

## Determination of Antidepressant Drug Use among Inpatients in Medical and Surgical Clinics

### Dahili ve Cerrahi Kliniklerde Yatarak Tedavi Gören Hastaların Antidepresan İlaç Kullanma Durumlarının Belirlenmesi

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Cite this article as: Ata EE, Bahadır Yılmaz E. Determination of Antidepressant Drug Use among Inpatients in Medical and Surgical Clinics. Clin Exp Health Sci 2017; DOI: 10.5152/clinexphealthsci.2017.333

#### Abstract

**Objective:** This cross-sectional study was performed to determine antidepressant drug use among inpatients in medical and surgical clinics.

**Methods:** The study sample consisted of 478 inpatients from a state hospital, between December 1, 2015 and January 1, 2016. The information form was applied to the patients. Number and percentage distribution were used for data analysis.

**Results:** Of the 478 patients, 34.5% had visited a psychiatrist once in their lifetime, 13.6% were diagnosed with depression, and 13.8% did not know the diagnosis of mental disease; 32.2% were suggested medication by their doctor, 16.7% did not know the name of this medication, and 13.2% stated that the suggested drug was antidepressant. Moreover, 24.9% of the patients were known to use antidepressant at least once in their lifetime, and 16.3% were still using antidepressants. Among patients using antidepressants, 32% continued using this drug upon doctor's recommendation and 13.6% continued with the diagnosis of depression.

**Conclusion:** It might be concluded that one-fourth of the patients used antidepressant once in their lifetime; more than one-half of these patients were still using antidepressants, and most of them were using the drug upon doctor's recommendation without any knowledge about antidepressants.

**Keywords:** Antidepressant drug, patient, nursing

#### Öz

**Amaç:** Bu çalışma dahili ve cerrahi kliniklerde yatarak tedavi gören hastaların antidepresan ilaç kullanma durumlarının belirlenmesi amacıyla kesitsel olarak yapılmıştır.

**Yöntemler:** Çalışmanın örneklemini 1 Aralık 2015-1 Ocak 2016 tarihleri arasında bir devlet hastanesinin dahili ve cerrahi kliniklerinde yatarak tedavi gören 478 hasta oluşturmuştur. Hastalara bilgi formu uygulanmıştır. Verilerin analizinde sayı ve yüzdelik dağılım kullanılmıştır.

**Bulgular:** Çalışmaya katılan hastaların %34,5'inin yaşamlarında en az bir kez psikiyatriste gittikleri, %13,6'sının depresyon tanısı aldığı ve %13,8'inin ise ruhsal hastalık tanısını bilmediği, %32,2'sine doktor tarafından ilaç önerildiği, %16,7'sinin bu ilacın adını bilmediği, %13,2'sine önerilen ilacın ise antidepresan olduğu belirlenmiştir. Hastaların %24,9'unun yaşamlarında en az bir kez antidepresan ilaç kullandığı, %16,3'ünün ise halen antidepresan kullanmaya devam ettiği saptanmıştır. Antidepresan ilacı hastaların %32'sinin psikiyatrist önerisi ile %13,6'sının ise depresyon tanısı ile bu ilacı kullanmayı sürdürdüğü belirlenmiştir.

**Sonuç:** Hastaların dörtte birinin yaşamlarında en az bir kez antidepresan ilaç kullandığı, bu hastaların ise yarısından çoğunun halen antidepresan kullanmayı sürdürdüğü, çoğunun ilacı psikiyatrist önerisi ile kullandığı ancak antidepresan ilaç kullanımı konusunda bilgilerinin olmadığı söylenebilir.

**Anahtar kelimeler:** Antidepresan ilaç, hasta, hemşirelik

#### INTRODUCTION

According to the Economic Policy Research Foundation of Turkey, the rate of antidepressant use increased 65% in the last 5 years. The consumption was 20 million boxes in 2005 and increased over 34 million in 2010. Antidepressant consumption was 0.29 boxes per capita in 2005, but it increased to 0.45 in 2010 (1). According to the Intercontinental Marketing Service (IMS) data, the growth rate of the antidepressant sales was 160% in the last 9 years in Turkey (2). This increase might be a result of prescriptions by physicians other than psychiatrists and over the counter sales.

