

OVERVIEW OF ANTIDEPRESSANT USE IN DEPRESSIVE PATIENTS AT DR. H. SOEWONDO HOSPITAL JANUARY–JUNE 2024

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ABSTRACT

Depression is a mental health condition marked by persistent sadness, reduced interest in daily activities, and impaired social and cognitive functioning, making effective treatment essential to improve outcomes and reduce harmful effects. This study aimed to describe the use of antidepressant medication among patients with depression in a regional general hospital. The study applied a descriptive quantitative design with a retrospective approach using medical record data of patients who met the inclusion criteria during the study period. A total of 209 patients were selected with the Slovin formula, and data were analyzed descriptively and presented as frequencies and percentages. The results showed that the most commonly used medication was escitalopram at 34.9 percent, followed by fluoxetine at 31.6 percent, and sertraline at 10.5 percent. Most patients were female at 60.3 percent, with the largest age group being 15 to 25 years at 31.1 percent. These findings indicate that antidepressant use was dominated by the selective serotonin reuptake inhibitor group, with escitalopram as the preferred therapy reflecting alignment with clinical treatment guidelines for depression.

Keywords: antidepressants, depression, drug utilization, escitalopram, SSRI

INTRODUCTION

Depression is a mental health disorder characterized by a persistent sad mood, loss of interest in activities, and a decline in social and cognitive functioning. This condition is often accompanied by changes in sleep patterns, appetite disturbances, difficulty concentrating, and even thoughts of ending one's life (Motta & Link, 2021).

In Indonesia, the prevalence of depression reached 6% according to Riskesdas (2013), and this figure is projected to continue rising. Globally, the WHO (2023) reports that depression is a leading cause of disability and contributes significantly to the global burden of disease. The disorder impacts not only an individual's psychological health but also leads to long-term consequences, such as impaired social functioning, reduced work productivity, and an increased risk of suicide (Chisholm et al., 2016). Therefore, prompt and appropriate therapy—whether pharmacotherapy or psychotherapy—is essential to accelerate recovery and prevent the condition from becoming chronic (Cuijpers et al., 2020; Cipriani et al., 2018). Effective therapy can also improve a patient's quality of life while reducing economic and social burdens (WHO, 2023).

The management of depression involves two approaches: pharmacological and non-pharmacological. Non-pharmacological interventions include psychotherapy, cognitive-behavioral therapy, electroconvulsive therapy, as well as approaches based on spirituality and healthy lifestyle choices. Psychotherapy focuses on the therapeutic relationship between the patient and the therapist, whereas cognitive-behavioral therapy helps correct maladaptive thought patterns. Electroconvulsive therapy is generally administered in cases of severe depression that do not respond to other treatments, while spiritual interventions and healthy lifestyle practices have been shown to support patient recovery.

Although non-pharmacological therapies play a significant role, the use of antidepressant medications remains the primary treatment choice, particularly for cases of moderate to severe depression. These drugs function by increasing the levels of neurotransmitters—such as serotonin and norepinephrine—that are typically depleted in patients with depression.

Widely used classes of antidepressants include tricyclics, monoamine oxidase inhibitors, serotonin reuptake inhibitors, serotonin-norepinephrine reuptake inhibitors, and newer-generation antidepressants. The primary differences between these classes lie in their side-effect profiles, drug interactions, and treatment costs (Ikawati & Anurogo, 2018). In clinical practice, serotonin reuptake inhibitors are frequently selected as the first-line treatment due to their perceived safety and efficacy, while other classes serve as alternatives depending on the patient's response.

Given this context, research is needed to characterize antidepressant usage patterns among patients with depression in healthcare facilities. This study was conducted at Dr. H. Soewondo Regional General Hospital (RSUD) in Kendal from January to June 2024, aiming to identify patient characteristics, prescribed medications, and administered treatment patterns. The findings are expected to serve as a basis for clinical evaluation, provide insights for healthcare practitioners, and contribute to optimizing depression treatment management within the hospital.

