

Patient-Centred Communication in the Use of Antidepressants among People with Depression: A Scoping Review

(Komunikasi Berpusatkan Pesakit dalam Penggunaan Antidepresan dalam Kalangan Orang Kemurungan: Suatu Ulasan Penskopan)

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ABSTRACT

Antidepressants are the mainstay of depression treatment. However, little information is known about patient-centred communication related to the use of antidepressant among people with depression. This review aims to provide a comprehensive mapping of previously published studies on patient-centred communication in the use of antidepressants among patients with depression. A scoping review of the literature was conducted using PubMed, CINAHL, and Cochrane to answer the following questions: What is the nature of published scientific literature on this topic? and To what extent do the published articles address the six core components of patient-centred communication, which are: encouraging effective clinician-patient relationships, obtaining and providing information, responding to emotional states, handling uncertainty, achieving the best decision as well as advocating patient self-management? Out of 494 records identified, a total of 13 articles were included in the scoping review (2 randomised controlled trials, 1 observational cohort study, 5 cross-sectional studies, 4 qualitative studies, and 1 review article). All 6 core components of the patient-centred communication were discussed extensively in the literature except for 2 of them, which were handling uncertainty and patient self-management. Shared decision making (SDM) was found to be a critical feature in patient-centred communication. The six core components of patient-centred communication have been consistently recognized as vital for the process of achieving patient-centred care. SDM can be included as a tool to assist clinicians and patients in addressing effective clinician-patient relationships.

Keywords: Antidepressants; communication; depression; patient-centred

ABSTRAK

Antidepresan adalah tulang belakang rawatan kemurungan. Walau bagaimanapun, hanya sedikit maklumat diketahui mengenai komunikasi berpusatkan pesakit yang berkaitan dengan penggunaan antidepresan dalam kalangan orang kemurungan. Ulasan ini bertujuan untuk memberikan pemetaan menyeluruh kajian terdahulu yang diterbitkan mengenai komunikasi berpusatkan pesakit dalam penggunaan antidepresan dalam kalangan pesakit yang mengalami kemurungan. Kajian tinjauan kepustakaan terdahulu dilakukan dengan menggunakan PubMed, CINAHL dan Cochrane untuk menjawab soalan berikut: Apakah sifat kepustakaan saintifik yang diterbitkan mengenai topik ini? Sejauh mana makalah yang diterbitkan menyentuh enam komponen teras komunikasi berpusatkan pesakit, iaitu: menggalakkan hubungan doktor-pesakit yang berkesan, mendapat dan menyediakan maklumat, bertindak balas terhadap keadaan emosi, mengendalikan ketidakpastian, mencapai keputusan terbaik dan juga menyokong pengurusan diri pesakit? Daripada 494 rekod yang dikenal pasti, sejumlah 13 makalah telah dimasukkan ke dalam ulasan skop (2 ujian terkawal rawak, 1 kajian kohort pemerhatian, 5 kajian keratan rentas, 4 kajian kualitatif dan 1 rencana kajian). Kesemua 6 komponen utama komunikasi berpusatkan pesakit dibincangkan secara meluas dalam kepustakaan terdahulu kecuali 2 daripadanya iaitu pengendalian ketidakpastian dan pengurusan diri pesakit. Pengambilan keputusan bersama (SDM) didapati sebagai ciri kritikal untuk komunikasi berpusatkan pesakit. Enam komponen teras komunikasi berpusatkan pesakit telah diakui secara konsisten sebagai penting untuk proses mencapai penjagaan yang berpusatkan pesakit. SDM boleh dimasukkan sebagai alat untuk membantu doktor dan pesakit dalam menangani hubungan doktor-pesakit yang berkesan.

