a phone call?" – pharmacist

Another challenge that the pharmacist encountered was that every patient was different and therefore required different approaches. This is also referred to as individualized patient guidance. The pharmacist believed that experience with the guidance protocol will help to implement individualized patient guidance.

"But yeah, you see, ultimately what we have observed is that each patient is different, and each patient needs something different, and that is something we are still figuring out." – pharmacist

Theme 3: Pharmacists' experience with collaboration protocol

This theme describes the pharmacists' experience with collaboration protocol. The following three subthemes were identified: the implementation of the collaboration protocol,

the collaboration between GP and pharmacist, and the role of the GP with AD discontinuation.

Subtheme 3.1: The implementation of the collaboration protocol

The pharmacist described that the collaboration protocol helped with the implementation of this intervention and rated it an 8 out of 10. This is because agreements were made with GPs, which helped with the expectations for this project.

"Yes, agreements were made, so GPs knew this was coming." – pharmacist

Subtheme 3.2: The collaboration between GP and pharmacist

In general, the pharmacist can reach the GP easily, and they have direct communication and good relationship. Overall, the pharmacist rated the collaboration in the region as an 8. According to the pharmacist, the GPs quickly assessed whether the patients were eligible for AD discontinuation. Therefore, the pharmacist described that the coordination with GPs as excellently during this project.

"We have direct lines of communication, and we can easily reach each other." – pharmacist

"And when we provided them with a list of patients, they would always review it quickly and return it to us." – pharmacist

According to the pharmacist, patients may wonder if the pharmacist can handle the AD discontinuation. However, when the pharmacist indicated that agreements were made with the GP, it helped build trust between the pharmacist and the patient.

"People might wonder if the pharmacist can do this. But when you explain from the pharmacy that it has been agreed upon with the GP, it contributes to building trust." – pharmacist

Subtheme 3.3: The role of the GP with AD discontinuation

The pharmacist described that the GP had a limited role in this project. However, according to the pharmacist, the GP also found it important to be involved. The pharmacist questioned how to expend the role of the GP. The pharmacist suggested having the GP conduct the first consultation or monitor the patient. However, various factors influence the expansion of the GPs' role. For example, it depends on the pharmacy and who is willing to make the time. Some patients prefer their first consultation to be done by their GP, while others prefer it to be done by their pharmacist. In this project, it was not necessary to the GP to have a different role beyond assessing who is eligible for AD discontinuation, according to the pharmacist.

"But in our situation, this has worked well. So, we do not need anything more from the GPs than for them to look at the list." – pharmacist

Furthermore, the pharmacist believed it is important to inform the GP during AD discontinuation. The pharmacist advised patients to keep their GP informed themselves. The goal is self-management so that the patient has control over their own treatment. The pharmacist then offers help if patients struggle with this.

"And that the patient takes control of their own treatment. And that it is not healthcare providers talking about the patient but empowering the patient themselves." – pharmacist

Time invested in different components of the intervention.

Patient selection trough the PIS took the pharmacists approximately 68 minutes. After the patient selection, the GPs assessment whether the patients are eligible to reduce their ADs took approximately 38 minutes. Sending invitation letter and IC by post took approximately 12 minutes. And the telephone calls took approximately 8 minutes.

The first consultation by the pharmacist took approximately 28 minutes (range 10 to 45 minutes), and the follow-up consultations 5 min. Due to inconsistent documentation in the project file, the duration of the follow-up consultations could not be completely retrieved.

3.2.5 Maintenance

Recommendations from pharmacists regarding Pharm Guide AD intervention and the evaluation whether the Pharm Guide AD intervention can be integrated into the regular, are described in theme 4.

Theme 4: Pharmacists' perception on implementing the Pharm Guide AD protocols in the regular care.

This theme explores the pharmacists' perception on implementing the guidance and collaboration protocol in the regular care. Four subthemes were identified: assessment of this project, role of this project to reduce long-term AD use, challenges for implementing the Pharm Guide AD intervention in regular care, and recommendations for adjustments in this project.

Subtheme 4.1: Assessment of this project

Overall, the pharmacist recommended the Pharm Guide AD intervention to other pharmacists. The pharmacist believed that the project is effective and is satisfied with its progress. Furthermore, the pharmacist felt that nothing is missing in this project.

"I would definitely recommend it." – pharmacist

"But overall, I am very satisfied with how this went, and I think it works." – pharmacist

Subtheme 4.2: Recommendations for adjustments in this project

The pharmacist recommended no adjustments to the project. However, the pharmacist suggested discussing with the healthcare insures to arrange appropriate compensation for pharmacists when implementing the Pharm Guide AD intervention in regular care.

"Well, no adjustments to the project itself, so I think discussions need to be held with the health insurers." – pharmacist

Subtheme 4.3: Role of this project to reduce long-term AD use

The pharmacist acknowledged that reducing long-term AD use takes time but believed that the Pharm Guide AD intervention is an added value for that patient. The pharmacist also believed that this intervention is just the beginning and that it will make a difference for the further development of the care.

"Other pharmacists can then take it from there. And if we develop a useful method that other pharmacists across the country can use, then we have taken another step forward." – pharmacist

Subtheme 4.4: Challenges for implementing the Pharm Guide AD intervention in regular care

However, the pharmacist identified challenges to its implementation. Firstly, the Pharm Guide AD intervention takes time. Secondly, there is no appropriate compensation for the pharmacists.

"No there is no appropriate compensation for this. So, compensation is actually an issue, and it takes a lot of time." – pharmacist

Furthermore, the pharmacist did not believe that the workload had decreased since the implementation of the Pharm Guide AD protocols. The pharmacist believed that the guidance for AD discontinuation cannot be conducted by pharmacy assistants.

4. Discussion

4.1 Summary of findings

So far, there are no specific guidelines for AD discontinuation that address patient guidance by HCPs or collaboration between them. Therefore, the aim of this study is to test the evidence-based guidance and collaboration protocol for AD discontinuation in daily pharmacy practice. The Pharm Guide AD intervention aimed to facilitate AD discontinuation. However, the results show that challenges are faced in patient recruitment due to various challenges, including patients' preferences and pharmacist's workload. Collaboration with GPs was effective during the preparation phase, although GPs had a limited role during the AD discontinuation. While patient selection demanded effort and time, tools like the STIZON monitor could streamline this process. Despite initial obstacles, pharmacists found the guidance protocol to be clear and effective. They played a crucial role in informing and guiding patients through the process, and patients valued them for their proactive support and effective communication. Patient feedback highlighted the need for better preparation and proactive follow-up during AD discontinuation. While pharmacists recommended the intervention for its effectiveness, challenges like time investment and compensation remain to be addressed for sustained implementation. However, the intervention holds potential for long-term reduction of AD use.

4.2 Interpret results

A previous study developed the digital intervention to support AD discontinuation called the ADvisor (Advisor for Health Professionals). This intervention was developed using theory, evidence and a person-based approach. Similarly to this study, the intervention was evaluated through interviews, which showed that the intervention was helpful and reassuring in its optimization [32, 33]. In contrast to this study, the ADvisor intervention is being evaluated in a randomized controlled trial (RCT), but the data is not available yet. One group of patients receives support from HCPs using the ADvisor intervention along with three phone calls from a therapist, while the control group receives usual care [34]. However, unlike the Pharm Guide AD intervention, the ADvisor does not investigate the collaboration between pharmacists and GPs for AD discontinuation. The results of this study have shown that collaboration between HCPs is important for patient care.

Collaboration protocol
In line with the hypothesis, the collaboration protocol improved the collaboration between pharmacists and GPs regarding the AD discontinuation of patients. The pharmacist described that the collaboration protocol helped with the expectations, and that coordination with GPs went excellently. However, this could also be due to the fact the pharmacist generally had easy access to the GP, and they have direct communication and good relationship. Therefore, it is uncertain whether the collaboration protocol actually improved the collaboration between pharmacists and GPs.

Guidance protocol
Furthermore, the results support the expectations that the guidance protocol has improved the patient guidance for AD discontinuation. This can be attributed to the effectiveness of the training in preparing pharmacists for their tasks, the smooth implementation of patient guidance in line with the protocol, and positive outcomes when following the guidelines, according to the pharmacists. Patients also provided positive feedback, noting that the first consultations were clear and helpful, and rating pharmacist guidance highly. However, none of these patients had previously received guidance from pharmacists before the implementation of the guidance protocol. Thus, the absence of this data introduces uncertainty regarding whether the guidance protocol indeed improved the patient guidance provided by pharmacists.

Identifying patients and guiding patients
Additionally, it confirms the expectation that the Pharm Guide AD protocols enhance the success of AD discontinuation of patients. This is evidenced by the majority of the patients achieving complete discontinuation of their ADs, including those who had previously experienced failed attempts. On the other hand, patient selection required considerable time and effort. This is why out of four pharmacists, only one pharmacist started guiding patients with AD discontinuation, resulting in a low number of patients initiating AD discontinuation in this project. Patient selection is also crucial for enhancing the success AD discontinuation because the more patients who begin AD discontinuation under guidance, the higher the chance that more patients will successfully discontinue their ADs. Therefore, the results of this study do not align with the expectation that the Pharm Guide AD protocols will enhance the success of AD discontinuation of patients.

An unexpected finding was that patients needed ADs again after discontinuing due to the return of anxiety, feeling sadder and more intense thought. This results highlights the importance of post-discontinuation care.

Experiences of patients with guidance by the pharmacists
The results of this study show that patients experienced various challenges for starting AD discontinuation. These included fear of withdrawal symptoms, fear of relapse, and divorce. These findings build on the results of previous studies, the context analysis conducted with HCPs and interview study to investigate patients' needs and wishes regarding guidance. These studies have shown that the success of AD discontinuation depends on patient-related factors, such as fear of relapse of depression and personal circumstances [14-17]. Additionally, the evidence indicates that the success of AD discontinuation also depends on physician-related factors [14-17]. This is supported by the results showing that patients experienced a lack of support from GPs, resulting in a challenge to start AD discontinuation. In addition, proactive

support and easy accessibility of pharmacists helped them through the AD discontinuation. Therefore, the results of this study contribute to a clearer understanding of what patients find essential for guidance during AD discontinuation. Patients also reported that pharmacists were easier to reach than GPs. This supports evidence that GPs may be hard to reach due to a lack of time [14, 15]. Patients also believed that GPs are responsible for initiating discussions about discontinuation [14, 15, 21]. Indeed, in this study patients were positively surprised by the proactive and supportive role of the pharmacist during AD discontinuation. So, this study has shown that pharmacists are capable of initiating discussions about discontinuation with patients.

Individualized AD discontinuation care

According to evidence, guidelines can help the pharmacists ensure patient-centered care [18]. Despite the guidance protocol, the pharmacist struggled with implementing patient-centered care, as each patient had different needs and questions regarding their AD discontinuation. This demonstrates the necessity for individualized patient guidance. To manage the guidance of multiple patients, the pharmacist used WhatsApp, which improved patient follow-up and engagement. This method was preferred by patients due to the personal contact and frequent check-ins. So, this data provides new insights into how to improve the communication between the pharmacist and patients.