Psychiatric consultation requested for the hospitalized patients in the departments of the internal medicine, surgery, and physiotherapy might also be responsible for the growth in the consumption of antidepressants. Recent studies have reported that there was an increase in the psychiatric consultations, and depression was one of the most common diagnoses during these consultations; consequently, the use of the antidepressant drugs was increased (3-5). The consultation was requested mostly by the departments of internal medicine, neurology, neurosurgery, physiotherapy and rehabilitation, and pulmonology.

Presented as poster paper in 3<sup>rd</sup> International Eastern Mediterranean Nursing Congress which took place in Adana Hilton Hotel on May 26-29, 2016.

Bu çalışma başka bir dergide yayınlanmamıştır. 26-29 Mayıs 2016 tarihlerinde Adana Hilton Otel'de gerçekleşen 3. Uluslararası Doğu Akdeniz Hemşirelik Kongresi'ne poster bildiri olarak sunulmuştur.

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Received/Geliş Tarihi: 01.02.2017 Accepted/Kabul Tarihi: 10.04.2017 Available Online Date/Çevrimiçi Yayın Tarihi: 17.07.2017 DOI: 10.5152/clinexphealthsci.2017.333

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Investigation of the studies focused on psychiatric consultation revealed that the most common diagnosis related to the psychiatric diseases was depressive disorders, and the most commonly recommended drugs for the treatment of this disease were antidepressants (3-7). As the most common diagnosis among the hospitalized patients was depression, antidepressants were inevitably the most frequently used medications. Nevertheless, the frequent use of this drug group might be associated with certain problems.

Several studies in the literature have demonstrated the emergence of extremely severe side effects related to antidepressants. The analysis of these studies showed following side effects encountered: dry mouth, constipation, weight gain, diarrhea, insomnia, yawning, urination problems, drowsiness, headache, and nausea (8, 9). Of the available studies, Ashton et al. (10) reported that patients prescribed treatment for depression reported "gained a lot of weight," "unable to have an orgasm," "lost interest in sex," "unable to have erection," and "tired during the day" (10).

In addition to these severe side effects, uncontrolled use and misuse of the antidepressive agents might cause life-threatening complications. Studies have shown that antidepressants were one of the most frequently encountered drugs in intoxication cases (11-13). Furthermore, according to the investigations, antidepressants were preferred for suicide in 74.4% attempts (11). In light of these data, we believe that it becomes important to determine how patients access these drugs, whether there is a real need for their use, and who are prescribing them. Treatments administered by the physicians (except psychiatrists) were often insufficient regarding the appropriate and required dosage and the treatment duration. Consequently, the disease became often chronic with labor loss, and mortality increased due to emergence of the untreated disease (2).

In light of this information, it should be emphasized that physicians should be more cautious during the diagnosis and prescription of the antidepressive agents. Additionally, it should be considered that nurses responsible for the execution of the physicians' orders also have a major responsibility for the implementation the treatment (14). It is also necessary that nurses inform patients about the side effects, what should be done if the side effects occur, importance of consistent compliance with the treatment, interactions with other substances, periodic tests, time of the onset of the action, and the importance of gradual discontinuation of the treatment (15). We believed that this study would be an important step in indicating the current condition related to antidepressant use and in determining the way for solving the detected problems. In this regard, our objective was to find out the antidepressant use among hospitalized patients in the clinics of internal medicine and surgery.

## METHODS

### Study Design

This study was a cross-sectional, descriptive survey design.

### Subjects

In total, 478 hospitalized patients treated in the internal medicine and surgery clinics of the Giresun Prof. Dr. İlhan Özdemir Public hospital between December 1, 2015 and February 1, 2016 were included and consented voluntarily to participate in the study.

## Materials

Investigators prepared an information form for the patients, which was in line with the relevant literature (2, 3, 9, 16-18). The information form contained 33 questions referring the demographic characteristics of the patients, such as the age, gender, and education status and other characteristics, such as visiting a psychiatrist, antidepressant use, and encountered side effects.

## Process

Before the start of the study, approvals of the administration of the Giresun Prof. Dr. İlhan Özdemir Public hospital and the ethics committee of the General Secretary of the Giresun Prof. Dr. İlhan Özdemir Public Hospitals Union were obtained. The study was conducted according to the principles of the Helsinki Declaration. Furthermore, every patient was informed about the objective of the study. It was explained that they could choose to discontinue from the study at anytime and this act would not affect their treatment. Written consent was also obtained. The enrolled patients (who met the inclusion and exclusion criteria of the study) were questioned within the first week of their hospitalization in their rooms while they were alone.