Kata kunci: Antidepresan; berpusat pesakit; kemurungan; komunikasi

INTRODUCTION

Patient-centred communication is essential for the identification of factors related to treatment adherence and compliance, drug overuse as well as adverse drug reactions. The communication with patients may involve their health and medication concerns, experiences as well as needs (Gordon et al. 2007). Clinicians need to have excellent skills in communicating with their patients, apart from the competence in clinical knowledge and expertise. From the patients' perspectives towards their doctors, the ability to communicate well contributes to a massive component of healthcare providers' clinical competency (Berman & Chutkan 2016). The benefit of good communication skill in the medical profession includes the ability to develop a trustworthy and meaningful relationship between the patients and doctors, which will contribute to mutual advantages (Ranjan et al. 2015). Patient communication and interaction is a critical part of a doctor's job (Neo 2011). The doctor will understand the patient's problem better, which leads to the doctor's enhanced diagnostic capability that eventually reduces work stress and increases job satisfaction as a result of less frustration from both doctor and patient (Levinson et al. 1997; Ramirez et al. 1995).

The term patient-centred communication has produced a significant interest over recent years (King & Hoppe 2013). It is supported by the Institute of Medicine statement in 2001, regarding the importance of patient-centeredness in medical care, whereby, more effort has to be taken to achieve patient perspectives and needs, including guided decision making (Institute of Medicine 2001). Despite various definitions of patient-centred communication, there are several shared core components (Epstein et al. 2005; Mead & Bower 2000). An operational definition of patient-centred communication addressing these shortcomings was proposed by Epstein and Street (2007), that included these three components: evoking and comprehending patient perspectives (expectations, needs, functioning, concerns, ideas, and feelings); interpreting the patient within his or her unique cultural and psychosocial contexts; and achieving a shared understanding of patient medical conditions and the management that are concordant with values of the patient. Additionally, a specific framework of six core functions for medical encounters has recently emerged in the literature addressing clinician-patient communication competency in general and patient-centred communication skill, in particular (de Haes & Bensing 2009; Duffy et al. 2004; Epstein & Street Jr 2007; Rider & Keefer 2006). Those six core functions include: encouraging effective clinician-patient relationships, obtaining and providing information, responding to emotional states, handling uncertainty, achieving the best decision, and advocating patient self-management.

Depression is linked to adverse health outcomes, especially in people with chronic medical conditions (Katon & Ciechanowski 2002). Doctors faced a more challenging and frustrating communication when they are consulting with people with depression (Jonassaint et al. 2013). Patients with depression would usually seem to be less interested to advocate for themselves or ask questions (Wittink et al. 2006). Moreover, doctors and the healthcare system may also be viewed negatively by them as a result of an original negative cognitive bias they already have (van Melle et al. 2004). A recent study concludes that depressed patients with acute coronary syndrome (ACS) symptoms reported fewer optimal clinical-patient communication in the emergency department (ED) than non-depressed people (Haerizadeh et al. 2016). This finding is supported by Jonassaint et al. (2013), which states that individuals who experience depression are more likely to be poor medication adherence, feeling disrespected by physicians and experience the worst health outcomes. Therefore, it is suggested that the emotional and mental health of a patient are closely associated with patient-doctor communication in healthcare settings (Watkins et al. 2015).

Antidepressants are by far the most commonly used pharmacotherapy in the treatment of depression. Antidepressant medications continued to be the main treatment of depression, especially for moderate to severe depression, even though psychotherapies and neurostimulation therapies are available (Anderson et al. 2008; Tran et al. 2019). However, the main obstacle here is to keep the patients to adhere to their antidepressant medications regimen (Chong et al. 2011). Within 12 weeks of antidepressant treatment, 30 to 60% of the patients were estimated to stop taking the medication (Buus et al. 2012). The non-adherence to antidepressant medications appears to be associated with risk of relapse and recurrence (Geddes et al. 2003; Melfi et al. 1998). Multiple factors contributed to this drug-related problem, including healthcare providers' behaviour, healthcare system delivery, side effects of antidepressant medications, and stigma associated with depression (Demyttenaere 2003; Keller et al. 2002; Lingam & Scott 2002; Sirey et al. 2001). Certain theories have recently emerged in the literature that are beginning to address this problem relating to the patients' medication beliefs and concerns (Aikens et al. 2008; Anderson & Roy 2013; Brown et al. 2005; Hunot et al. 2007). A study related to pharmacist-patient communication on antidepressant use showed that the majority of the conversation was biomedical, instead of patient-centred approaches (Chong et al. 2014). More recently, the clinician-patient alliance and communication were proposed to improve the treatment adherence in mental health care (Thompson & McCabe 2012).

