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AUDIT OF THE INTRODUCTION OF AGOMELATINE IN A DISTRICT GENERAL HOSPITAL

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Introduction: Agomelatine is a novel antidepressant which was licensed in the United Kingdom in February 2009, but has not yet been included in national prescribing guidelines in the UK. The cost of Agomelatine and the need for monitoring of liver function during treatment have informed the development of strict local guidelines in respect of the initiation of Agomelatine.
Objective: To assess the use of Agomelatine following introduction in a district general hospital outpatient setting.
Aims: To determine whether Agomelatine use is in accordance with recently formulated local guidelines and to explore prescribing patterns for Agomelatine.
Method: Case notes were reviewed for consecutive patients prescribed Agomelatine over a 3 month study period. Using a specifically designed proforma, prescribing data, laboratory indices, outcome data and patient feedback were assessed against standards derived by consensus based on new prescribing guidelines.
Results: 27 patients were studied. Agomelatine was initiated in 93% of cases for major depressive disorder as third-line treatment. 89% of patients completed baseline liver function tests and 63% had these reviewed at all of 3 time-points as recommended. 14% did not require an increment to the 50mg dose. 33% discontinued Agomelatine. 44% experienced mild side-effects such as headaches and nausea. 56% did not require an additional anxiolytic and 14% were successfully discharged. Positive feedback was obtained verbally and with rating scales.
Conclusions: Initiation of agomelatine in accordance with recommended standards proved possible in a district general hospital setting. Agomelatine was well tolerated and positive patient feedback was received.