### Inclusion criteria

- Age >18 years
- Treatment in the hospital
- Stay at hospital at least 1 week
- No difficulty in communication

### Exclusion criteria

- Stay at hospital <7 days
- Outpatient
- Unconscious patients

## Statistical Analysis

Statistical Package for Social Sciences (SPSS Inc.; Chicago, IL, USA) for Windows, version 16.0, was used for data entry and analysis. The analysis was conducted with numeric and percentage distribution.

## RESULTS

Some of the characteristics of the patients are summarized in Table 1; 29.9% of the patients were in the age group of 41–60 years, 52.1% were females, 47.9% were primary school graduates, and 84.5% were not working. In addition, 45.8% of the patients were known to live in small towns, and 53.9% had an income equal to their expenditure (Table 1).

Table 2 shows that 34.5% of the patients visited a psychiatrist at least once, 13.6% were diagnosed with depression, 13.8% were not aware of the psychological diagnosis they received, 32.2% had a medication recommended by the physician, 16.7% did not know the name of the drug, and 13.2% had an antidepressant as the recommended drug.

It was also observed that 24.9% of the patients used an antidepressant at least once in their lifetime, and 16.3% of the patients were using an antidepressant during the study. In addition, 32% of the patients were using an antidepressant agent, which was recommended by a psychiatrist and 13.6% were continuing to use this drug with a diagnosis of depression (Table 2).

Table 3 shows the side effects most commonly encountered by the patients who used an antidepressant at least once in their lifetime:

**Table 1.** Patient characteristics

		n	%
Age group	≤20 years	4	0.8
	21–40 years	49	10.3
	41–60 years	143	29.9
	61–80 years	186	38.9
	≥81 years	96	20.1
Gender	Female	249	52.1
	Male	229	47.9
Educational status	Illiterate	184	38.5
	Primary school	229	47.9
	Middle school	32	6.7
	High school and university	33	6.9
Working status	Working	74	15.5
	Not working	404	84.5
Marital status	Married	327	68.4
	Single	151	31.6
Living location	Village	219	45.8
	Town	137	28.7
	City	122	25.5
Income level	Income equal to expenditure	258	53.9
	Income less than expenditure	207	43.3
	Income more than expenditure	13	2.7

dryness in the mouth (33.6%), weakness (29.4%), dysmnusia (29.4%), lightheadedness (27.7%), restlessness (26.1%), somnolence (26.1%), hot flash (22.7%), and dizziness (21%; Table 3).

Table 4 shows that two-thirds of the patients stated that the symptoms relieved partially, and only 47.1% of them expressed that they would use the drug along the duration recommended by the physician. Patients who did not use the drug declared the following reasons: fear of addiction (21.6%), belief that it will not solve their problems (13.7%), and fear of side effects (17.6%; Table 4).

Table 5 shows that 99.2% of the patients did not know the effects of the drugs, 100% did not know the time of the onset of the effect, 96.6% did not know the duration of the treatment, 97.5% did not know when to discontinue the drug, and 99.2% did not know the most important side effects which might emerge during the treatment. However, the patients wished to be informed regarding the effects of the drugs (20%), duration of the treatment (13.4%), possible risk of the drug (13.4%), drug's effects on the body (7.6%), methods of coping with the side effects (2.5%), and addiction potential of the drug (0.8%). Additionally, most of the patients requested this information, particularly from physicians and nurses (Table 4).

