

### Efficacy in improving functional outcomes

Desvenlafaxine has been shown in clinical studies to be effective in improving symptoms and daily functioning in patients with MDD. Desvenlafaxine 50 mg/day also significantly improved functional outcomes on the SDS total score (-2.0) and individual items regarding work (-0.6), social life/leisure activities (-0.8) and family life/home responsibilities (-0.7;  $p < 0.001$  for all comparisons).<sup>17</sup>

### Simple, once-daily 50-mg dose

One distinctive property of desvenlafaxine is that the 50-mg starting dose is also the recommended therapeutic dose, ie, there is no need for dose titration.<sup>8</sup> In 8-week clinical studies, no additional therapeutic benefit was demonstrated at doses greater than 50 mg/day, and adverse events and discontinuations were more frequent at higher doses.<sup>8</sup> According to Dr McIntyre, the majority of desvenlafaxine prescriptions in Canada is for the 50-mg dose.

### Conclusion

Patient non-adherence to medication in MDD is a major challenge

for clinicians in daily practice. Desvenlafaxine, with its clinically relevant antidepressant efficacy, placebo-like tolerability profile, low potential for CYP2D6-mediated drug-drug interactions and simple dosing regimen, offers a new treatment option.

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## Human rights issues in medical practice – An expert interview with Professor Rhona Smith



**Professor Rhona Smith**  
Professor of International Human Rights  
Northumbria Law School  
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### Human rights issues in daily clinical practice

In everyday clinical practice, clinicians frequently encounter situations which explicitly or implicitly involve human rights. The key issues include right to health and wellbeing, consent to treatment, privacy of medical records, right to life, prohibition on torture and other ill-treatment. Special considerations are warranted when children or others who lack full legal capacity are involved. Essentially, clinicians should be aware that their decisions and actions may have implications for human rights and may result in legal consequences.

In the UK, the Human Rights Act 1998 serves to give further effect to certain provisions of the European Convention of Human Rights. Recent topical cases raising human rights issues in the medical perspectives include cases claiming rights to end life and the use of modern technologies, eg, stem cells and in vitro fertilization.

### Current human rights issues in psychiatry

Current issues under debate related to psychiatry in the UK are legislative changes in the detention of people with mental health issues. Although detention is currently legitimate under Article 5 of the European Convention on Human Rights, procedural safeguards are required to guarantee the ongoing legitimacy of the detention.

Commenting on the legal implementation of community treatment order (CTO) for psychiatric patients, which remains a controversial topic in Hong Kong, Professor Smith shared that in England and Wales, similar supervised community

treatment is addressed in the Mental Health Act 1983, as amended, which grants clinicians the power of recalling patients to hospital for compulsory treatment.

From a human rights perspective, the important aspect of CTOs is securing an appropriate balance of rights of individual under CTO and those with whom he or she interacts. In general, if carefully monitored and sensitively used, CTOs offer a viable alternative to hospital detention, and this may be in the best interests of the patients and his or her family and friends. An established mechanism for monitoring treatment and recovery regularly, to ensure that the continuation of CTO is appropriate for the patient, is of paramount importance.

### Training in human rights for medical professionals

For medical practitioners, it is especially important to understand the fundamentals of human rights which impact on treatment and be alert to evidence of an array of violations of human rights, Professor Smith emphasized. Northumbria Law School offers master programmes for clinicians and other medical professionals to study in-depth legal subjects of direct relevance, namely, LLMs in Medical Law and Mental Health Law (Mental Health Law and Mental Health Policy and Practice). As the programmes are vocational, they assume no prior substantial legal knowledge. The main features of the programmes are that they are taught as distance learning modules and involve direct contact with lecturers through electronic learning platforms. Assessments are by coursework and there are no examinations, so as to enable students to adjust their individual pattern of study to suit their work and other commitments.

More information about the masters' programmes at Northumbria is available at <http://www.northumbrialawschool.co.uk>.



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## Message from the Chairman



On behalf of the Hong Kong Community Psychological Medicine Association (HKCPMA), I have represented graduates of postgraduate diploma in community psychological medicine to meet Mr Ian Wylie at the Hospital Authority (HA) headquarter to discuss important issues on the Mental Health Policy 2011–2015. I have stressed once more the role of primary care physicians in future public-private partnership between public psychiatric specialist outpatient clinic and community physicians with special interests in community psychological medicine. It has been almost a decade since Family Medicine Unit of the University of Hong Kong first launched its postgraduate diploma course in community psychological medicine in 2003. There are, at present, more than 150 doctors trained with basic knowledge and skills in tackling mild to moderate severe mood disorders, and are well-equipped in managing common mental illnesses in the community.

For the benefit of Hong Kong people, we are devoted to serving those unfortunate and underprivileged population of psychiatric patients who need tremendous assistance and care by the private physicians in better accessibility and continuity for advices and treatment of their life-long brain disorders.

It has been emphasized once more by Dr Roger Ng, Consultant Psychiatrist of Kowloon Hospital, Kowloon East Cluster, HA, that hospital psychiatrists are eager to hold regular monthly case conferences to monitor the care path of the proposed shared care programme in the forthcoming years.