4.3 Strengths and limitations

The results of this study cannot be generalized due to the small patient group, all of whom were selected by a single pharmacist. Because the patients were all guided by the same pharmacist, there could be a bias in the observed results. For example, patient experiences may differ with the guidance from a different pharmacist. This means the findings of this study may not apply to a broader population of patients undergoing AD discontinuation with different pharmacists.

Furthermore, only one pharmacist was interviewed, resulting in a one-sided perspective. Different pharmacists may have varying experiences with the Pharm Guide AD protocols. Additionally, the pharmacist works in a health center with other GPs, facilitating good communication and easy accessibility. This may not be the case for pharmacists not working in a health center, where GPs are less accessible. Therefore, the results of this study may also not be representative of other pharmacists implementing the Pharm Guide AD protocols.

Due to the small sample size and limited perspectives from both pharmacists and patients, not all relevant data has been collected. This means some opinions have not been captured, resulting in a lack of understanding and a potential bias in the findings of this study.

Furthermore, one interview was conducted over the phone. This is a quick method of interviewing and the influence of the interviewer on the patients' responses is limited. However, it also led to a less comprehensive conversation because patients open up more in face-to-face conversations. Additionally, interviewing over the phone results is a potential loss of information due to the inability to observer the patients' facial expressions. Therefore, the other interviews were conducted in person.

Qualitative research can introduce uncertainty due to the subjectivity of the researchers, which may influence the results. To prevent subjectivity, an independent researcher also conducted the analysis and discussed the identified themes. On the other hand, qualitative research can also yield detailed information. Patients and pharmacists express their feelings and experiences during interviews, revealing new ideas.

Additionally, every dimension of the RE-AIM framework was examined. However, the maintenance of the RE-AIM framework cannot be measured during this study. As individual level maintenance is ideally assessed six months to a year after the implementation of the intervention. Due to a lack of time, this cannot be conducted in this study. Nonetheless, for the maintenance of the intervention, patients and pharmacists were asked about their expectations regarding the implementation of the intervention in regular care.

4.4 Suggestions for further research

Conducting comparative studies across multiple pharmacies or healthcare settings could provide valuable insights into the generalizability of the findings and the effectiveness of the Pharm Guide AD protocols in diverse contexts. This could account for variations in patient outcomes, pharmacist outcomes, and collaboration dynamics between pharmacists and GPs.

To assess the efficacy of the guidance protocol for AD discontinuation, future research could conduct a RCT. This would involve comparing outcomes between patients receiving guidance from pharmacists using the guidance protocol and those not using it. Analyses could identify factors influencing patient outcomes regarding AD discontinuation, offering evidence for the effectiveness of implementing the Pharm Guide AD protocol.

Given the unexpected finding of patients requiring ADs again after discontinuation, further research could explore pharmacists' role in post-discontinuation care. This may involve investigating optimal strategies for monitoring and supporting patient post-discontinuation to minimize the risk of needing ADs again and ensure mental health support.

While the study assessed various dimensions of the RE-AIM framework, future research could focus on testing the maintenance of the Pharm Guide AD intervention. This could involve follow-up assessments to evaluate the intervention's sustainability over time.

5. Conclusion

The challenges regarding AD discontinuation identified in previous studies, within the context analysis involving HCPs and patient interviews to investigate patients' needs and wishes regarding guidance, have been addressed through the development of the Pharm Guide AD protocols. By analyzing both patients' and pharmacists' perspectives, this study has shown various successes and challenges in implementing the Pharm Guide AD protocols for AD discontinuation in daily pharmacy practice. However, further research is necessary to test these protocols in daily pharmacy practice. Conducting comparative studies across various settings, randomized controlled trials, and exploring post-discontinuation care are recommended to address current gaps and enhance intervention strategies. In addition, assessing the maintenance of the intervention could provide insights into its long-term sustainability. After all, this study represents a significant step towards reducing the long-term AD use and improving the collaboration between the GPs and pharmacists.

Acknowledgements

I would like to thank all the patients and the pharmacist for their willingness to share their experiences and feelings. I also extend my gratitude to Dr. Jacqueline Hugtenburg and Samah Bouarfa from the Department of Clinical Pharmacology and Pharmacy at Amsterdam UMC, location VUmc, for their mentorshop and feedback throughout the project.

References

1. Lunghi C, Dugas M, Leclerc J, Poluzzi E, Martineau C, Carnovale V, Stéfan T, Blouin P, Lépine J, Jalbert L, Espinoza Suarez NR, Svyntozelska O, Dery MP, Ekanmian G, Nogueira DM, Akinola PS, Turcotte S, Skidmore B, LeBlanc A. Global prevalence of antidepressant drug utilization in the community: protocol for a systematic review. BMJ Open. 2022 May 31;12(5):e062197.
2. SFK. Toename aantal gebruikers van antidepressivum 3,2% [Internet]. Available from: https://www.sfk.nl/publicaties/PW/2023/toename-aantal-gebruikers-van-antidepressivum-3-2. [Accessed 27th March 2024]
3. SFK. Data en feiten 2023 [Internet]. Available from: https://www.sfk.nl/publicaties/data-en-feiten/data-en-feiten-2023 [Accessed 27th March 2024]
4. Pratt LA, Brody DJ, Gu Q. Antidepressant use in persons aged 12 and over: United States, 2005-2008. NCHS Data Brief. 2011 Oct;(76):1-8.
5. NHG. Depressie [Internet]. Available from: https://richtlijnen.nhg.org/standaarden/depressie [Accessed 27th March 2024]
6. SFK. Helft starters antidepressiva stopt binnen een halfjaar [Internet]. Available from: https://www.sfk.nl/publicaties/PW/2018/helft-starters-antidepressiva-stopt-binnen-een-halfjaar [Accessed 27th March 2024]
7. Sim K, Lau WK, Sim J, Sum MY, Baldessarini RJ. Prevention of Relapse and Recurrence in Adults with Major Depressive Disorder: Systematic Review and Meta-Analyses of Controlled Trials. Int J Neuropsychopharmacol. 2015 Jul 7;19(2)
8. von Wolff A, Hölzel LP, Westphal A, Härter M, Kriston L. Selective serotonin reuptake inhibitors and tricyclic antidepressants in the acute treatment of chronic depression and dysthymia: a systematic review and meta-analysis. J Affect Disord. 2013 Jan 10;144(1-2):7-15.
9. Cartwright C, Gibson K, Read J, Cowan O, Dehar T. Long-term antidepressant use: patient perspectives of benefits and adverse effects. Patient Prefer Adherence. 2016 Jul 28;10:1401-7.
10. Gabriel M, Sharma V. Antidepressant discontinuation syndrome. CMAJ. 2017 May 29;189(21):E747.
11. Warner CH, Bobo W, Warner C, Reid S, Rachal J. Antidepressant discontinuation syndrome. Am Fam Physician. 2006 Aug 1;74(3):449-56.
12. Fava GA, Gatti A, Belaise C, Guidi J, Offidani E. Withdrawal Symptoms after Selective Serotonin Reuptake Inhibitor Discontinuation: A Systematic Review. Psychother Psychosom. 2015;84(2):72-81.
13. Radar. Veel mislukte stoppogingen antidepressiva, begeleiding bij afbouwen niet optimaal [Internet]. Available from: https://radar.avrotros.nl/artikel/veel-mislukte-stoppogingen-antidepressiva-begeleiding-bij-afbouwen-niet-optimaal-60204 [Accessed 27th March 2024]
14. Context analysis that was carried out among healthcare providers (GPs, pharmacists and psychiatrists). Submitted for publication.
15. Scholten M. People's needs and wishes regarding information and guidance during antidepressant discontinuation and support by pharmacists: a qualitative study in the Netherlands. June 2023.
16. Maund E, Dewar-Haggart R, Williams S, Bowers H, Geraghty AWA, Leydon G, May C, Dawson S, Kendrick T. Barriers and facilitators to discontinuing antidepressant use: A systematic review and thematic synthesis. J Affect Disord. 2019 Feb 15;245:38-62.
17. Ellen VL, Anthierens S, van Driel ML, Sutter A, Branden EVD, Christiaens T. 'Never change a winning team': GPs' perspectives on discontinuation of long-term antidepressants. Scand J Prim Health Care. 2021 Dec;39(4):533-542.
18. Panteli D, Legido-Quigley H, Reichebner C, Ollenschläger G, Schäfer C, Busse R. Clinical Practice Guidelines as a quality strategy. European Observatory on Health Systems and Policies; 2019.
19. Vinkers CH, Ruhé HG, Penninx BW. Antidepressant Discontinuation: In Need of Scientific Evidence. J Clin Psychopharmacol. 2021 Sep-Oct 01;41(5):512-515.
20. Horikx A, Jelsma H, Groeneweg BF, Roosjen-de Feiter LM, van Avendonk MJP, Woutersen-Koch H, Kurt-Grotenhuis L, Mulder H, Ruhé HG. Multidisciplinair document 'Afbouwen SSRI's & SNRI's'. [Internet]. Available from: https://www.knmp.nl/media/374 [Accessed 27th March 2024].

21. Bosman RC, Huijbregts KM, Verhaak PF, Ruhé HG, van Marwijk HW, van Balkom AJ, Batelaan NM. Long-term antidepressant use: a qualitative study on perspectives of patients and GPs in primary care. Br J Gen Pract. 2016 Oct;66(651):e708-19.
22. Scheerder G MA, De Coster I MA, Van Audenhove C PhD. Pharmacists' role in depression care: A survey of attitudes, current practices, and barriers. Psychiatr Serv. 2008;59(10):1155–60.
23. Geen C. Antidepressant discontinuation and the role of the pharmacist. Can Pharm J (Ott). 2023 Jul 24;156(5):251-256.
24. Guillaumie L, Moisan J, Grégoire JP, Villeneuve D, Beaucage C, Bujold M, Lauzier S. Perspective of community pharmacists on their practice with patients who have an antidepressant drug treatment: findings from a focus group study. Res Social Adm Pharm. 2015 Mar-Apr;11(2):e43-56.
25. Re-aim.org. What is RE-AIM? [Internet]. Available from: https://re-aim.org [Accessed 27th March 2024]
26. Amstelland Zorg. Over ons. [Internet]. Available from: https://amstellandzorg.nl/ [Accessed 27th March 2024]
27. NHG. Angst [Internet]. Available from: https://richtlijnen.nhg.org/standaarden/angst [Accessed 27th March 2024].
28. Balon R, Yeragani VK, Pohl RB, Gershon S. Lithium discontinuation: withdrawal or relapse? Compr Psychiatry. 1988 May-Jun;29(3):330-4.
29. Nelson JC, Papakostas GI. Atypical antipsychotic augmentation in major depressive disorder: a meta-analysis of placebo-controlled randomized trials. Am J Psychiatry. 2009 Sep;166(9):980-91.
30. Fereday, J., & Muir-Cochrane, E. Demonstrating Rigor Using Thematic Analysis: A Hybrid Approach of Inductive and Deductive Coding and Theme Development. International Journal of Qualitative Methods. 2006 March; 5(1), 80-92.
31. Victoria Clarke & Virginia Braun (2017) Thematic analysis, The Journal of Positive Psychology; 2016 December 9; 12(3): 297-298.
32. Bowers HM, Kendrick T, Glowacka M, Williams S, Leydon G, May C, et al. Supporting antidepressant discontinuation: the development and optimisation of a digital intervention for patients in UK primary care using a theory, evidence and person-based approach. BMJ Open. 2020 [cited 2024 Jun 22];10(3):e032312.
33. Bowers H, Kendrick T, van Ginneken N, Glowacka M, Williams S, Leydon GM, et al. A digital intervention for primary care practitioners to support antidepressant discontinuation (ADvisor for Health Professionals): Development study. J Med Internet Res. 2021 [cited 2024 Jun 22];23(7):e25537.
34. Kendrick T, Geraghty AWA, Bowers H, Stuart B, Leydon G, May C, et al. REDUCE (Reviewing long-term antidepressant use by careful monitoring in everyday practice) internet and telephone support to people coming off long-term antidepressants: protocol for a randomised controlled trial. Trials. 2020;21(1).