**DISCUSSION**

The objective of our study was to determine the antidepressant use among patients hospitalized in the internal medicine and surgery

**Table 2.** Patients' characteristics related to visiting the psychiatrist and psychiatric drug use

		n	%
Visit to a psychiatrist	Visited	165	34.5
	Not visited	313	65.5
Psychiatrist visiting time	Not visited	313	65.5
	1–10 years	149	31.2
	≥11 years	16	3.3
Psychiatric disorder	I don't have a disease	313	65.5
	I don't know the diagnosis	66	13.8
	Major depression	65	13.6
	Schizophrenia	1	0.2
	Anxiety disorder	8	1.6
	Substance abuse	1	0.2
	Dementia	13	2.7
	Sleep disorder	10	2.1
	Bipolar affective disorder	1	0.2
Psychiatrist suggestion	Not visited	313	65.5
	Use of medication	154	32.2
	Hospitalization	1	0.2
	No suggestion	10	2.1
Type of medication	Not visited	313	65.5
	No medication	6	1.3
	I don't know brand name of drug	80	16.7
	Antidepressant	63	13.2
	Anxiolytic	3	0.6
	Antipsychotic	9	1.9
	Sedative-hypnotic	4	0.8
Duration of drug use	Not visited	313	65.5
	Not use a drug	12	2.5
	1 year and ago	96	20.1
	2–10 years	49	10.3
	≥11 years	8	1.7

clinics. In this context, we questioned the prescribing physicians, symptoms aimed to treat with the prescription, awareness about the side effects, the encountered side effects, duration of the treatment, and experienced benefits of the treatment.

One of the findings of our study was that 24.9% of the patients used an antidepressant agent at least once in their lifetime, and 16.3% of them were still using an antidepressant. Overall, 32% of the patients stated that they were using an antidepressant agent according to the recommendation of a psychiatrist.

The studies focused on this topic showed that the rate of the antidepressant use among the hospitalized patients was between 31.4% and 36.3% (4, 6). In a study conducted in Norway, this rate was 21.7% among 4,374 patients treated because of opioid addiction (19). It was reported

**Table 3.** Adverse effects of antidepressant drugs (n=119)

Adverse effects	Present		Absent	
	n	%	n	%
Sweating	19	16	100	84
Dryness in the mouth	40	33.6	79	66.4
Hot flash	27	22.7	92	77.2
Lightheadedness	33	27.7	86	72.3
Flutter	22	18.5	97	81.5
Urinary retention	10	8.4	109	91.6
Loss of appetite	14	11.8	105	88.2
Constipation	10	8.4	109	91.6
Sleepiness	20	16.8	99	83.2
Weakness	35	29.4	84	70.6
Loss of weight	7	5.9	112	94.1
Loss of sexual desire	7	5.9	112	94.1
Restlessness	31	26.1	88	73.9
Increased appetite	15	12.6	104	87.4
Dysmnasia	35	29.4	84	70.6
Nausea	23	19.3	96	80.7
Increased weight	6	5	113	95
Thoughtfulness	23	19.3	96	80.7
Irritability	21	17.6	98	82.4
Somnolence	31	26.1	88	73.9
Defect of vision	13	10.9	106	89.1
Dizziness	25	21	94	79

**Table 4.** Patient thoughts regarding antidepressant drug use

		n	%
Did antidepressant drugs relieve the symptoms of the disease? (n=119)	Symptoms relieved completely	20	16.8
	Symptoms relieved partially	78	65.5
	Symptoms not relieved	21	17.6
How long do you plan to use antidepressant drugs? (n=119)	Duration recommended by the physician	56	47.1
	Duration symptoms relieved completely	11	9.2
	At least 6 months	1	0.8
	Discharged from the hospital	2	1.7
	I don't think to use drug	27	22.7
	I don't know	22	18.5
Reasons of not using antidepressant drugs after discharged (n=51)	Fear of addiction	11	21.6
	I think I'm not crazy	1	2.0
	Belief that it will not solve their problems	7	13.7
	Think that my disease relieved completely	15	29.4
	Fear of side effects	9	17.6
	I feel worse when use drugs	4	7.8
	Other	4	7.8
Who provided information about antidepressant drugs (n=119)	Doctors and nurses	113	95
	Pharmacist	6	5

**Table 5.** Patients' knowledge related to level of antidepressant drugs (n=119)

Adverse effects	Know		Not know	
	n	%	n	%
Effects of antidepressant drugs	1	0.8	118	99.2
Time of the onset of the effect of the drugs	-	-	119	100
Duration of the treatment	4	3.4	115	96.6
Time of the discontinuing the drugs	3	2.5	116	97.5
Most important side effects of the drugs	1	0.8	118	99.2

that 10.5% of 928 patients who visited a psychiatrist used an antidepressant agent, and 73.6% of these patients received their prescription from a physician who was not a psychiatrist (20). In a study, it was determined that 15.6% of the 16,780 heart failure patients, who were not diagnosed with clinical depression, used antidepressants (21).