The Hong Kong Medical Association, with its large number of member doctors and its strong force of community networks, would be most delighted to respond to the HA's call for participation and organization of such a public-private partnership programme. I am sure the road ahead would be brighter with the support of the Food and Health Bureau, Hong Kong SAR Government in granting the funding that we need to make our dream comes true.

Looking forward to hearing good news in the coming Chinese new year of rabbit, when the consultation paper is finalized.

Wish you all a prosperous and fruitful family practice!

Very best wishes,  
Dr Aaron Lee Fook Kay  
Chairman, Hong Kong Community Psychological Medicine  
Hon Secretary, Hong Kong Medical Association

## How much do you know about ADHD and the Foundation?



**Dr Eunice Wong**  
Founder and Chairman of ADHD Foundation

Over the past few years, I have been profoundly disturbed by the depth and width of the tragedies caused by untreated cases of Attention-Deficit Hyperactivity Disorder (ADHD). Not only do the ADHD children and adolescents suffer from poor self-esteem, psychosomatic and social problems, substance abuse, anxiety, depression and loss of interest in learning, but their parents are equally affected seriously by depression, marital discord, anxiety and domestic violence. It is also not uncommon that such parents lose their jobs or may even go bankrupt because of their own mood disorders or perhaps because of an underlying undiagnosed ADHD.

While I was appalled by these tragic cases, it has also been gratifying to see how families turn around after the identification and management of the cause – ADHD. These tragedies could have been prevented in the first place had their conditions been identified and managed earlier.

A stunning observation is that most of my ADHD patients, children or adults, are intelligent, creative, sensitive and even talented. They are normal people, just like you and me. Misunderstanding and fear stemming from ignorance about the condition have been a huge obstacle for those in need to seek help.

In recent years, the rapid growth of scientific studies has significantly advanced our understanding of the pathophysiology and psychopharmacology of ADHD. We, members of the Foundation feel that the time has come and we should take up our social obligation to educate the public and related professionals who work with them and put a halt to such public ignorance. It is also imperative that we demystify the condition, put aside the long-standing co-segregation among professionals, collaborate as a task force and work hand in hand with those who suffer to move on and to attain the kind of quality of life that they deserve.

ADHD, a condition that is not uncommon, has been frequently misinterpreted and mishandled. The problem is not with ADHD itself, but with people's ignorance of the condition.

'It makes a big difference if ADHD were identified and managed early so that the sufferer can optimize his or her life. If the condition is not diagnosed or managed, the rippling effect of the untreated condition is likely to be pervasive, profoundly affecting the victim's personal growth, social maturity, academic and career performance. Such pervasive effects include low self-esteem, underachievement, mood disorders, addictive and/or disruptive behaviors, oppositional defiant disorder, substance abuse, conduct disorder and mismanagement of relationships or of finance. The rippling effects of untreated cases on the victim's parents, spouse, colleagues or peers may present themselves as parental conflict, divorce, loss of jobs, etc.

*Your children are not your children,  
They are the sons and daughters of Life's longing for itself.  
They come through you but not from you,  
And though they are with you they belong not to you.*

*You may give them your love but not your thoughts,  
For they have their own thoughts.  
You may house their bodies but not their souls,  
For their souls dwell in the house of tomorrow,  
which you cannot visit, not even in your dreams...*

The Prophet (New York: Alfred A. Knopf, 1951)

'Researches in the US have also shown that if the condition is left unidentified or untreated, society will have to pay a high price in the form of the need for social and medical management of rising numbers of criminals, alcoholics, substance abusers, gamblers and people with psychosomatic problems, mood disorders and impulsive behaviors.

'However, if sufferers of ADHD are identified and managed earlier, they can then unleash their creativity and productivity and optimize their potentials to lead more fulfilling lives.'

Five years ago, we, a group of professionals, decided to form a non-profit charity organization, namely, ADHD Foundation, to promote education in the public and among the professionals. **We honour individual differences and believe in optimizing one's strengths is more important than taking a pathological approach when treating behaviours of concern.**

We have been organizing monthly Doctors Interest Group lunch meeting over 50 times. Speakers include local and overseas experts in related areas. Our focus is to deepen our knowledge in this condition and its comorbidities. Please let us know if you want to put your name on our email mailing list on our monthly lunch meetings.

We also have organized some public seminars and a school project. We have come to term that the most effective way of public education would be through the new media.

Our website, [www.adhd.hk](http://www.adhd.hk) has finally been launched recently. Thanks to Miss Connie Hui who has helped translating the content into Chinese. Professor Timothy Wilens, the renowned child psychiatrist from Harvard University, agreed to be interviewed by a Chinese family in June of 2006, not only because he was aware of the powerful impact of new media, but also because of the shortage of educational materials in Chinese. There will be video clips to be put on our website.

It took us a long time and a lot of effort to put the website together. We still need more manpower to consolidate it. Should you know anyone who could offer help, or have any input, please let us know.