To the best of our knowledge, little information is known about patient-centred communication regarding the use of antidepressants among patients with major depressive disorder. Previous literature has no specific objectives for reviewing this similar topic. There is a systematic review focusing on two-way communication between patients and health practitioners, but it is about medicine in general, not specific to address the antidepressants (Stevenson et al. 2004). Similarly, another narrative review focuses merely on the need for teaching and assessment in the communication skills of physicians in general (King & Hoppe 2013). Another systematic review paper discusses patient-centred outcomes among recipients with lung cancer screening (Slatore et al. 2014). An editorial article related to a more or less similar topic with our scoping review was found (Hahn 2009). However, the publication date is quite outdated. Several updates and advancements of the field study may be missed out. Therefore, this scoping review is vital to be initiated in mapping the literature on patient-centred communication approaches in the use of antidepressant medications. Patients with major depressive disorders are of particular interest, as they are typically prescribed with antidepressants. The rationale of the scoping review approach was due to the need in determining the state of evidence on a subject matter that provides ample opportunity for clarification before rigorous empirical studies are going to be conducted (Levac et al. 2010). The objective of this scoping review was to provide a comprehensive mapping of previously published studies on patient-centred communication approaches in the use of antidepressants among patients with major depressive disorder. We also sought to explore the extensiveness of the published literature that address the core components of patient-centred communication.

MATERIALS AND METHODS

The framework of this scoping review was based on Arksey and O'Malley (2005) study with modification suggested by Levac et al. (2010). This method was formulated to allow the inclusion of various types of studies and to provide a comprehensive overview of the breadth, rather than the depth of evidence (Davis et al. 2009; The Joanna Briggs Institute 2015). A quality appraisal is generally not required by a scoping review (Daudt et al. 2013; Levac et al. 2010), and this requirement remains controversial (Khalil et al. 2016; Pham et al. 2014). There is no registration of this scoping review protocol since all the stages are mentioned herewith. Generally, there are 5 methodological stages of the scoping review process.

Stage 1 is related to the identification of the research questions. Two research questions were developed for

this scoping review: First, what is the nature of published scientific literature on patient-centred communication frameworks in the use of antidepressants among patients with depression? Two, to what extent do the published articles address the six core components of patient-centred communication, which are: encouraging effective clinician-patient relationships, obtaining and providing information, responding to emotional states, handling uncertainty, achieving the best decision as well as advocating patient self-management?

Stage 2 is related to the identification of relevant studies. Academic journals were retrieved from three main databases: PubMed, CINAHL, and Cochrane. The search strategy included a comprehensive search string of keywords related to patient-centred communication, antidepressant use among major depressive disorder patients and health outcomes combined with Boolean operators OR and AND (Table 1). In addition to the these databases, hand-search of electronically available and relevant peer-reviewed journals was conducted, including General Hospital Psychiatry, the American Journal of Psychiatry, the British Journal of General Practice, the Australian and New Zealand Journal of Psychiatry, European Journal of General Practice, Journal of Affective Disorders, Psychiatric Services, Psychosomatics, BMJ Open, BMC Psychiatry, Lancet Psychiatry, International Journal of Psychiatry in Medicine, Research in Social and Administrative Pharmacy, and Asia Pacific Psychiatry and Community Mental Health Journal. Reference lists of the included articles were also manually searched for relevant articles.

Stage 3 is related to the selection of relevant studies. Articles were eligible for inclusion in this scoping review if they included human, adult, were written in the English language, were scientific articles published in peer-reviewed journals (original or review paper) and reported on any aspect of antidepressant use in people with major depressive disorders. The articles published from 2001 to 2016 were chosen due to the statement on patient-centeredness, which was introduced by the Institute of Medicine in 2001.

Stage 4 is related to the charting of the data. Several data from included articles were arranged into a charting form (Table 2) that was developed in Microsoft Excel to assist thematic analysis and comparison. Information on authorship, year, country, study design, patient-centred communication core functions identified, and key findings were recorded on this form. Stage 5 is related to the collating, summarizing, and reporting the results. Organization of information from the data charting form was employed to collate, summarize and report the articles' approaches towards achieving effective patient-centred communication core functions.