In another study, it was reported that 33% of 218 heart failure patients used an antidepressant, and 26% were not diagnosed with depression before the antidepressant use; the drug was prescribed by a second-step physician (16). The most commonly prescribed medication in medical and surgical patients was antidepressant. Also, doctors not specialized in psychiatry were responsible for most prescriptions of antidepressant drugs (17). According to these findings, it might be suggested that the use of antidepressant agents was common abroad as well as in our country, and antidepressant treatment was initiated without prior diagnosis of depression in some patients and probably prescribed by a physician who was not a psychiatrist.

Another finding of our study was that the most common side effects encountered in the patients using an antidepressant at least once in their lifetime were dryness in the mouth, weakness, dysmnasia, lightheadedness, irritability, somnolence, hot flash, and dizziness. In addition to these side effects, we observed that patients experienced side effects, which might negatively affect their quality of life and interindividual relations, such as decreased libido, palpitation, visual impairment, increase in panic symptoms, inattentiveness, irritability, and dizziness.

A research study has reported that the most common side effects, which were experienced by 811 depression patients using antidepressants, were dryness in the mouth, constipation, weight gain, insomnia and diarrhea (8). Another study has determined that 22% of the patients who had an antidepressant treatment did not comply with the treatment because of the problems, such as weight gain, sexual dysfunction, lack of sexual desire, and weakness (10). The most common side effects of the antidepressant treatments were also headache and nausea (9).

As seen in our study along with studies from abroad, patients often encounter anticholinergic side effects caused by the antidepressants. Moreover, there were other studies demonstrating that extrapyramidal symptoms, such as parkinsonism, acute dystonia, tardive dyskinesia, and dyskinesia, were seen during the antidepressant treatment (22-24).

The rate of the most common side effect in our study was 33%, although the rate of some side effects was up to 74% in the studies previously mentioned. As the patients experienced the side effects

before the onset of the therapeutic effect and therefore experienced difficulty to comply with the treatment and discontinue the medication, they should be informed that the drug must be administered at tolerable doses; they should also be able to continue with the treatment after the onset of the side effects and be able to manage the side effects during treatment.

One of the most important outcomes of our study was that almost all of the patients had no information regarding the effect of the drug, duration of the effect, treatment duration, time of treatment discontinuation, and the most important side effects during the treatment. However, they expressed that they wanted to receive information about the effects of the drugs, duration of the treatment, about the potential harms of the drugs, effects to the body, management of the side effects, and the addictive potential of the drugs. These results might be related to the lack of briefing of the patients by the physicians and nurses or to the lack of interest of the patients.

We accessed only one study conducted in Turkey, which would contribute significantly to this topic. Striking results were obtained by this descriptive study, which the researchers conducted by accessing 120 family physicians working in 6 different districts of Istanbul. Although 80.8% of the family physicians suggested that they had sufficient information and experience to diagnose depression, the investigators determined 47.5% of them were not sufficiently informed about the treatment of depression. In the same study, only 1.5% of the physicians were able to identify all of the depression symptoms, and 89.2% expressed that they needed regular training about the use of the antidepressants in the treatment (18).

In a study conducted abroad, 72.0% of 137 physicians, who were prescribing antidepressants, stated that they recommended the patients to use the drugs for least 6 months (25). In the same study, 401 patients were questioned about their treatment, and 34.0% of them stated that their physicians recommended them to use the medication for at least 6 months, and 56% stated that they did not get any explanation in this regard. In addition, patients who informed their physicians about the experienced side effects had a higher compliance rate than those who did not. These results showed that the patients should be trained regarding the effects, side effects, management of the side effects, and duration of the treatment to achieve a good compliance to the treatment period.

### Study Limitations

All data were obtained from the patients hospitalized only in one hospital. All data were based on the personal declaration of the patients.

### CONCLUSION

Similar to studies mentioned previously, our study showed that the patients were not adequately informed about the antidepressant use. The physicians and nurses should brief the patients. In this context, enhancement of the knowledge of the prescribing physicians and practicing nurses regarding the antidepressant agents might be useful.