METHODS

This study employed a retrospective design with a descriptive approach. The data used were secondary data obtained from patient medical records at Dr. H. Soewondo Regional General Hospital (RSUD), Kendal, covering the period from January to June 2024.

The study was conducted at Dr. H. Soewondo Regional General Hospital, Kendal, between March and August 2025. The study population comprised all outpatients diagnosed with depression and undergoing treatment during the study period; based on medical records, there were 506 such patients, of whom 436 met the inclusion criteria. The study sample was determined using a combination of purposive sampling and proportional random sampling. Purposive sampling was used to select patients meeting the criteria—specifically, those undergoing antidepressant therapy between January and June 2024 with complete medical records. Subsequently, the sample size was calculated using Slovin's formula with a 5% margin of error, resulting in a sample of 209 patients selected via proportional random sampling for representative analysis.

The study variables consisted of independent variables—namely age, gender, and drug type—and a dependent variable, specifically antidepressant use. Patient age was categorized into four groups: 15–25 years, 26–35 years, 36–45 years, and over 45 years. Gender was classified as male or female. Antidepressant types were classified according to pharmacological class: selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs), and serotonin-norepinephrine reuptake inhibitors (SNRIs).

The research instrument consisted of a data collection form compiled from electronic and manual medical records. Secondary data derived from patient medical records served as the data source. The collected data were analyzed using univariate methods to describe patient characteristics and

patterns of antidepressant use. Analysis results are presented in frequency distribution tables and diagrams to facilitate the interpretation of the administered therapy.

RESULT AND DISCUSSION

Table 1.
Characteristics of Depressed Patients at dr. H. Soewondo Regional General Hospital

Variable		Number of Patients (n)	Percentage
Gender	Male	83	39.7%
	Female	126	60,3%
Age	15-25	65	31,1%
	26-35	57	27,3%
	36-45	25	12,0%
	>.45	62	29,7%

Table 2.
Antidepressant Medication in Patients with Depression

Variable	Type of Antidepressant	Number of Patients (n)	Percentage (%)
Escitalopram	SSRI	73	34,9
Fluoxetine	SSRI	66	31,6
Sertraline	SSRI	22	10,5
Duloxetine	SNRI	18	8,6
Sandeprile	TCA	19	9,1
Amitriptyline	TCA	11	5,3

Based on Table 1, the distribution of patients with depression during the study period shows a predominance of females (126 individuals, or 60.3%) compared to males (83 individuals, or 39.7%). This indicates a higher prevalence of depression among women than men. These findings are consistent with various epidemiological studies highlighting the role of biological and hormonal factors—such as fluctuations in estrogen and progesterone—in mood regulation during periods ranging from puberty and menstruation to pregnancy and menopause (Albert, 2015). In addition to biological factors, psychosocial stressors—including dual roles, social demands, and work-related burdens—contribute to the high rates of depression among women (Salk et al., 2017).

Regarding health-related behaviors, women tend to be more open about emotional issues and more likely to seek professional help, resulting in higher reported prevalence rates. Conversely, men tend to suppress emotions and employ dysfunctional coping mechanisms, such as substance abuse; consequently, cases of depression among men often go undetected or under-identified (Lim et al., 2018). Research by Salk et al. (2017) further confirms that this prevalence disparity persists across all age groups, with a ratio of approximately 2:1.

Regarding age, the largest group consisted of individuals aged 15–25 years (65 patients; 31.1%), followed by those over 45 years (62 patients; 29.7%), the 26–35 age group (57 patients; 27.3%), and the 36–45 age group (25 patients; 12.0%). These results indicate that late adolescents and young adults are the group most vulnerable to depression. This finding aligns with research by Auerbach et al. (2018) using World Mental Health Surveys data, which noted that university students and young adults face academic pressures, social transitions, and challenges regarding independence that increase their vulnerability to depression. Iqbal et al. (2020) also found that

university students aged 18–25 experienced significant levels of stress and depression due to academic burdens and a lack of social support.