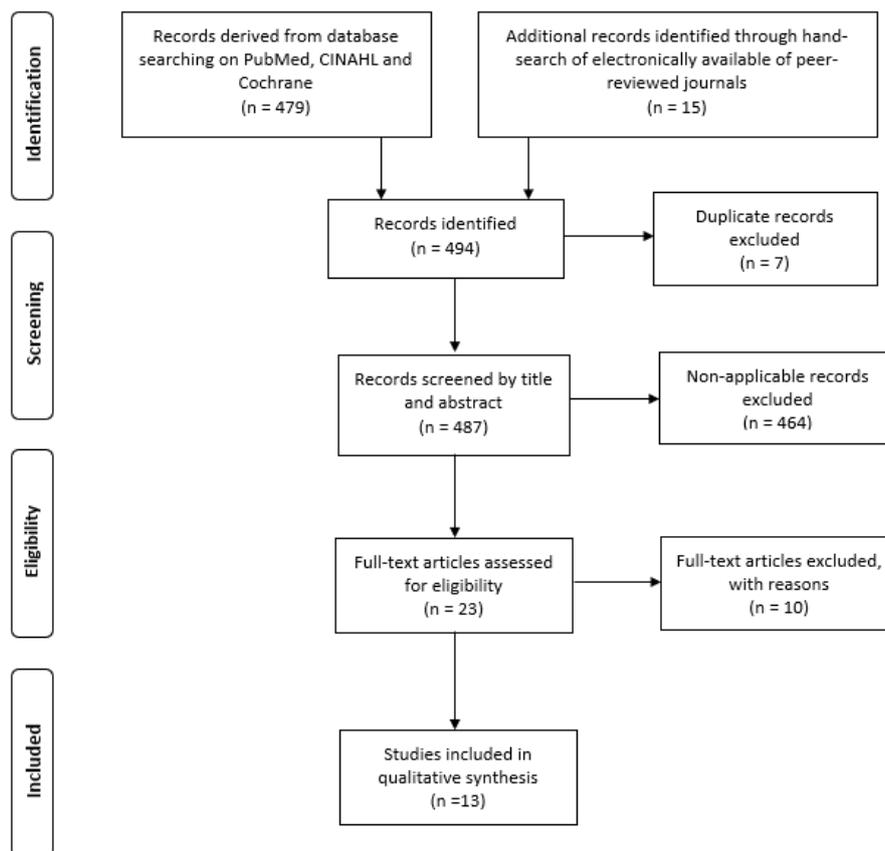


FIGURE 1. Flow diagram of the study selection process using the preferred reporting items for systematic reviews (PRISMA) (Moher et al. 2015)

TABLE 1. Search string

Research component	Research terms
#1 Patient-centred communication	patient-centred care OR patient-centred care OR patient-centred communication OR patient-centred communication OR patient engagement OR patient participation OR patient autonomy OR patient preference OR patient perspectives OR patient education OR health literacy OR decision making OR medical decision-making OR clinical decision-making OR shared decision-making OR therapeutic alliance OR physician patient relationship OR physician-patient relations OR decision support OR decision aid
#2 Antidepressant use among major depressive disorder patients	antidepressant OR antidepressive agents OR major depressive disorder OR major depression
#3 Health outcomes	medication adherence OR medication compliance OR adherence OR compliance OR patient compliance OR treatment adherence and compliance OR concordance OR satisfaction OR patient satisfaction OR quality of life OR self-care OR self-management OR self-maintenance OR self-monitoring OR hospitalisation OR hospitalization OR rehospitalisation OR rehospitalization OR admission OR readmission OR knowledge OR attitude OR perception OR behaviour OR behavior
#4 Combination	#1 AND #2 AND #3