These findings showed that informing the patients about the drug's effects, onset of the effect, duration of the treatment, time of treatment discontinuation, and the most important side effects and their management was essential for compliance to treatment and for benefitting from the drug therapy. It might be recommended that

the knowledge level of the practicing nurses and physicians (except psychiatrists) about the antidepressant agents used by the patients should be evaluated, and if necessary, in-service training on the required information should be organized so that they are capable of fulfilling the information needs of the patients.

**Ethics Committee Approval:** Ethics committee approval was received for this study from the ethics committee of Giresun Public Union of Hospitals General Secretariat (14.10.2015).

**Informed Consent:** Written informed consent was obtained from inpatients who participated in this study.

**Peer-review:** Externally peer-reviewed.

**Author Contributions:** Concept – E.E.A.; Design – E.E.A., E.B.Y.; Supervision – E.E.A., E.B.Y.; Resources – E.E.A., E.B.Y.; Analysis and/or Interpretation – E.E.A., E.B.Y.; Literature Search – E.E.A., E.B.Y.; Writing Manuscript – E.E.A., E.B.Y.; Critical Review – E.E.A., E.B.Y.; Other – E.E.A., E.B.Y.

**Conflict of Interest:** No conflict of interest was declared by the authors.

**Financial Disclosure:** The authors declared that this study has received no financial support.

**Etik Komite Onayı:** Bu çalışma için etik komite onayı Giresun Kamu Hastaneler Birliği Genel Sekreterliği'nden (14.10.2015) alınmıştır.

**Hasta Onamı:** Yazılı hasta onamı bu çalışmaya katılan yatarak tedavi gören hastalardan alınmıştır.

**Hakem Değerlendirmesi:** Dış bağımsız.

**Yazar Katkıları:** Fikir – E.E.A.; Tasarım – E.E.A., E.B.Y.; Denetleme – E.E.A., E.B.Y.; Kaynaklar – E.E.A., E.B.Y.; Analiz ve/veya Yorum – E.E.A., E.B.Y.; Literatür Taraması – E.E.A., E.B.Y.; Yazıyı Yazan – E.E.A., E.B.Y.; Eleştirel İnceleme – E.E.A., E.B.Y.; Diğer – E.E.A., E.B.Y.

**Çıkar Çatışması:** Yazarlar çıkar çatışması bildirmemişlerdir.

**Finansal Destek:** Yazarlar bu çalışma için finansal destek almadıklarını beyan etmişlerdir.

### REFERENCES

1. Urhan ÜB. Türkiye' de Antidepresan Kullanımları Artıyor mu? Sosyo-Psikolojik Göstergeler Çerçevesinde Bir Değerlendirme. Türkiye Ekonomi Politikaları Araştırma Vakfı (TEPAV) Girişimcilik Enstitüsü Yayınları, 2010.
2. Aydın N, Çetin M, Kurt E, Savaş H, Açık C, Kılıç S, et al. A report by Turkish Association for Psychopharmacology on the psychotropic drug usage in Turkey and medical, ethical and economical consequences of current applications. Klinik Psikofarmakol Bulteni 2013; 23: 390-402. [Crossref]
3. Canan F, Koçer E, İçmeli C, Özçetin A, Ataoğlu A. Evaluation of psychiatric consultations of medical inpatients in a university hospital. Düzce Med J 2008; 1: 22-7.
4. Mayda H, Güzel Hİ, Görücü Y, Bağcıoğlu E. The evaluation of psychiatry consultation requested in a university hospital. J Clin Anal Med 2015; 6(Suppl 2): 177-80.
5. Uyar B, Gürgen F. The assessment of psychiatric consultations in a university hospital. J Clin Psychiatry 2015; 18: 24-8.
6. Gürçay E, Ayhan N, Gümüşok S, Ekşioğlu E, Tamkan U, Çakıcı A. Evaluation of consultation liaison psychiatry in physical therapy and rehabilitation patients. J PMR Sci 2008; 3: 124-8.

