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ADHERENCE TO ANTIDEPRESSANT TREATMENT IN DEPRESSIVE PATIENTS WITH COMORBID PSYCHIATRIC DISORDERS

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Background: Depression is associated with high rates of comorbidity with other psychiatric disorders. Adherence to antidepressant medication regimens has been associated to different factors. Few studies have analyzed the influence of comorbid psychiatric disorders and adjunctive pharmacological treatments on antidepressant adherence.

Aim: The study evaluates the association of comorbid psychiatric disorder and pharmacological treatments with adherence rates to antidepressants in a large sample of depressive outpatients.

Method: 3606 depressive patients were included in a cross-sectional epidemiological study, involving a stratified sample of 750 psychiatrists selected to participate. Patients were included if they met DSM-IV criteria for current single or recurrent non-psychotic major depressive disorder. Simplified Medication Adherence Questionnaire (SMAQ) and Hamilton Depression Rating Scale (HDRS) were used to assess adherence and depression severity.

Results: Adherence rates are lower in depressive patients with psychiatric comorbidity (62.8%) than in patients without comorbidity (69.1%) (Chi-square=15.9, $p < 0.001$, OR=1.6, 1.2-1.8). There are no significant differences in adherence rates between those patients taking or not benzodiazepines.

Conclusions: Psychiatric comorbidity plays a negative role in adherence to antidepressant treatment. Benzodiazepine use has no influence on adherence rates. Special attention should be paid to the symptom overlapping between anxiety and depression and to the benzodiazepine prescription in comorbid depressive patients.