TABLE 2. Charting form

Publication	Study design	Patient-centred communication core functions identified	Key findings
Anderson et al. (2015)	Qualitative study	Clinician-patient relationships, obtaining and providing information, achieving the best decision	People need additional support when they make decisions about starting antidepressants
Bauer et al. (2014)	Observational cohort study	Clinician-patient relationships, obtaining and providing information, achieving the best decision	Patients' perceptions of their relationships with providers, including lack of shared decision-making or trust, demonstrated strong associations with antidepressant non-adherence
Bosman et al. (2016)	Qualitative study	Clinician-patient relationships, obtaining and providing information, achieving the best decision	Discussion between patients and GPs about antidepressant use and continuation or discontinuation may help clarify mutual expectations and opinions. Agreements between the patients and their GP can be included in a patient-tailored treatment plan
Jaffray et al. (2014)	Qualitative study	Clinician-patient relationships, obtaining and providing information, achieving the best decision	Health care professionals would benefit from exploring patient knowledge and views on depression and antidepressants at an early stage in treatment
LeBlanc et al. (2015)	Randomised controlled trial	Clinician-patient relationships, obtaining and providing information, achieving the best decision	The decision aid helped primary care clinicians and patients with moderate to severe depression select antidepressants together, improving the decision-making process without extending the visit
Loh et al. (2007)	Randomised controlled trial	Clinician-patient relationships, obtaining and providing information, achieving the best decision	The intervention group with shared decision-making was better than control group for improving patient participation in treatment decision-making, and patient satisfaction without significant differences of consultation time length was found between both groups
McCabe et al. (2013)	Cross-sectional study	Clinician-patient relationships, obtaining and providing information, achieving the best decision	Involvement in decision-making appears to be influenced by the individual psychiatrist and specific symptoms but not visit length
McKeown et al. (2002)	Cross-sectional study	Clinician-patient relationships, obtaining and providing information	Patients indicated a strong desire for information and participation in making decisions about their care

Raue et al. (2010)	Review article	Encouraging effective clinician-patient relationships, obtaining and providing information, responding to emotional states, handling uncertainty, achieving the best decision, and advocating patient self-management	Shared decision-making interventions have been successfully used for the treatment options of medical illnesses, but only now are being developed for depression. Shared decision-making models have the potential to improve the treatment of major depression in the primary care setting
Solberg et al. (2014)	Cross-sectional study	Clinician-patient relationships, obtaining and providing information, achieving the best decision	Older patients with depression and those who have been in treatment longer reported much less shared decision-making process in their care
Swanson et al. (2007)	Cross-sectional study	Clinician-patient relationships, obtaining and providing information, achieving the best decision, advocating patient self-management	Positive association between shared decision making and patient satisfaction
van Geffen et al. (2011)	Qualitative study	Encouraging effective clinician-patient relationships, obtaining and providing information, responding to emotional states, handling uncertainty, achieving the best decision, and advocating patient self-management	The decisional conflict to discontinue antidepressant treatment was found to be influenced by the lack of shared decision making between patient and doctor, limited counselling during treatment, lack of knowledge, and patients' negative attitudes toward antidepressant use and the disease itself
Young et al. (2008)	Cross-sectional study	Clinician-patient relationships, obtaining and providing information, achieving the best decision	Physician shared decision making behaviours are affected by practice setting and patient-initiated requests for medication. Many physicians may approach patients with a paternalistic style by default and adopt more SDM behaviours only after the patient signals interest in SDM by acting assertively

RESULTS AND DISCUSSION

The search strategies identified 494 articles from the database searching and hand-search of relevant peer-reviewed journals. From this original hit, seven articles were excluded after finding the duplicates, 464 articles were excluded after they were read by title and abstract, and finally, ten articles were excluded after they were read fully. Thirteen articles were selected for inclusion in this scoping review by using the preferred reporting

items for systematic reviews (PRISMA; (Moher et al. 2015) (Figure 1). Two of these articles were randomised controlled trials (LeBlanc et al. 2015; Loh et al. 2007), one observational cohort study (Bauer et al. 2014), five cross-sectional studies (McCabe et al. 2013; McKeown et al. 2002; Solberg et al. 2014; Swanson et al. 2007; Young et al. 2008), four qualitative studies (Anderson et al. 2015; Bosman et al. 2016; Jaffray et al. 2014; van Geffen et al. 2011) and one review article (Raue et al. 2010) (Table 2).

