

Introduction

A consistent association has been found between falls and antidepressant induced orthostatic hypotension in the elderly. The mechanism of action involves blockage of alpha-1 adrenergic receptors.

The definition of orthostatic hypotension endorsed by the European Federation of Autonomic Societies is a sustained reduction of systolic blood pressure of at least 20 mmHg or diastolic blood pressure of 10 mmHg within 3 minutes of standing, or of tilting the body (with the head up) to at least a 60° angle on a tilt table

Aim

examine our team's current monitoring and management of antidepressant induced postural hypotension compared to the gold standard in monitoring

The goal would be to improve our current practice by adhering the gold standard more closely

Guidelines

In a patient who is to be commenced on an antidepressant, a lying and standing BP should be recorded before starting the drug.

The need for other drugs that can make orthostatic hypotension worse, or which can contribute to falls through sedation or other mechanisms, should be reviewed.

Methodology

14 elderly patients on a antidepressant case notes were examined retrospectively to see if their baseline lying/standing BP was recorded before commencing the antidepressant

Subsequently in a second cycle lying and standing BP was recorded for every patient being commenced on a antidepressant as per the gold standard

Inclusion criteria

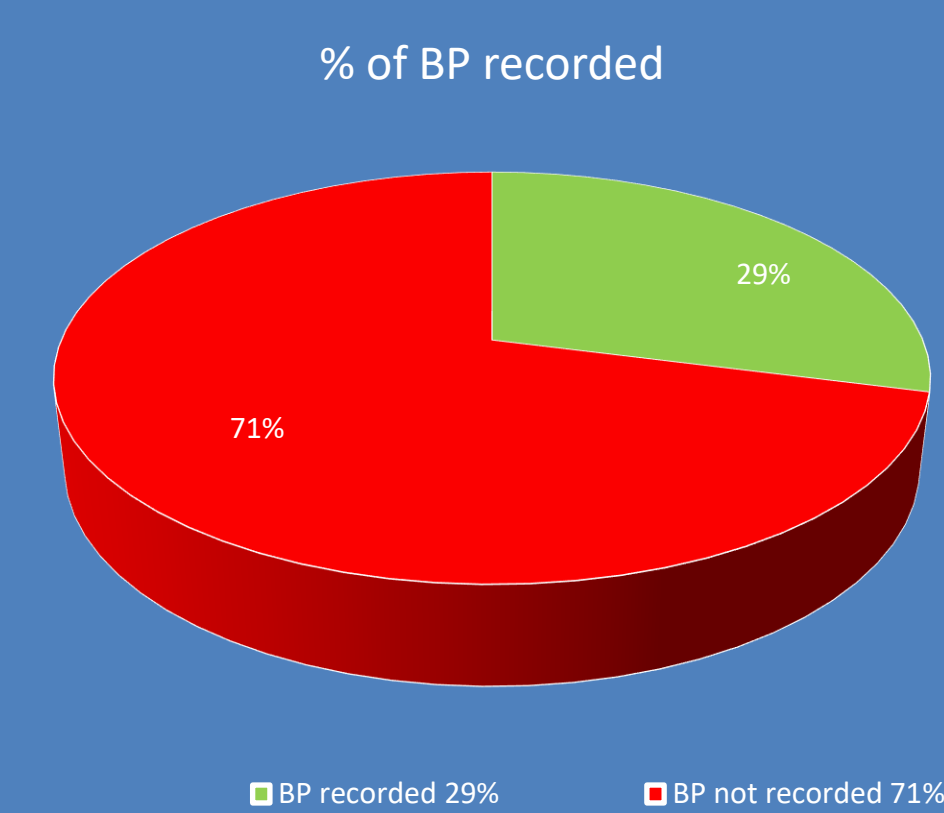
Patients age was 65 and above who were on an antidepressant during the period of the study. The audit was a retrospective study design.