Portions of this text are taken from:  
Words of the Founder. Portfolio of ADHD Foundation.  
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## The challenge of improving adherence in patients with major depressive disorder

Major depressive disorder (MDD) is a chronic illness associated with a substantial disease burden. At a recent symposium held during the Annual General Meeting of the Hong Kong Community Psychological Medicine Association, Dr Roger S McIntyre (Canada) discussed some clinical considerations in the management of MDD and recent treatment advances.



**Dr Roger S McIntyre**  
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University of Toronto  
Head of Mood Disorders Psychopharmacology Unit  
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### Patient non-adherence: A major challenge in treating MDD

Despite the consensus recommendation in current guidelines on continuing antidepressant treatment for at least 6–9 months,<sup>1,2</sup> approximately four in 10 patients in the United States discontinue their medications during the first 30 days of treatment.<sup>3</sup> Only 27.6% of patients continue the treatment for more than 90 days.

The main reasons cited for discontinuation of therapy are: 1) intolerable side effects of antidepressant treatment; and 2) lack of efficacy of current treatment.<sup>2</sup>

### Measurement-based approach as the current standard of care

One approach suggested by Dr McIntyre to increase patient compliance rates is to adopt measurement-based care for MDD. It entails setting a visit schedule so that timely dose or treatment changes can be made based on each patient's experience of efficacy and tolerability.<sup>4</sup>

Outcome measures reflecting the impact of depression on daily functioning, such as the Sheehan Disability Scale (SDS), are becoming routinely used in clinical settings.

### STAR\*D trial: Novel antidepressant therapies are needed

The STAR\*D (Sequenced Treatment Alternatives to Relieve Depression) study, conducted in outpatients with non-psychotic MDD, reported a remission rate of 36.8% for the first acute treatment, which decreased further in subsequent treatment steps.<sup>5</sup> "The disappointing outcomes of this study reveal the inadequacy of current antidepressant treatments," said Dr McIntyre.

### Desvenlafaxine – A new SNRI antidepressant

Desvenlafaxine (Pristiq®, Pfizer) is a new serotonin-norepinephrine reuptake inhibitor (SNRI) for the treatment of MDD, which is recommended as a first-line antidepressant in the Canadian Network for Mood and Anxiety Treatment (CANMAT) guidelines.<sup>2</sup>

Desvenlafaxine is the major active metabolite of the SNRI venlafaxine; the free base of desvenlafaxine is also referred to as O-desmethylvenlafaxine (ODV).

### Low risk for CYP2D6-mediated drug interactions

Unlike its parent compound, desvenlafaxine's metabolism is independent of the cytochrome (CYP) 2D6 pathway.<sup>6</sup>

Common antidepressants are associated with varying potential to inhibit CYP2D6 enzyme activity (Table 1).<sup>2</sup> Dr McIntyre emphasized the importance of clinicians being aware of the potential for drug-drug interactions when prescribing antidepressants, particularly since a substantial proportion of patients with depression receive multiple concomitant medications for comorbid conditions, such as diabetes.<sup>7</sup>

According to data from an open-label, parallel-group, crossover study, desvenlafaxine demonstrated consistent pharmacokinetics regardless of CYP2D6 metabolizer status,<sup>6</sup> and, therefore, has a low potential for CYP2D6-mediated drug-drug interactions.

**Table 1. Potential for drug-drug interactions of common antidepressants<sup>2</sup>**

Potential	Common antidepressants
Minimal or low potential	<ul style="list-style-type: none"> <li>Citalopram</li> <li>Desvenlafaxine</li> <li>Escitalopram</li> <li>Mirtazapine</li> <li>Venlafaxine</li> </ul>
Moderate potential	<ul style="list-style-type: none"> <li>Agomelatine</li> <li>Bupropion</li> <li>Duloxetine</li> </ul>
Higher potential	<ul style="list-style-type: none"> <li>Fluoxetine</li> <li>Fluvoxamine</li> <li>Moclobemide</li> <li>Paroxetine</li> <li>Selegiline</li> <li>Sertraline</li> </ul>

### Proven tolerability

Desvenlafaxine is well tolerated: at the recommended 50-mg dose, patient discontinuation rates due to adverse events were comparable to placebo (Table 2).<sup>8-15</sup> Nausea, the most common side effect associated with desvenlafaxine treatment, was generally mild to moderate, and decreased to placebo-like levels within 1 week.<sup>16</sup>

Unlike most antidepressants, desvenlafaxine treatment resulted in no significant difference in weight gain versus placebo and low rates of spontaneously reported sexual side effects.<sup>8</sup>

**Table 2. Discontinuation rates due to adverse events of common antidepressants<sup>8-15</sup>**

Antidepressants	Discontinuation rate	
	Treatment	Placebo
<b>Desvenlafaxine 50 mg</b>	<b>4.1%</b>	<b>3.8%</b>
Escitalopram 10–20 mg	5.9%	2.2%
Bupropion 150–300 mg	6%	3%
Duloxetine 40–120 mg	10%	4%
Venlafaxine 75–225 mg	12%	6%
Citalopram 20–40 mg	15.9%	7.7%
Mirtazapine 15–45 mg	16%	7%
Paroxetine 20–60 mg	21%	N/A
N/A, not applicable		