Majority of the studies ($n = 7$) were conducted in the United States of America (USA), followed by England ($n = 1$), combination of England and Australia ($n = 1$), Germany ($n = 1$), Netherlands ($n = 2$) and Scotland ($n = 1$). More than two-thirds of the studies ($n = 10$) included patients with depression as the subject of the study, while the remaining studies included subjects related to healthcare professionals, namely primary care physicians, psychiatrists and first-year medical residents. One observational cohort study (Bauer et al. 2014) included a diabetic patient with depression. One randomised controlled trial (Loh et al. 2007) specified the subjects included as the patients with depression that were newly diagnosed with depression. One qualitative study limited the subjects interviewed as patients with depression who were recently initiated with antidepressants (Jaffray et al. 2014). One review article (Raue et al. 2010) focused on only older adults with depression. Whereas, six remaining studies mentioned patients with depression in general with various study design, consisting of two cross-sectional studies (Solberg et al. 2014; Swanson et al. 2007), three qualitative studies (Anderson et al. 2015; Bosman et al. 2016; van Geffen et al. 2011), and one randomised controlled trial (LeBlanc et al. 2015). The remaining studies included other than the patients with depression, where they incorporated first-year medical residents (McKeown et al. 2002), primary care physicians (Young et al. 2008), and psychiatrists that were attending patients with depression (McCabe et al. 2013).

This scoping review stipulated an overview of the way that patient-centred communication is conceptualized in the current literature and suggests the six components of patient-centred communication valued by patients and clinicians. The components are the specific framework of the six core functions for medical encounters, which include encouraging effective clinician-patient relationships, obtaining and providing information, responding to emotional states, handling uncertainty, achieving the best decision, and advocating patient self-management. While the articles included consist of different study design and country of origin, the models and frameworks described were based on similar target populations and patient-centred communication elements.

With ample evidence of the vital role of communication to patient outcomes, patient-centred communication skills are rarely taught (Levinson 2011; Levinson & Pizzo 2011; Levinson et al. 2010). Levinson (2011) suggested that more action should be taken in order to learn and practice these skills regularly so that the highest quality of patient care can be provided. There is clearly a need for finding the research and practice gap on this matter. This scoping review provides an advantage in delivering robust solutions for future works by collating

and summarizing the available evidence regarding six core components of patient-centred communication.

Shared decision making was found to be a critical feature in patient-centred communication. In this scoping review, all six components were related to the shared decision-making concepts. This is consistent with the findings on the interrelations between shared decision making, and patient-centred communication and satisfaction with care in the general practice (Altin & Stock 2016). The nature of shared decision making will allow effective patient-centred communication to be implemented smoothly.

The literature also suggested specific areas of patient-centred communication components that require attention. In this scoping review, little discussion was found related to handling uncertainty and advocating patient self-management. Patients with a major depressive disorder may have limited ability to handle common activities in their daily life. Therefore, clinicians should make clear everything related to the antidepressant treatment, such as potential benefits, including brain protection (Lu et al. 2018) and better workplace functioning (Lee et al. 2018) as well as the side effects that might occur so that the patients know the proper action to be taken. Patient self-education should be assisted by providing more relevant information during clinical consultations. Zegers et al. (2016) reported in their systematic review that the evidence for patient-safety interventions in hospitals globally is still weak. There is a need to identify interventions that give a massive impact on the patient's safety.

Considering patient-centred communication from a more systematic perspective, there are a number of relevant research gaps to be filled. These include the focus group discussion of identifying opinions and views of patients and clinicians on the information needed for shared decision-making practice towards implementation soon. In this scoping review, there is no article that utilized the focus group discussion approach in the study design. Focus group discussion is essential in getting the interaction data from a small group of participants so that more understanding of the participants' perspective on the topic discussion could be achieved (Wong 2008). Future research study may include focus group discussion in exploring the view of patients and doctors on the implementation of SDM.

CONCLUSION

The six core components of patient-centred communication have been consistently recognized as vital for the process of achieving patient-centred care. Shared decision making can be included as the tool to provide

an assistant for the clinicians and patients in addressing effective communication. Focus group discussion approach was recommended to be used to explore more data interaction on antidepressant use among the patients with depression as well as healthcare providers that are related to the stipulated management.

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