Appendix 1. Collaboration protocol

Het doel van dit samenwerkingsprotocol is het faciliteren van de taakverdeling tussen de apotheker en huisarts t.a.v. het afbouwen van antidepressiva. Hierin worden voorstellen gedaan voor een concrete taakverdeling met als doel om onnodig langgebruik in regio Amstelland op te sporen en terug te dringen. Deze voorstellen zijn gebaseerd op resultaten van het vooronderzoek Pharm Guide AD, literatuuronderzoek en expert opinion.
Apothekers hebben een training gevolgd om begeleiding bij het afbouwen te bieden. Taken dienen tussen de apotheker en huisarts afgestemd te worden.

1. Identificeren van langgebruikers		
Patiëntselectie & identificatie	**AIS**	**Verantwoordelijke/tijdsduur**
	STIZON	Apotheek - 1 minuut
- 18 – 65 jaar - SSRI/SNRI ≥ 18 maanden - Geen andere AD - Geen lithium - Geen benzodiazepines eq. ≥ 10 mg diazepam/dag - Antipsychotica behalve quetiapine tot 12.5 mg	Query Pharmacom	Apotheek - gem. 7 minuten p.p.
- In remissie	Naslag HIS	Huisarts - gem. 2-3 minuten p.p
2. Uitnodigingen		
Uitnodigingsbrieven sturen	Voorbeeld uitnodigingsbrieven zijn beschikbaar, moeten alleen nog worden gepersonaliseerd	Apotheker/Huisarts 1 minuut per brief
Patiënt bellen 1 week na het versturen van de brieven	Telefonisch	Apotheker/Huisarts 7-10 minuten per patiënt
3. Begeleiding		
Samenwerking apotheker en huisarts	Fiatteringsverzoek voor een stoprecept bij de huisarts indienen via AIS of beveiligde mail	Apotheker 1 minuut per patiënt
Intakegesprek	Tools voor intake beschikbaar - Wensen en doelen patiënt - Afbouwschema opstellen - Afspraken over bereikbaarheid en monitoring	Apotheker/Huisarts 30 minuten
Bereikbaarheid en monitoring	Tools voor monitoring beschikbaar Begeleiding per mail/telefoon/fysiek iom patiënt	Apotheker/Huisarts Gem. 5-10 minuten/follow-up afspraak Gem. 3-4 afspraken p.p.
Terugkoppeling naar de voorschrijver		Apotheker

Poster en flyers voor huisartsenpraktijken en apotheken zijn beschikbaar. Vragen of meedenken? Neem contact op met een van de onderzoekers via s.bouarfa@amsterdamumc.nl.

Appendix 2. Projectmap informatie

Doel van onderzoek

Achtergrond: Wereldwijd is het gebruik van antidepressiva significant toegenomen in afgelopen jaren**.** Ruim 1.2 miljoen personen in Nederland gebruiken antidepressiva. De toename in het aantal gebruikers is hoofdzakelijk toe te schrijven aan de langdurige voortzetting van de behandeling met antidepressiva in de eerste lijn, waarbij de gemiddelde duur van de behandeling meer dan twee jaar bedraagt. Hoewel voor sommige patiënten een langdurige behandeling met antidepressiva essentieel is om een terugval te voorkomen, is dit niet voor iedereen het geval. Dit impliceert dat een aanzienlijk deel van deze patiëntengroep onnodig antidepressiva gebruikt. Het onnodig voortzetten van de behandeling met antidepressiva stelt patiënten bloot aan mogelijke langetermijneffecten en draagt bij aan de toenemende kosten in de gezondheidszorg. Het tijdig stoppen van ongepast antidepressiva gebruik waar mogelijk is hierom cruciaal.

Het afbouwproces dient zorgvuldig en onder de competente begeleiding van een zorgverlener plaats te vinden. Hoewel het multidisciplinaire document 'Afbouwen SSRI's en SNRI's' richtlijnen biedt voor de begeleiding van patiënten bij het afbouwen van antidepressivagebruik, wordt het in de praktijk onvoldoende toegepast vanwege een gebrek aan overeenstemming en samenwerking tussen de eerste en tweede lijn.

In fase I van dit Pharm Guide onderzoek zijn focusgroepen met zorgverleners (psychiaters, huisartsen, apothekers) georganiseerd om inzicht te krijgen in wat zorgverleners nodig hebben om optimale begeleiding te kunnen bieden. Op basis van deze bevindingen en patiënt interviews zijn er samenwerkingsafspraken opgesteld met apothekers, huisartsen en psychiaters over de begeleiding tijdens het afbouwproces van antidepressiva.

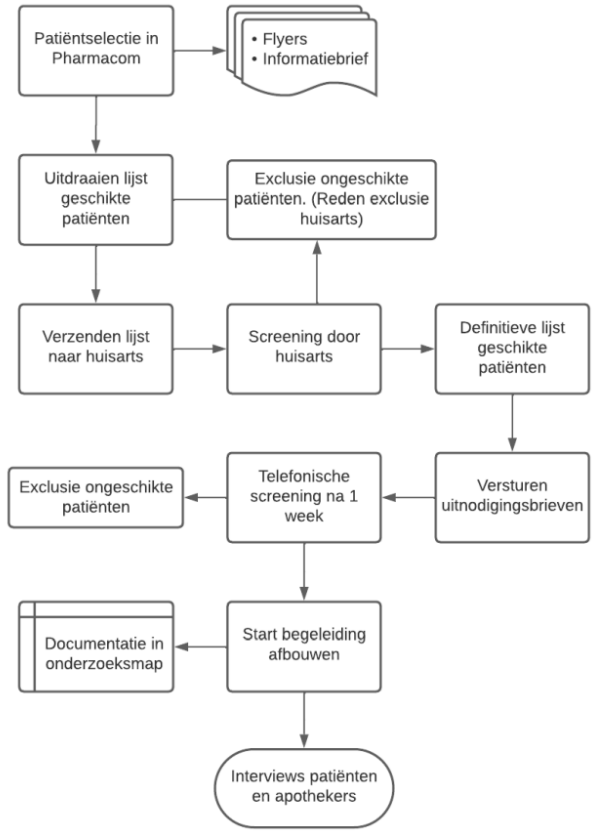
Doel: Het primaire doel is het testen van de implementatie en haalbaarheid van de samenwerkingsafspraken die zijn voortgekomen uit fase I van het Pharm Guide AD onderzoek. De secundaire doelstelling is het optimaliseren van deze samenwerkingsafspraken naar aanleiding van de implementatie in de praktijk. Dit zal worden verkregen aan de hand van evaluatiegesprekken in de vorm van interviews met zowel patiënten als apothekers. Bovendien zal er een kostenanalyse van de interventie plaatsvinden om een eventuele compensatie van de zorgverzekeraar te bewerkstelligen.

Duur: Het Pharm Guide AD onderzoek duurt in totaal 3 jaar. Fase I startte op september 2022 en liep tot sept 2023. Vanaf januari 2024 zal fase II van het onderzoek van start gaan. Hiervoor heeft een pilotstudie plaatsgevonden.

Doel van de projectmap: Dit projectmap is opgesteld ten behoeve van apothekers die deelnemen aan het Pharm Guide AD II project. Binnen deze projectmap vindt u gedetailleerde informatie als ondersteuning tijdens het begeleiden van antidepressiva gebruikers bij het afbouwen. Ook treft u praktische zaken m.b.t. het onderzoek, evenals specifieke verantwoordelijkheden die aan u zijn toegewezen. Deze projectmap heeft als doel om cruciale gegevens voor het onderzoek te documenteren, waaronder de tijdsbesteding en de toegepaste afbouwschema's.

Vragen: Bij vragen kunt u contact opnemen met Samah Bouarfa, onderzoekers binnen het Pharm Guide AD onderzoeksteam, via s.bouarfa@amsterdamumc.nl.

Werkflow



Training

Voorafgaand aan dit project heeft u een training gevolgd gericht op het verstrekken van handvatten voor de begeleiding bij het afbouwen van antidepressiva. De training bood inzichten in de complexiteiten van antidepressivagebruik en benadrukte het belang van een zorgvuldige begeleiding. Informatie over verschillende afbouwstrategieën, mogelijke uitdagingen en hoe effectief te communiceren met individuen die deze stap zetten is verstrekt. De hand-outs van deze training zijn toegevoegd aan deze projectmap in bijlage 1. Deze dienen als praktisch naslagwerk en bevatten nuttige informatie om toe te passen in het begeleidingstraject. Hiermee hopen we de kwaliteit van de ondersteuning die u biedt te verbeteren en een soepele overgang naar het afbouwen van antidepressiva te faciliteren.

Identificeren van patiënten

Het identificeren van geschikte patiënten vereist dat ze voldoen aan de onderstaande in- en exclusiecriteria. Voor het selecteren van deze groep moet het zoekstrategie in AIS worden uitgevoerd.

Inclusiecriteria

De patiënten die wel in aanmerking komen voor het project moeten voldoen aan de volgende criteria:

1. Leeftijd ≥18 jaar
2. SSRI/SNRI gebruik ≥6 maanden
3. SSRI/SNRI gebruik voor de behandeling van depressie en/of angst
4. In remissie voor meer dan 6 maanden

Exclusiecriteria

De patiënten die niet in aanmerking komen voor het project voldoen aan de volgende criteria:

1. Leeftijd ≤18 jaar
2. Geen actueel gebruik SSRI/SNRI
3. Niet therapeutisch middelengebruik

4. Gebruik van co-medicatie: lithium, andere antidepressiva vanaf de minimale effectieve dosering, benzodiazepines boven een equivalent van 10 mg diazepam en alle therapeutische atypische antipsychotica

Let op! Het screenen op de exclusiecriteria dient handmatig te worden uitgevoerd na het uitdraaien van de Query.