7. Kökçam İ, Dilek N. Psychiatric consultations of patients who treated in the dermatology clinic. *Firat University Medical Journal of Health Sciences* 2010; 24: 21-4.
8. Uher R, Farmer A, Henigsberg N, Rietschel M, Mors O, Maier W, et al. Adverse reactions to antidepressants. *Br J Psychiatry* 2009; 195: 202-10. [\[Crossref\]](#)
9. Anderson HD, Pace WD, Libby AM, West DR, Valuck RJ. Rates of 5 common antidepressant side effects among new adult and adolescent cases of depression: a retrospective US claims study. *Clin Ther* 2012; 34: 113-23. [\[Crossref\]](#)
10. Ashton AK, Jamerson BD, Weinstein WL, Wagoner C. Antidepressant-related adverse effects impacting treatment compliance: results of a patient survey. *Curr Ther Res Clin Exp* 2005; 66: 96-106. [\[Crossref\]](#)
11. Al B, Orak M, Üstündağ M, Söğüt Ö. Characteristics of suicides cases in Batman, South East of Turkey. *Türkiye Klinikleri J Med Sci* 2010; 30: 65-72. [\[Crossref\]](#)
12. Uludağ Ö, Tutak A, Doğukan M, Kaya R, Tutak AŞ, Çelik M. Characteristics of poisoning cases in Adiyaman city. *Dicle Med J* 2015; 42: 284-8. [\[Crossref\]](#)
13. Yıldıztepe E, Aksay NH, Demir Ö, Arıcı A, Oransay K, Evcim S, et al. Analysis of the year 2007 data of Dokuz Eylül University drug and poison information center, Turkey. *Türkiye Klinikleri J Med Sci* 2010; 30: 1622-30. [\[Crossref\]](#)
14. Aygin D, Cengiz H. Drug administration errors and the responsibility of a nurse. *Ş.E.E.A.H. Tıp Bülteni* 2011; 45: 110-4.
15. Engin E, Ergün G. Depresyon. *Ruh Sağlığı ve Hastalıkları Hemşireliği: Bakım Sanatı* (Ed. O. Çam, E. Engin). İstanbul: İstanbul Tıp Kitabevi, 2014. p. 333-65.
16. Hartz I, Bramness JG, Skurtveit S. Prescription of antidepressants to patients on opioid maintenance therapy- a pharmacoepidemiological study. *Norsk Epidemiologi* 2011; 21: 77-83. [\[Crossref\]](#)
17. Mojtabai R, Olfson M. National Patterns in Antidepressant Treatment by Psychiatrists and General Medical Providers: Results From the National Comorbidity Survey Replication. *J Clin Psychiatry* 2008; 69: 1064-74. [\[Crossref\]](#)
18. Brouwers C, Christensen SB, Damen NL, Denollet J, Torp-Pedersen C, Gislason GH, et al. Antidepressant use and risk for mortality in 121,252 heart failure patients with or without a diagnosis of clinical depression. *Int J Cardiol* 2016; 203: 867-73. [\[Crossref\]](#)
19. Jimenez JA, Redwine LL, Rutledge TR, Dimsdale JE, Pung MA, Ziegler MG, et al. Depression ratings and antidepressant use among outpatient heart failure patients: implications for the screening and treatment of depression. *Int J Psychiatry Med* 2012; 44: 315-34. [\[Crossref\]](#)
20. Shirama FH, Miasso AI. Consumption of psychiatric drugs by patients of medical and surgical clinics in a general hospital. *Rev Latino-Am Enfermagem* 2013; 21: 948-55. [\[Crossref\]](#)
21. Bayrak A, Çetin B, Meteris H, Kesebir S. Parkinsonizm secondary to duloxetine use: a case report. *North Clin Istanbul* 2015; 2: 243-6.
22. Dixit S, Khan SA, Azad S. A case of SSRI induced irreversible parkinsonizm. *J Clin Diagn Res* 2015; 9: 1-2.
23. Huh L, Lee BJ. Efficacy of aripiprazole in antidepressants-induced tardive dystonia and tardive dyskinesia: a case report. *Psychiatr Danub* 2015; 27: 195-7.
24. Yıldırım A, Gönüllü OG, Eradamlar N, Erkıran M. Factors affecting prescription of antidepressant medications by family physicians in Istanbul province. *The Journal of Psychiatry and Neurological Sciences* 2014; 27: 242-9.
25. Bull SA, Hu XH, Hunkeler EM, Lee JY, Ming EE, Markson LE, et al. Discontinuation of use and switching of antidepressants: influence of patient-physician communication. *JAMA* 2002; 288: 1403-9. [\[Crossref\]](#)