The total sample size was 14 patients attending the Psychiatry of Old Age service and were selected randomly for the 1st cycle and re-evaluated in 3 months. Data was collected from both inpatient and outpatient settings (known and new cases)

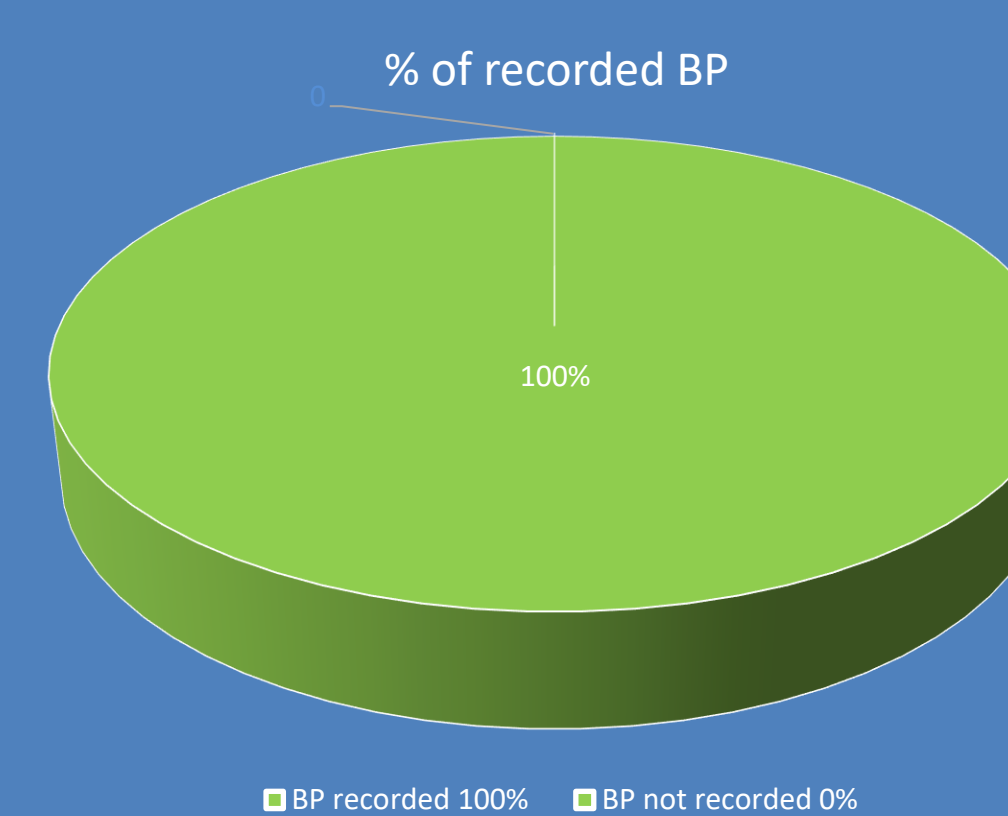
Results

1st cycle

Data was collected from 14 patients attending the POA service



2nd cycle, data was collected from 14 patients attending POA service



Conclusion

Only one third of the patients in the audit had their baseline lying/standing BP recorded met the standards. This was improved by presenting the findings of the 1st cycle to the treating team and publishing recommendations/ interventions in order to increase the awareness level amongst the team about the relationship between orthostatic hypotension and risk of falls. Results from the 2nd cycle reflected the improvement of the team's practice regarding the monitoring of BP for patients on antidepressants due to the risk of falls.

References

- (Freeman et al. 2011). Freeman, R., Wieling, W., Axelrod, F.B. et al. Consensus statement on the definition of orthostatic hypotension, neurally mediated syncope and the postural tachycardia syndrome. *Clin Auton Res* 21, 69–72 (2011). <https://doi.org/10.1007/s10286-011-0119-5>
- E. Richelson "Interactions of antidepressants with neurotransmitter transporters and receptors and their clinical relevance" *Journal of clinical psychiatry*, vol. 64, no.13, pp. 5-12, 2003