Patiëntselectie

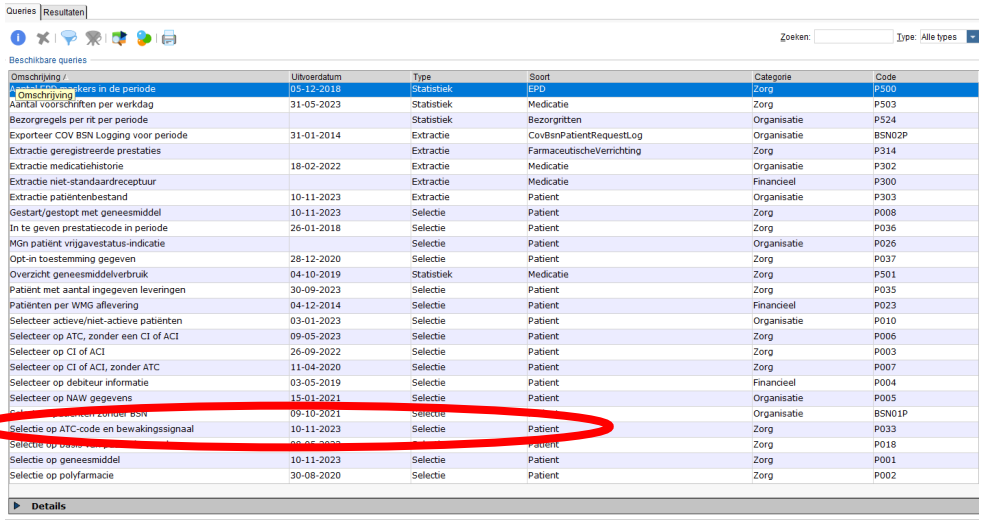
Query in Pharmacom

In deze instructie wordt stap voor stap uitgelicht hoe de patiënten selectie voor dit onderzoek uitgevoerd kan worden in Pharmacom met behulp van de Qmodule.

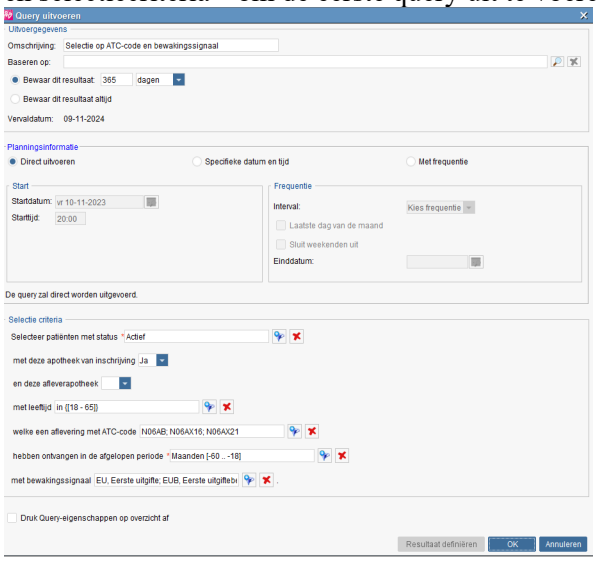
Let op: Dit kan 15-20 minuten duren. Noteer achteraf in het document hoe lang dit heeft geduurd.

Stap 1. Maak een selectie van alle patiënten die langer dan 18 maanden een SSRI of SNRI (venlafaxine, duloxetine) hebben gebruikt.

Ga hiervoor naar Management → Q-module
Klik vervolgens met de rechtermuisknop op de Query 'Selectie op ATC-code en bewakingssignaal' om de zoekstrategie te starten.



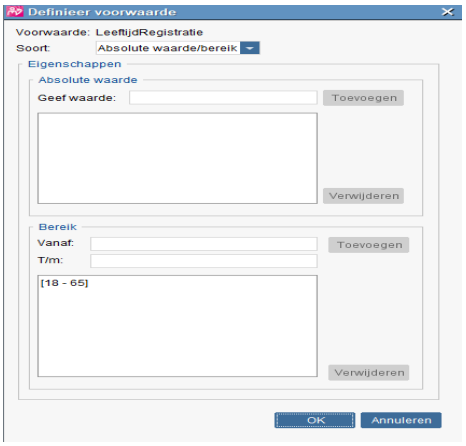
Stap 1.1: Voer alle onderstaande gegevens in onder de kopjes "Uitvoergegevens, planningsinformatie en selectiecriteria'' om de eerste query uit te voeren.



Planningsinformatie
Direct uitvoeren

Selectiecriteria
Selecteer patiënten met status: Actief
Met deze apotheek van inschrijving: Ja

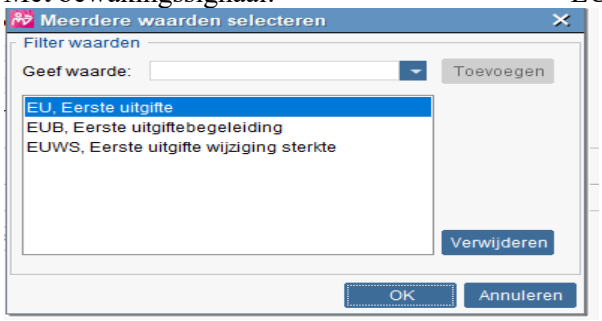
Met leeftijd: 18-65 jaar
- Soort: Absolute waarde/bereik
- Bereik: Vanaf 18 t/m 65



Welke een aflevering met ATC Code: N06AB, N06AX16, N06AX21

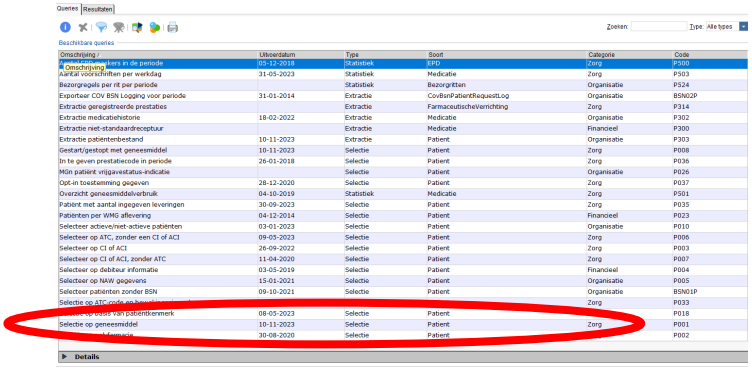
Hebben ontvangen in de afgelopen periode: maanden [-60, -18]

Met bewakingssignaal: EU, EUB, EUWS

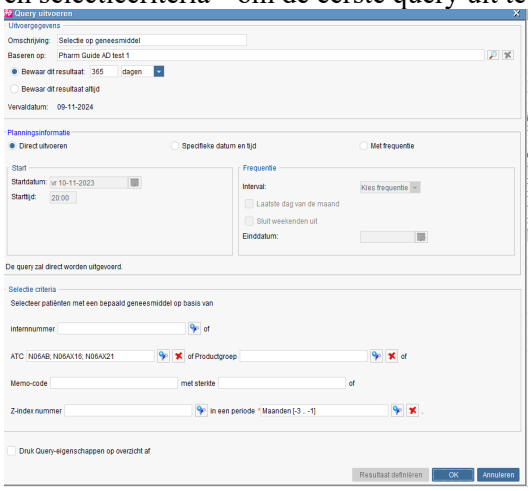


Stap 1.3: Voer de query uit.
Stap 2: Maak een selectie van alle patiënten die in de afgelopen 3 maanden nog een SSRI of SNRI (venlafaxine, duloxetine) hebben ontvangen op basis van de resultaten van stap 1.

Ga hiervoor naar Management → Q-module
Klik vervolgens met de rechtermuisknop op de Query ‘Selectie op geneesmiddel’ om de zoekstrategie te starten.



Stap 2.1: Voer alle onderstaande gegevens in onder de kopjes “Uitvoergegevens, planningsinformatie en selectiecriteria’’ om de eerste query uit te voeren.



Uitvoergegevens

Baseren op:	Selectie op ATC-code en bewakingssignaal (of zelfgekozen naam van de vorige Query, zoals in de afbeelding is te zien ‘Pharm Guide AD test 1)

Let op: Het baseren van deze query op de resultaten van de vorige zoekstrategie is uitermate van belang om de juiste resultaten te verkrijgen.

Planningsinformatie

Direct uitvoeren

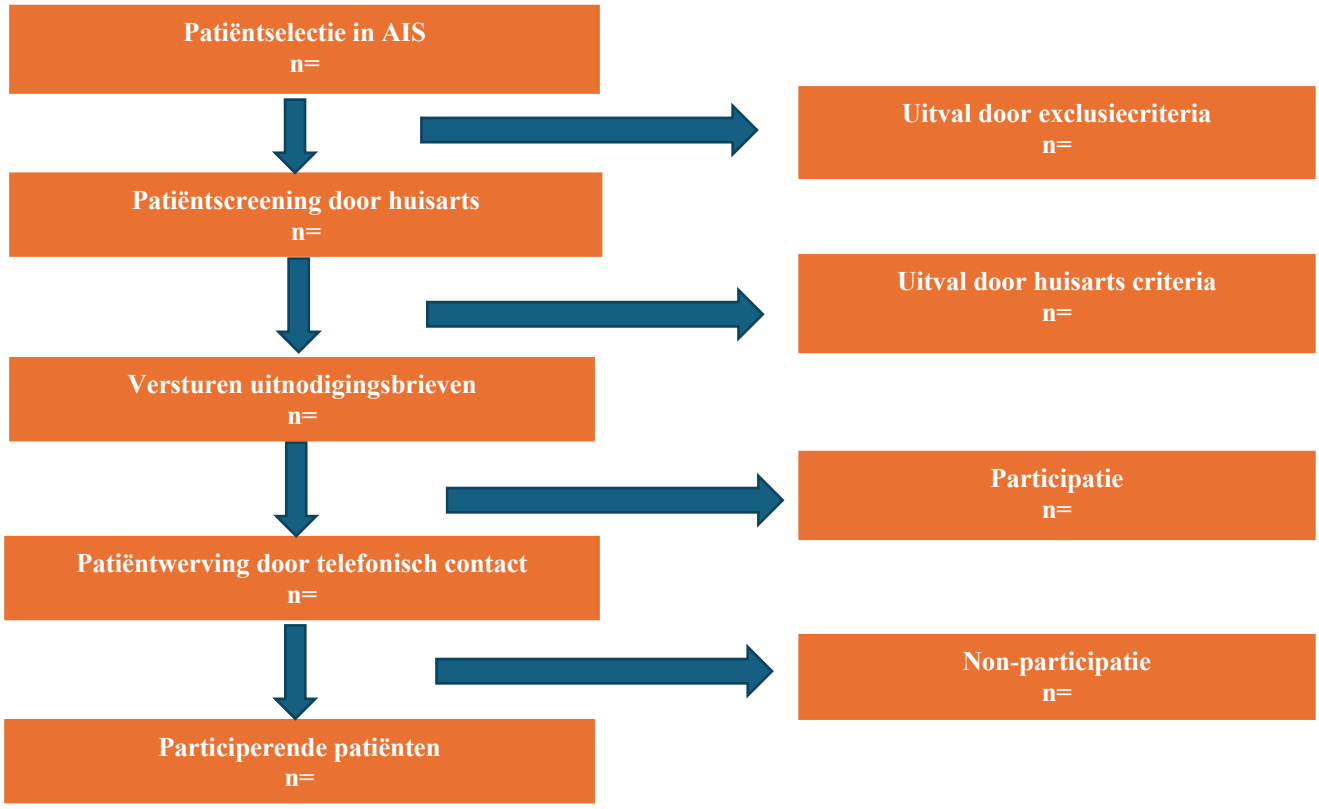
Selectiecriteria

ATC:	N06AB, N06AX16, N06AX21
In een periode:	maanden [-3, -1]