In the 26–35 age group, the risk of depression is generally associated with work demands, economic stability, and the transition into adult roles. Meanwhile, the proportion of cases among those over 45 was relatively high, linked to chronic health conditions, the loss of a spouse, and loneliness (Lim et al., 2018). The 36–45 age group showed the lowest prevalence, possibly due to psychological stability or social stigma that hinders the reporting of cases.

The results regarding antidepressant use at Dr. H. Soewondo Kendal Regional General Hospital (RSUD) from January to June 2024, based on the medical records of 209 patients, are presented in Table 2. The most frequently used medication was Escitalopram—a selective serotonin reuptake inhibitor (SSRI)—prescribed to 73 patients (34.9%). This was followed by Fluoxetine (SSRI), used by 66 patients (31.6%), and Sertraline (SSRI), used by 22 patients (10.5%). These three drugs are considered first-line therapies in accordance with clinical guideline recommendations, offering proven efficacy and safety.

The predominant use of SSRIs reflects the implementation of depression treatment guidelines in accordance with American Psychiatric Association (APA, 2020) recommendations. Escitalopram was selected due to its high efficacy, rapid onset of action, and relatively mild side effects (Cipriani et al., 2018). Fluoxetine, a long-established SSRI, remains widely prescribed owing to its long-term efficacy and broad availability

in the national formulary (Duan et al., 2022; Septyarini et al., 2021). Meanwhile, Sertraline also demonstrates good efficacy, particularly in patients with depression accompanied by anxiety disorders (Stahl, 2013; WHO mhGAP, 2018).

In addition to SSRIs, serotonin-norepinephrine reuptake inhibitors (SNRIs)—specifically Duloxetine—were also utilized, with 18 patients (8.6%) receiving this medication. It is beneficial for patients with depression accompanied by chronic pain or sleep disturbances (Uher et al., 2019; Cipriani et al., 2018). Tricyclic antidepressants (TCAs), such as Sandepril and Amitriptyline, were used to a more limited extent, prescribed to 19 patients (9.1%) and 11 patients (5.3%), respectively. Although effective, TCAs often cause side effects such as sedation and dry mouth, and carry a high risk of toxicity; consequently, their use is more selective (Dipiro et al., 2015).

Overall, the pattern of antidepressant use at RSUD dr. H. Soewondo Kendal aligns with the principles of evidence-based medicine and international treatment guidelines, which emphasize efficacy, tolerability, and suitability regarding the patient's clinical condition.

CONCLUSION

This study demonstrates that antidepressant use among depressed patients at the outpatient department of RSUD dr. H. Soewondo Kendal from January to June 2024 was dominated by selective serotonin reuptake inhibitors (SSRIs)—specifically Escitalopram, Fluoxetine, and Sertraline—along with smaller amounts of Duloxetine and tricyclic antidepressants.

The majority of patients were female, and the largest age group fell within the late-adolescent to young-adult range. These findings confirm that the choice of therapy aligned with evidence-based

guidelines and highlight the need to pay special attention to gender and age factors in both the prevention and management of depression.