Tijdsduur query Pharmacom: **……min.**

Flowchart patiëntselectie

Voor onderzoeksdoeleinde is het van belang dat het aantal deelnemende patiënten in kaart wordt gebracht. Hierom verzoekt het onderzoeksteam u onderstaande flowchart in te vullen tijdens het werven van de patiënten. In de volgende sectie wordt stap voor stap uitgelegd hoe de patiëntselectie dient plaats te vinden.



Het informeren en uitnodigen

Apotheekteam geïnformeerd? Zie bijlage 2.
O Ja O Nee

Flyers geplaatst in de apotheek? Zie bijlage 4.
O Ja O Nee

Uitnodigingbrief verstuurd? Zie bijlage 3.
O Ja O Nee

Tijdsduur alle uitnodigingsbrieven sturen: _____

Patiënten gebeld volgens belscript? Zie bijlage 5.
O Ja O Nee

3 hoofdredenen voor artsen om patiënten te excluderen:
1. _____
2. _____
3. _____

Bijlage 1. Hand-outs kick-off

(Als bijlage gestuurd per e-mail)

Bijlage 2. Informatiebrief apotheekteam over Pharm Guide AD

Algemene informatie
In Nederland gebruiken meer dan een miljoen mensen antidepressiva. Deze medicijnen helpen bij somberheid, angstgevoelens en verbeteren de stemming. Hoewel antidepressiva positieve effecten kunnen hebben, kleven er nadelen aan het langdurig en onnodig gebruik ervan. Gebruikers kunnen er afhankelijk van worden, last krijgen van bijwerkingen en interacties kunnen optreden. Dat is slecht voor de gezondheid. Daarom is het belangrijk dat gebruikers op tijd stoppen met deze medicijnen.

Het kan lastig zijn om te stoppen of minderen met een antidepressivum. Het is heel belangrijk om dit langzaam en geleidelijk te doen, ook wel afbouwen genoemd. Het lichaam moet hieraan wennen. Daarom is het belangrijk dat dit onder goede begeleiding van een zorgverlener plaatsvindt.

Wat is het doel van Pharm Guide AD?
Met dit project zullen apothekers SSRI en SNRI gebruikers begeleiden met het afbouwen van hun medicijn. In overeenstemming met de huisarts, zal de apotheker een persoonlijk afbouwschema voor de patiënt opstellen. Dit zal ook plaatsvinden in samenspraak met de patiënt. Tijdens het afbouwproces zullen er regelmatige begeleidingsgesprekken zijn om de voortgang te meten. Nadat het afbouwdoel van de patiënt is bereikt, zullen de onderzoekers interviews afnemen met de patiënten om de ervaringen te meten.

Uitnodigen van patiënten
Patiënten kunnen voor dit project geïnformeerd worden door de flyers mee te geven aan de balie. Daarnaast ontvangen patiënten ook een uitnodigingsbrief per post. Een week na het versturen van de uitnodigingsbrief zullen de onderzoekers de patiënten telefonisch contacteren. Als patiënten vragen hebben over het project, kunnen ze door u naar de apotheker worden doorverwezen.

Samen kunnen we een positief verschil maken in hun welzijn. Alvast bedankt voor jullie samenwerking!

Met vriendelijke groet,

Mede namens de onderzoekers van Pharm Guide AD.

Appendix 3. Projectmap documentatie

Voorblad

Naam patiënt:

_____

Leeftijd:

_____

Geslacht:

_____

Geneesmiddel:

_____

Huidige dosering:

_____

Indicatie:

_____

Gebruiksduur:

_____

Aantal eerdere stoppogingen:

_____

Tijdsduur bellen van patiënt:

_____

Datum inclusie:

_____

E-mail:

_____

Mogen onderzoekers van Amsterdam UMC contact met u opnemen voor het afnemen van vragenlijsten en evaluatiegesprek?

O Ja O Nee

Telefoonnummer:

In te vullen door onderzoekers
Study ID:

Patiëntbegeleiding

Deze keuzehulp is opgesteld door het RadboudUmc in samenwerking met ProPersona op basis van bevindingen van patiënten en professionals.

KEUZEHULP - Te bespreken onderwerpen bij het overwegen van afbouwen van antidepressiva		
Thema	**Onderwerpen**	**Bevindingen**
Gebruik	Huidige werkzaamheid antidepressivum	
	Kwaliteit van leven en psychisch functionerenop dit moment	
	Ervaren bijwerkingen (zoals afvlakken emoties, libidoverlies, gewichtstoename)	
	Risico op suïcidaliteit	
	Reden(en) om te stoppen	
Verwachtingen	Voor- en nadelen van stoppen	
	Verwachtingen op basis van eerdereafbouwervaringen	
	Doel(en) van afbouw	
Proces	Angst voor terugval	
	Onttrekkingsverschijnselen (en het verschil met een terugval)	
	Individueel afbouwschema, fasering en dosering	
	Herkenning terugvalsignalen	
	Terugval preventieplan	
Professionele begeleiding	Afspraken over gesprekken en bereikbaarheidhuisarts en POH-GGZ (met wie & frequentie)	
Omgeving	Partner en/of naasten betrekken	
	Houding ten aanzien van gebruik enafbouwen	
	Life-event	

Keuze om wel / niet te stoppen met de antidepressiva omdat: ……

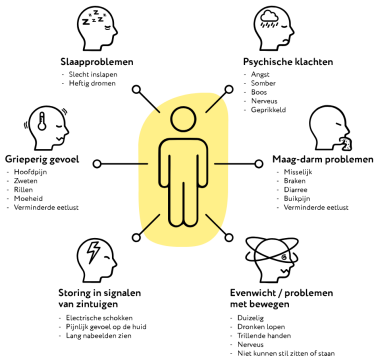
……

Tijdsinvestering voor de intake: …….. minuten

Patiënt informeren

Tijdens een consult kunnen de volgende punten helpen bij het informeren van patiënten en het beantwoorden van hun eventuele vragen.

- Er kunnen klachten/symptomen van het minderen optreden
- Altijd bereikbaar om deze te bespreken
- Bellen als u zorgen heeft over het afbouwen
- Hoe werkt afbouwen?
- FINISH



- Mogelijkheden bij onttrekkingsverschijnselen:
  - Tijdelijk terug naar de vorige (‘oude’) dosis, waarbij je geen klachten had. De klachten verdwijnen dan meestal binnen 24 uur.
  - In kleinere stappen afbouwen.
  - Langzamer afbouwen door een langere tijd tussen de stappen te nemen. Bijvoorbeeld niet na 1 of 2 weken een dosis verlagen, maar pas na 3-4 weken.
  - Tijdelijk medicijnen slikken tegen de klachten. Bijvoorbeeld een benzodiazepine bij slaapproblemen of een bètablokker bij tremors.

- Terugvalpreventieplan: mochten klachten optreden, dan gaan we een stapje terug
- Onderscheid FINISH en terugval

Onttrekkingsverschijnselen	Terugval
De klachten ontstaan meestal 1 tot 2 dagen na het stoppen of na het verlagen van de dosis	De klachten ontstaan later: vaak een aantal weken of maanden na het stoppen
De klachten verminderen meestal na een aantal dagen	De klachten duren langer dan 1 week
De klachten verdwijnen binnen 24 uur na het slikken van de ‘oude’ dosis	De klachten verdwijnen NIET binnen 24 uur na het slikken van de ‘oude’ dosis

- Thuisarts.nl ‘’Ik wil stoppen met mijn medicijnen tegen depressie’’
- Aanspreekpunt
- Bereikbaarheid
- Frequentie contactmomenten

Terugvalpreventieplan

Terugvalpreventieplan

Richting het eind van je behandeling is het goed om na te denken over hoe je om kunt gaan met een terugval. Stel je krijgt opnieuw klachten, dan is het prettig om al een plan te hebben waarmee je op tijd kunt ingrijpen. Dit heet een terugvalpreventieplan.

Wanneer er onverhoopt een terugval plaatsvindt, betekent dit niet dat je terug bij af bent. Het gaat vaak om een korte periode waarin het tijdelijk minder goed met je gaat. Deze periodes kun je opvangen door dat wat je geleerd hebt tijdens je behandeling weer toe te passen.
Zo'n terugval kan je zelfs meer vertrouwen geven als blijkt dat je er op eigen kracht uitkomt. In de meeste gevallen wordt de kans op een terugval steeds kleiner naarmate de tijd vordert.

Stap 1: Signalen

Het is belangrijk dat je kunt herkennen wanneer het minder goed met je gaat. Sommige mensen merken dit aan hun lichaam. Anderen merken dit aan hun gedrag.

Voorbeelden van signalen zijn: 'Een week lang meer dan een uur wakker liggen' of 'gedurende twee weken meer avonden wel dan niet uitgeput thuiskomen van het werk'

Aan welke signalen kun jij merken dat het minder goed met je gaat?
Vul het onderstaande lijstje in. Denk hiervoor terug aan de tijd dat je de klachten, waarvoor je in behandeling was, ontwikkelende. Beschrijf de signalen zo concreet mogelijk.

Lichamelijke signalen:
Bijvoorbeeld rugpijn, hoofdpijn, futloosheid

Psychische signalen:
Bijvoorbeeld piekeren, concentratieproblemen, negatieve gedachten

Gedragssignalen:
Bijvoorbeeld slecht slapen, je terugtrekken, niet meer gaan sporten, meer alcohol drinken, te hard werken, sneller boos worden

Stap 2: Risicosituaties

Het is ook van belang om omstandigheden te herkennen die de kans op een terugval groter kunnen maken. Zogenaamde risicosituaties. Door je hier bewust van te zijn kun je bij risicosituaties extra acties inzetten om een terugval te voorkomen.

Voorbeelden van risicosituaties zijn: piekweken op het werk, ruzie in de familie, conflict op het werk, verhuizing, nachtdiensten moeten werken, misgelopen relatie, teleurstelling, etc.

Beschrijf jouw risicosituaties:

Stap 3: Herhalen wat je hebt geleerd

Mensen leren door te herhalen: denk aan leren fietsen of leren schaatsen. Dat ging waarschijnlijk ook met vallen en opstaan, maar uiteindelijk lukte het steeds beter! Het is daarom helpend om de voor jou meest nuttige elementen uit de behandeling te herhalen door ze hieronder op te schrijven. Maak gebruik van de termen valkuilen en handvatten.

Valkuilen

Valkuilen zijn gedachten of gedragingen die niet helpend voor jou zijn, maar die je wel geneigd bent om te denken of doen wanneer het minder goed met je gaat.

Vul hieronder in wat je geneigd bent om te denken als het niet zo goed met je gaat, en wat je geneigd bent om te doen wanneer het niet zo goed met je gaat.

Valkuilen – Gedachten of overtuigingen
Welke gedachten verwacht je te krijgen als het niet zo goed met je gaat?
Bijvoorbeeld: 'Ik ben niet belangrijk' of 'Dadelijk gaat het weer mis.'

Valkuilen – Gedrag
Wat verwacht je te gaan doen wanneer het niet zo goed met je gaat?
Bijvoorbeeld terugtrekken in plaats van steun zoeken, eetbuien, weinig activiteiten ondernemen.

Handvatten (Wat helpt mij wanneer ik het moeilijk heb?)

Handvatten zijn methoden of technieken die je kan inzetten om om te gaan met moeilijke situaties of gedachten. Denk aan alles wat je tijdens je behandeling hebt geleerd, maar ook aan dingen die je deze afgelopen periode zelf hebt ontdekt en als helpend hebt ervaren. Schrijf deze hieronder op.

Voorbeelden van handvatten zijn: jezelf positief toespreken, met anderen praten, gedachten uitdagen met een G-schema, anti-pieker oefeningen, ontspanningsoefeningen, rust nemen, bewegen, etc.

Handvatten - Gedachten en overtuigingen
Bijvoorbeeld: 'Een slechte dag betekent niet dat het weer helemaal fout gaat,' 'Van tegenslagen kan ik leren.'

Handvatten - Gedrag
Bijvoorbeeld iedere dag een half uur wandelen ongeacht mijn stemming, een vriend bellen.

Stap 4: Steun of hulp zoeken

Tijdens de behandeling heb je misschien gemerkt wie jou zou kunnen helpen als het minder goed met je gaat. Schrijf hieronder op wie deze personen zijn en wat ze voor jou zouden kunnen betekenen.

Bijvoorbeeld: iemand met wie je kan praten, iemand waarmee je juist kunt lachen, iemand die je kan motiveren, iemand die niet oordeelt, etc.

Wie?	Wat kan deze persoon voor mij betekenen?

Stap 5: Hulp bij ernstigere klachten

Kom je er zelf niet uit? Merk je dat de beschreven handvatten onvoldoende of niet helpen? Neem dan contact op met je huisarts. De huisarts kan indien nodig de praktijkondersteuner GGZ inzetten. Het terugvalpreventieplan kun je meenemen naar de huisarts. Als het nodig is, kan de huisarts of praktijkondersteuner GGZ je opnieuw verwijzen voor behandeling.

Online vind je hulp bij:

www.zelfhulpnetwerk.nl
www.deluisterlijn.nl
www.113.nl

GGzE

Afbouwschema

Welke tabel wordt toegepast? O Tabel 2 O Tabel 3 O Tabel 4

Aanbeveling:

1. **Risicofactoren aanwezig?**
    a. Nee -> Tabel 2 wordt aanbevolen
    b. Ja -> Tabel 3 wordt aanbevolen

Risicofactoren voor het optreden van ADS
Hogere doseringen dan de minimaal effectieve dosis SSRI's/SNRI's nodig voor een therapeutisch effect
Onttrekkingsverschijnselen bij een gemiste dosis/ therapieontrouw/drug holiday
Eerdere mislukte stoppogingen

2. **De patiënt geeft voorkeur aan het zelf opstellen van een afbouwschema**
    a. Vul de te nemen stappen in Tabel 4

- Volgens tabel 2 van het multidisciplinair document ‘’Afbouwen SSRI & SNRI’’

		CIT	EsCIT	FLV	FLX	PAR	SER	DUL	VLX
	Stappen in mg/dag								
	Stap 1	20	10	(100)	20	20	50	60	75
	Stap 2	10	5	50	0	10	25	30	37,5
	Stap 3	0	0	0		0	0	0	0
	CIT= Citalopram, EsCIT= Escitalopram, DUL= Duloxetine, FLV= Fluvoxamine, FLX= Fluoxetine, PAR= Paroxetine, SER= Sertraline, VLX= Venlafaxine								

- Volgens tabel 3 van het multidisciplinair document ‘’Afbouwen SSRI & SNRI’’

	CIT	EsCIT	FLV	PAR	SER	DUL	VLX
Stappen in mg/dag							
Stap 1	20	10	50	20	50	60	75
Stap 2	10	5	30	10	25	30	37,5
Stap 3	6	3	20	7	15	15	20
Stap 4	4	2	15	5	10	10	12
Stap 5	3	1,5	10	3	7,5	6	7
Stap 6	2	1	5	2	5	4	5
Stap 7	1	0,5	2,5	1	2,5	2	3
Stap 8	0,5	0,25	0	0,5	1,25	1	2
Stap 9	0	0		0	0	0	1
Stap 10							0
CIT= Citalopram, EsCIT= Escitalopram, DUL= Duloxetine, FLV= Fluvoxamine, FLX= Fluoxetine, PAR= Paroxetine, SER= Sertraline, VLX= Venlafaxine							

- Tabel 4, volgens een alternatieve, zelf-opgesteld afbouwschema:

Stappen in mg/dag	**Geneesmiddel:**
Datum:	
Datum:	
Datum:	
Datum:	
Datum:	
Datum:	

Geef de tabel mee aan de patiënt!

Afgesproken datum eerste begeleidingsgesprek: _____

Begeleidingsgesprek 1

Datum:

_____

Onderwerp	**Bevindingen**
Wie neemt contact op?	O Patiënt O Apotheker
Hoe gaat het nu?	
Loopt het afbouwen volgens schema?	
Last van bijwerkingen?	
Toe aan de volgende stap in het afbouwplan?	

Tijdsduur gesprek:

_____

Datum volgende afspraak:

_____

Begeleidingsgesprek 2

Datum:

_____

Onderwerp	**Bevindingen**
Wie neemt contact op?	O Patiënt O Apotheker
Hoe gaat het nu?	
Loopt het afbouwen volgens schema?	
Last van bijwerkingen?	
Toe aan de volgende stap in het afbouwplan?	

Tijdsduur gesprek:

_____

Datum volgende afspraak:

_____

Begeleidingsgesprek 3
Datum:

_____

Onderwerp	**Bevindingen**
Wie neemt contact op?	O Patiënt O Apotheker
Hoe gaat het nu?	
Loopt het afbouwen volgens schema?	
Last van bijwerkingen?	
Toe aan de volgende stap in het afbouwplan?	

Tijdsduur gesprek:

_____

Datum volgende afspraak:

_____

Begeleidingsgesprek 4
Datum:

_____

Onderwerp	**Bevindingen**
Wie neemt contact op?	O Patiënt O Apotheker
Hoe gaat het nu?	
Loopt het afbouwen volgens schema?	
Last van bijwerkingen?	
Toe aan de volgende stap in het afbouwplan?	

Tijdsduur gesprek:

_____

Datum volgende afspraak:

_____

Afsluitingsgesprek

Datum:

_____

Afbouwdoel behaald?
O Ja O Nee

Belangrijk om na …. tijd te evalueren.

Onderzoekers nemen contact met u op
O Ja O Nee

Appendix 4. Questionnaire with pharmacists

4.1 General questionnaire for pharmacists

1. Vindt u dat u via de training(en) voldoende handvatten heeft gekregen om patiënten te begeleiden bij het afbouwen van hun antidepressivum?
   O Ja O Nee

2. Hoe nuttig was de training voor u op een schaal van 1 tot 10?
   Cijfer: ___

3. Bent u bekend met de samenwerkingsafspraken t.a.v. de begeleiding bij het afbouwen van antidepressiva?
   O Ja O Nee

4. Vindt u de samenwerkingsafspraken duidelijk?
   O Ja O Nee

5. Bent u tevreden over de samenwerkingsafspraken rondom de begeleiding bij het afbouwen van antidepressiva?
   O Ja O Nee

6. Bent u tevreden over de informatie-uitwisseling tussen u en uw collega huisarts(en)?
   O Ja O Nee

7. Is het mogelijk om laagdrempelig overleg te hebben met de huisarts?
   O Ja O Nee

8. Is het mogelijk om laagdrempelig overleg te hebben met de psychiater?
   O Ja O Nee

9. Welk cijfer geeft u de samenwerking in uw regio op dit moment?
Cijfer: ____

10. Vindt u dat de werkdruk sinds de implementatie van de samenwerkingsafspraken is verminderd?
    O Ja O Nee

11. Vindt u dat de begeleiding bij het afbouwen van antidepressiva ook kan worden aangeboden door apothekersassistenten?
    O Ja O Nee

4.2 Questionnaire for pharmacist interview

Introduction
1) Wat was voor u de belangrijkste reden om mee te doen aan dit onderzoek?
Reach
Key vragen 1) Hoeveel patiënten waren geschikt voor deelname aan dit project? 2) Was het moeilijk om patiënten te vinden die wilden deelnemen aan het project? Wat was hier de reden voor volgens u? 3) Wat vonden patiënten over het algemeen van het project? *Prime questions* 4) Follow-up vraag voor 1: Hoe verliepen de aanmeldingen (proportie instemmen/afwijzen, reden)? 5) Follow-up vraag voor 2: Hoe heeft het eerste gesprek invloed gehad op de keuze om te gaan afbouwen?
Impementation
Key vragen 1) Heeft begeleiding vanuit u volledig plaatsgevonden volgens het samenwerkingsprotocol? 2) Wat waren voor u de grootste uitdagingen in dit project? 3) Hoe heeft u de samenwerking met de huisarts/psychiater over het algemeen ervaren? (Follow-up: hoe zou dit kunnen worden verbeterd?) 4) Wat zou u anders doen, als u dit project opnieuw zou doen? *Prime questions* 5) De huisarts had een beperkte rol in dit project. Zou deze rol moeten worden uitgebreid? Zo ja, hoe? 6) Heeft het samenwerkingsprotocol geholpen bij het uitvoeren van deze interventie (schaal 1-10)? 7) Heeft de training geholpen bij het uitvoeren van deze interventie (schaal 1-10)?
Adoption
Key vragen 1) Hoe bent u betrokken bij dit project? Hoe is dat proces gegaan? 2) Wat vond u van de training die is gegeven? 3) Hoe goed heeft de training u voorbereid op de taken binnen dit project? *Prime questions* 4) Gedetailleerde vragen over de training; tijdsduur (om te trainen, patiënten te selecteren, patiënten te werven, eerste consult, follow-up consulten, administratie), missende of onnodige onderwerpen, andere opmerkingen 5) Welke kennis heeft u nu, die u eerder in het project had willen hebben?
Effectiveness
Key questions 1) Hoe heeft u de consulten met de patiënten ervaren? 2) In hoeverre denkt u dat deze interventie heeft geholpen om langdurig antidepressiva gebruik terug te dringen? 3) Hoe hebben de samenwerkingsafspraken invloed gehad op de begeleiding bij het afbouwen van antidepressiva? *Prime questions* 4) Wat zijn belangrijke succesvolle aspecten van deze interventie? En welke aspecten zijn onnodig?
Maintenance
Key vragen 1) Zijn de samenwerkingsafspraken toepasbaar in de reguliere zorg in de huidige vorm? Zo niet, welke aanpassingen zijn noodzakelijk? 2) Zijn er dingen die u van ons als projectteam nodig had, die u niet heeft gekregen? 3) Zijn er dingen die u wilt vertellen, waar we het niet over hebben gehad? *Prime questions* 4) Welk advies zou u geven aan de organisatie die ons project heeft gefinancierd om dit onderzoek uit te voeren?

Appendix 5. Questionnaires with patients

5.1 General questionnaire for patients

Study ID: _____
O Man O Vrouw

Leeftijd: _____

1. Welk geneesmiddel bent u gaan minderen?
   _____

2. Waar wordt u voor behandeld?
   O Depressie
   O Angstklachten
   O Anders: _____

3. Bent u voor de bijwerking van dit geneesmiddel ooit behandeld met andere geneesmiddelen?
   O Ja, met: _____
   O Nee

4. Zo ja, bent u inmiddels gestopt met deze geneesmiddelen?
   O Ja
   O Nee

5. Wie heeft het initiatief genomen tot het starten van het minderen van uw medicijn?
   O De huisarts
   O De psychiater
   O De apotheker
   O Uzelf
   O Anders, namelijk: _____

6. Wat was voor u de reden om uw medicijn te minderen en te stoppen?
   O Niet meer afhankelijk zijn van het medicijn
   O Geen bijwerkingen meer
   O Anders, namelijk: _____

7. Is het gelukt om uw afbouwdoel te behalen?
   O Ja
   O Nee
   O Deels, tot: ….. mg
8. Heeft u eerdere stoppogingen gehad?
   O Ja, namelijk: ….. pogingen
   O Nee

9. Kunt u vertellen hoe dat ging?
   _____

10. Heeft u tijdens het minderen last gehad van onttrekkingsverschijnselen?
    O Ja
    O Nee

11. Zo ja, waar heeft u last van gehad? Kruis aan en omcirkel de klacht.
    O Griepachtige verschijnselen: hoofdpijn, zweten, trillen, moeheid, verminderde eetlust, spierpijn
    O Slaapstoornissen: slecht inslapen, nachtmerries

O Maagdarmklachten: misselijkheid, braken, diarree
O Evenwichtsproblemen: duizeligheid, coördinatiestoornissen
O Sensorische problemen: elektrische schokken, aanhouden van nabeelden
O Psychische klachten: angst, somberheid, prikkelbaarheid, irritaties, ontremming
O Bewegingsstoornissen, tremoren
O Overige verschijnselen, namelijk: _____

12. Bent u voor deze onttrekkingsverschijnselen behandeld?
    O Ja, ik ben bij de huisarts geweest
    O Ja, ik ben opgenomen in het ziekenhuis
    O Nee

13. Zo ja, bent u daarvoor behandeld met geneesmiddelen?
    O Ja, met: _____
    O Nee

14. Sloot de zorg rondom uw aandoening van de verschillende zorgverleners naar uwmening goed op elkaar aan?
    O Ja
    O Nee

15. Gaven de zorgverleners u naar uw mening tegenstrijdige informatie over uw aandoening?
    O Ja
    O Nee

16. Hoe beoordeelt u de samenwerking tussen uw apotheker en uw huisartsenpraktijk?
    O Onvoldoende
    O Matig
    O Voldoende
    O Goed
    O Uitstekend

17. Wist u vooraf wat u kon verwachten van de begeleiding bij het afbouwen van uw medicijn?
    O Nee, helemaal niet
    O Een beetje
    O Bijna helemaal
    O Ja, helemaal

Mag de onderzoeker contact met u opnemen voor het afnemen van een interview dat gaat over uw ervaring met het afbouwen? Dit interview duurt 20 tot 30 minuten en vindt bij voorkeur plaats in uw apotheek. Een online interview behoort tot een mogelijkheid.
O Ja
O Nee

5.2 Satisfaction questionnaire for patients

U heeft 1 of meerdere keren met de apotheker gesproken over het afbouwen van uw medicijn. Mogelijk zijn er ook adviezen gegeven en/of aanpassingen in uw medicatiegebruik gedaan. Graag willen wij u een aantal vragen stellen over de begeleiding door de apotheker:

Study ID patiënt:

1. Geeft u hieronder per regel aan in hoeverre u het eens bent met de uitspraak.

	Helemaal mee oneens	Oneens	Neutraal	Eens	Helemaal mee eens	Niet van toepassing
De apotheker luisterde goed naar mij.						
De apotheker begreep mijn vragen/zorgen over mijn medicijnen.						
De apotheker gaf begrijpelijke informatie over het verminderen van mijn medicijn.						
De apotheker nam mijn wensen mee bij het beoordelen en/of aanpassen van de behandeling.						
Ik kan de apotheker de vragen stellen die ik wil.						
Ik heb vertrouwen in de apotheker.						
Ik krijg van de apotheker een behandeling en/of advies waar ik iets mee kan.						
Met de hulp van de apotheker kan ik beter omgaan met het verminderen van mijn medicijn.						
Ik vond het gesprek met de apotheker nuttig.						

2. Wat was voor u belangrijk om tijdens het medicatiegesprek te bespreken met de apotheker?

	Helemaal niet belangrijk	Niet belangrijk	Neutraal	Belangrijk	Heel erg belangrijk
De inname/het gebruik van de medicijnen.					
Mijn tevredenheid over het verminderen van mijn medicijn.					
De vragen die ik heb over het afbouwen.					
De zorgen die ik heb over het verminderen van mijn medicijn.					
Wat ik zou willen veranderen aan het verminderen van mijn medicijn.					

Algemeen oordeel over het medicatiegesprek de apotheker

3. Zou u de begeleiding van de apotheker bij andere mensen, die willen afbouwen, aanbevelen? Een 0 betekent dat u de begeleiding zeker niet zou aanbevelen. Een 10 betekent dat u de begeleiding zeker wel zou aanbevelen.

Zeker niet										Zeker wel
❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
0	1	2	3	4	5	6	7	8	9	10

4. Waarover zou u de apotheker met betrekking tot de begeleiding een compliment willen geven?

5. Wat zou de apotheker met betrekking tot de begeleiding volgens u beter kunnen doen?

Hartelijk dank voor uw medewerking.

5.3 Questionnaire for patient interview

Goedemorgen/goedemiddag,
U bent in de afgelopen periode door de apotheker begeleid bij het verminderen van uw medicijn. Voor ons onderzoek is bij u een enquête afgenomen en u heeft aangegeven dat wij u mochten benaderen voor een interview van 20-30 minuten. Een week geleden heeft u de informatiebrief over ons onderzoek ontvangen. Ik zou u graag willen vragen om het bijbehorende toestemmingsformulier te ondertekenen.

Dit gesprek zal worden opgenomen voor onderzoeksdoeleinden. Wij willen benadrukken dat de apotheker deze opname niet zal beluisteren. De enige personen die toegang zullen krijgen tot deze gegevens zijn leden van ons onderzoeksteam. Heeft u alvast vragen?

Hierbij starten we met het interview.

[audiorecorder aan]

I. Context
1. Kunt u mij meenemen in het verminderen van uw medicijn? (Vanaf het eerste gesprek overhet afbouwen t/m het resultaat?)
    a. Wist u goed wat u kon verwachten van de voorlichting en de begeleiding door de apotheker?
    b. Wat wilde u bereiken met het verminderen? Is dat gelukt?
    c. Op welke manier denkt/dacht u dat dit zal/zou gaan?
    d. Welke moeilijkheden verwacht/verwachtte u?

II. Voorlichting en ondersteuning door uw apotheker
1. Hoe bent u betrokken bij de beslissingen over het afbouwen van medicijn x?
    a. Vond u dat voldoende?
    b. Bv: hoe bent u betrokken bij het opstellen van het afbouwschema? Of bij het bepalen van de afbouwsnelheid?
2. Wat vond u van de voorlichting die is gegeven over het minderen?
3. Hoe heeft u de ondersteuning tijdens het minderen ervaren?
4. Hoe is tijdens de begeleiding rekening gehouden om uw omgeving (familie, vrienden) te betrekken? Had u dat graag wel/niet gewild?
5. Hoe heeft u de begeleiding door uw apotheker ervaren?
6. Wat vond u van de communicatie met de apotheker tijdens het afbouwen?
7. Heeft u iets gemist in de ondersteuning wat terugkwam bij u (internet raadplegen, sociale omgeving)?
8. Wat was tijdens de behandeling qua begeleiding essentieel voor u om uw behandeling goed te kunnen volgen?

III. Follow-up
9. [Voor elke persoon worden 2 of 3 vragen opgesteld aan de hand van de enquête antwoorden, om hier verder toelichting op te geven.]
10. Is er iets wat u wil vertellen over uw ervaring met de begeleiding bij het afbouwen waar wij het nog niet over hebben gehad?
11. Denkt u dat de apotheker meerdere mensen zou kunnen helpen bij het afbouwen?

Bedankt voor uw medewerking [audiorecorder uit]

Appendix 6. Quality and quantitative data based on RE-AIM framework

Table 6. The content, qualitative data, and quantitative data for each component of the RE-AIM framework [21].

Measure	Content	Qualitative data	Quantitative data
Reach	The absolute number, proportion, and characteristics of patients.	Challenges of patient recruitment. Reasons of patients for (not) participating and characteristics of patients vs. non- participating patients.	Absolute number and ratio enrolled patients vs. potential patients. Absolute number of patients recruited via invitation letters, flyers, and phone calls.
Effectiveness	The impact of an intervention on individual outcomes including potential negative effects and quality of life.	The effect of the collaboration/guidance protocol on patients achieving their discontinuation goal.	Absolute number and ratio of patients who achieve their discontinuation goal vs. those who did not. Absolute number of patients experiencing withdrawal symptoms.
Adoption	The absolute number, proportion, and characteristics of intervention agents who are willing to initiate the program.	Reasons of pharmacists for (not) participating.	The absolute number and proportion of community pharmacists participating vs. the initial targeted number.
Implementation	The fidelity of the intervention agents to various components of an intervention protocol, including consistency of use, time invested, and cost made for the intervention.	Feedback from pharmacists regarding the training. Feedback from pharmacists regarding the collaboration/guidance protocol before and after implementation. Obstacles from pharmacists regarding implementation of the collaboration/guidance protocol. Reasons for pharmacists for non-implementation or inconsistency with the collaboration/guidance protocol. Adjustments made by pharmacists to the collaboration/guidance protocol or recommendations for adaption. Reasons for patients for not attending or inconsistency implementing the discontinuation program.	-
Maintenance	The extent to which the program becomes part of an organizational practice (measured after six months to one year of implementing the intervention).	Expectations from pharmacists regarding the applicability of the collaboration/guidance protocol in regular care. Recommendations from patients regarding guidance by pharmacists for other patients.	-

Appendix 7. Flyer

Appendix 8. Invitation letter for patients

T: ……..
E: ……..
Apotheek ……
Adres

Adres Ontvanger

Betreft: Minderen en stoppen antidepressiva

Geachte meneer/mevrouw …,

Volgens onze gegevens gebruikt u al een tijdje het medicijn (….). Heeft u er wel eens over nagedacht om minder van dit medicijn te nemen of er helemaal mee te stoppen? Onze apothekers staan klaar om u te helpen bij het afbouwen of stoppen van uw medicijn. U krijgt persoonlijke begeleiding van uw apotheker tijdens dit proces. Dit gebeurt in overleg met uw huisarts.

Waarom stoppen?
In Nederland gebruiken meer dan een miljoen mensen antidepressiva. Deze medicijnen helpen bij het verbeteren van de stemming als u last heeft van depressie en angst, maar soms gebruiken mensen ze te lang. Dit is niet altijd nodig. Dit kan zelfs juist nadelige effecten hebben op uw gezondheid, zoals afhankelijkheid en bijwerkingen. Daarom is het belangrijk om op tijd te stoppen met deze medicijnen.

Stoppen is een keuze, geen doel op zich
Als u merkt dat u zich beter voelt, is het aan te raden om het medicijn nog 6 tot 12 maanden te blijven gebruiken. Als u in het verleden al eerder last heeft gehad van een depressie, wordt een periode van 12 maanden aangeraden. Daarna kunt u samen met uw arts of apotheker bespreken of u geleidelijk kunt minderen of stoppen.

Het is belangrijk om te weten dat stoppen met uw medicijn niet altijd de juiste keuze is. Soms is het beter om ermee door te gaan. De uiteindelijke beslissing om te stoppen, hangt volledig af van uw persoonlijke situatie. Het is dus niet verplicht, maar een keuze.

Begeleiding van uw apotheker
Het is best lastig om te stoppen of minderen met een antidepressivum. Het is heel belangrijk om dit langzaam en geleidelijk te doen, wat we 'afbouwen' noemen. Uw lichaam moet hieraan wennen. Daarom is het belangrijk dat dit niet te snel gebeurt.

Op basis van uw eigen voorkeuren, zal u samen met uw apotheker een persoonlijk afbouwplan opstellen. Uw wensen en behoeften staan centraal in dit proces. Uw apotheker zal u ondersteunen
bij het veilig en doeltreffend stoppen of minderen van uw antidepressivum gebruik.

Wilt u meer weten, dan kunt u contact met ons opnemen.

Met vriendelijke groet,

Apotheek …….

Appendix 9. Telephone script for patient recruitment

Vertel: Goedemorgen/-middag/-avond, u spreekt met [naam] namens de apotheker van apotheek [naam]. Spreek ik met de heer of mevrouw [naam patiënt]? Klopt het dat u vorige week een uitnodigingsbrief heeft ontvangen over de mogelijkheid om af te bouwen met uw antidepressivum?

1. **Ik wil u hier graag wat meer over vertellen, bel ik gelegen?** *(ja/nee)*
   - ***1.1.*** Indien nee: **Excuses dat ik u ongelegen bel, wanneer zou ik u hierover kunnen terugbellen?** (*Maak een terugbelafpsraak)*
   - ***1.2.*** Indien ja: **Fijn. Heeft u al de kans gehad om de brief te lezen en heeft u hier vragen over?**
     - ***1.2.1.*** Indien ja: **(*Vraag beantwoorden*)**
     - ***1.2.2.*** Indien nee: **In ons systeem kunnen we zien dat u het middel … sinds …. gebruikt, hoe gaat het nu met u?**

2. [Respons negatief] :
   - **Wat vervelend, hoe komt dat?**
   - **Wat merkt u als u dit inneemt?**
   - **Heeft u dit al besproken met uw arts?**

   Apotheker gaat na of het verstandig is om af te bouwen. Indien wel: ga door naar de volgende vraag. Indien niet: geef passend advies omtrent problemen/zorgen en rond gesprek af. (bijwerkingen die patiënten ervaren zijn geen reden om niet af te bouwen)

3. [Respons positief] : **Wat fijn dat het goed gaat met u. Heeft u weleens overwogen om te stoppen of minderen met …**
   - **3.1.** Indien ja wel overwogen maar niet geprobeerd:
   - **Wat spoorde u aan om het te overwegen?**
   - **Heeft u er bewust voor gekozen om niet af te bouwen? Zo ja, waarom?**
   - **Zou u er nu wel open voor staan om dit te proberen?**
     Indien ja ga naar vraag X*Uitvragen op basis van antwoorden/zorgen en angsten van patiënt. Indien patiënt niet hiervoor open staat; gesprek afronden. Apotheker dient de redenen/motivatie patiënt registreren in onderzoeksmap.*
   - **3.2.** Indien Ja wel overwogen en geprobeerd: *vragen naar ervaring, hoe is het verlopen en waarom het volgens de patiënt niet lukte, wie het afbouwen startte (patiënt zelf vs. arts), motivatie om af te bouwen.*

     - ***3.2.1.*** Indien vragen om waarom er überhaupt gestopt moet worden: **Het is niet altijd nodig om middel x langdurig te gebruiken. Dit kan zelfs juist nadelige effecten hebben op uw gezondheid, zoals afhankelijkheid en bijwerkingen. Daarom is het belangrijk om op tijd te stoppen met deze medicijnen.**
       Het blijft natuurlijk altijd uw eigen keuze. U weet het best hoe u zich voelt en als u toch het idee heeft dat het goed met u gaat, dan zou ik u aanraden om te gaan afbouwen. Dat doen we in kleine stappen en in nauw overleg met u." en misschien is het ook een idee om het doel te benoemen: "U hoeft niet in een keer te stoppen. Minderen kan op zich al een doel zijn."

       Afhankelijk van respons gesprek afronden of door naar vraag 3.4.

     - ***3.2.2.*** Bij mislukte afbouwpoging door bijwerkingen: **Dat is begrijpelijk. Wat zijn uw zorgen over deze bijwerkingen?** *De apotheker legt het proces omtrent bijwerkingen uit*: **Bijwerkingen hoeven niet op te treden, niet iedereen krijgt daar last van. Dat is de reden waarom wij de begeleiding bieden zodat wij u hierbij kunnen ondersteunen. Als u besluit mee te doen, gaat u samen met de apotheker een plan opstellen. Mochten de bijwerkingen dan nog optreden, dan kunnen we het tempo verlagen of zelfs een**

stapje terugdoen. Belangrijk is dat u zich er goed bij voelt. Tijdens het afbouwen blijven we ook contact houden als u dat prettig vindt.

3.3. Indien nee: **Dan zouden wij u willen uitnodigen om onder begeleiding van de apotheker te gaan afbouwen. Onze apotheker is getraind in het bieden van deze begeleiding. Staat u hiervoor open?**

3.4. Indien ja: **Goed om te horen dat u hiervoor open staat. Zal ik kort uitleggen hoe wij u daarbij kunnen helpen?**

3.4.1. [respons]: **In de meeste gevallen is het makkelijk om te stoppen met middel X zolang dit stapsgewijs gebeurt. Daarom bieden wij vanuit de apotheek ondersteuning tijdens dit proces. Dat houdt in dat de apotheker samen met u een afbouwplan zal opstellen volgens uw wensen en behoeften. Tijdens dit proces zullen we regelmatig contact houden om te kijken hoe het gaat. Hoe klinkt dit voor u?**

3.4.2. [respons positief]: *afspraak inplannen met patiënt.*

3.4.3. [respons "ik wil geen begeleiding door de apotheker, want die kent mij niet"]: **Dat kan ik begrijpen, ik vind het wel belangrijk om te benoemen dat de apothekers goed getraind zijn om de begeleiding te bieden en dit is in samenwerking met uw huisarts. Tijdens het intakegesprek zal de apotheker u beter leren kennen om u de juiste ondersteuning te bieden.**

3.4.4. [Respons twijfel]: **Ik hoor enige twijfel, waar komt dat vandaan?** *Indien patiënt aangeeft geen tijd hiervoor te hebben: stel voor dat een telefonische consult ook een optie is. En dat het ook een optie is om in de toekomst af te bouwen wanneer diegene er klaar voor is.* **Zou u het misschien wel in de toekomst willen proberen wanneer u hier zich beter bij voelt?**

3.4.5. Indien angst/zorgen over bijwerkingen: **Dat is begrijpelijk. Wat zijn uw zorgen over deze bijwerkingen?**

3.4.5.1. [Respons]: *apotheker legt het proces omtrent bijwerkingen uit:* **Bijwerkingen hoeven niet op te treden, niet iedereen krijgt daar last van. Dat is de reden waarom wij de begeleiding bieden zodat wij u hierbij kunnen ondersteunen. Mochten de bijwerkingen dan nog optreden, dan kunnen we het tempo verlagen of zelfs een stapje terugdoen. Belangrijk is dat u zich er goed bij voelt. Tijdens het afbouwen blijven we ook contact houden als u dat prettig vindt. Staat u ervoor open om dit te proberen?**

3.4.5.1.1. Indien ja: *plan afspraak in.*

3.4.5.1.2. Indien nee: *rond gesprek af.*

Indien een vraag gesteld wordt, waar je geen antwoord op weet: voordat ik hier antwoord op geef, zou ik dit graag voor u willen nagaan bij de apotheker. Is het goed als u straks over terugbel?

Bedankt voor uw tijd en een fijne dag nog!