REFERENCES

- Albert, P. R. (2015). Why is depression more prevalent in women? *Journal of Psychiatry & Neuroscience*, 40(4), 219–221. <https://doi.org/10.1503/jpn.150205>
- American Psychiatric Association. (2020). *Practice guideline for the treatment of patients with major depressive disorder* (3rd ed.). American Psychiatric Association Publishing. <https://doi.org/10.1176/appi.books.9780890424841>
- Auerbach, R. P., Mortier, P., Bruffaerts, R., Alonso, J., Benjet, C., Cuijpers, P., ... & WHO WMH-ICS Collaborators. (2018). WHO World Mental Health Surveys International College Student Project: Prevalence and distribution of mental disorders. *Journal of Abnormal Psychology*, 127(7), 623–638. <https://doi.org/10.1037/abn0000362>
- Chisholm, D., Sweeny, K., Sheehan, P., Rasmussen, B., Smit, F., Cuijpers, P., & Saxena, S. (2016). Scaling-up treatment of depression and anxiety: A global return on investment analysis. *The Lancet Psychiatry*, 3(5), 415–424. [https://doi.org/10.1016/S2215-0366\(16\)30024-4](https://doi.org/10.1016/S2215-0366(16)30024-4)
- Cipriani, A., Furukawa, T. A., Salanti, G., Chaimani, A., Atkinson, L. Z., Ogawa, Y., ... & Geddes, J. R. (2018). Comparative efficacy and acceptability of 21 antidepressant drugs for the acute treatment of adults with major depressive disorder: A systematic review and network meta-analysis. *The Lancet*, 391(10128), 1357–1366. [https://doi.org/10.1016/S0140-6736\(17\)32802-7](https://doi.org/10.1016/S0140-6736(17)32802-7)
- Cuijpers, P., Karyotaki, E., Reijnders, M., & Purgato, M. (2020). Meta-analyses and mega-analyses of the effectiveness of digital health interventions for mental health. *Journal of Behavioral Therapy and Experimental Psychiatry*, 68, 101615. <https://doi.org/10.1016/j.jbtep.2020.101615>
- Dipiro, J. T., Talbert, R. L., Yee, G. C., Matzke, G. R., Wells, B. G., & Posey, L. M. (2015). *Pharmacotherapy: A pathophysiologic approach* (9th ed.). McGraw-Hill Education.
- Duan, Y., Wang, Y., Wang, C., & Li, H. (2022). Long-term effectiveness and safety of fluoxetine in major depressive disorder: A systematic review. *Frontiers in Psychiatry*, 13, 842711. <https://doi.org/10.3389/fpsyt.2022.842711>
- Iqbal, S., Gupta, S., Venkatarao, E., & Agarwal, V. (2020). Stress, anxiety, and depression among medical undergraduate students and their socio-demographic correlates. *Indian Journal of Community Medicine*, 45(1), 87–89. https://doi.org/10.4103/ijcm.IJCM_241_19
- Lim, G. Y., Tam, W. W., Lu, Y., Ho, C. S., Zhang, M. W., & Ho, R. C. (2018). Prevalence of depression in the community from 30 countries between 1994 and 2014. *Scientific Reports*, 8, 2861. <https://doi.org/10.1038/s41598-018-21243-x>
- Motta, R. W., & Link, J. (2021). The prevalence of depression: A global perspective. *Psychology Research and Behavior Management*, 14, 493–502. <https://doi.org/10.2147/PRBM.S297673>
- Riskesdas. (2013). *Riset kesehatan dasar 2013*. Badan Penelitian dan Pengembangan Kesehatan, Kementerian Kesehatan Republik Indonesia. <https://www.litbang.kemkes.go.id/laporan-riset-kesehatan-dasar-riskesdas/>
- Salk, R. H., Hyde, J. S., & Abramson, L. Y. (2017). Gender differences in depression in representative national samples: Meta-analyses of diagnoses and symptoms. *Psychological Bulletin*, 143(8), 783–822. <https://doi.org/10.1037/bul0000102>
- Septyarini, S. R., Nugroho, R. A., & Prihandayani, P. (2021). Antidepressant prescribing patterns in a regional hospital in Indonesia. *Pharmacology and Clinical Pharmacy Research*, 6(2), 109–

115. <https://doi.org/10.15416/pcpr.v6i2.1234>
- Stahl, S. M. (2013). *Stahl's essential psychopharmacology: Neuroscientific basis and practical applications* (4th ed.). Cambridge University Press.
<https://doi.org/10.1017/CBO9781139087562>
- Uher, R., Perlis, R. H., Placentino, A., Dernovšek, M. Z., Henigsberg, N., Mors, O., ... & McGuffin, P. (2019). Depression symptom dimensions as predictors of antidepressant treatment outcome: Replicable evidence for interest–activity symptoms. *Psychological Medicine*, 49(3), 364–373.
<https://doi.org/10.1017/S0033291718001088>
- World Health Organization. (2018). *mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings* (Version 2.0). World Health Organization. <https://apps.who.int/iris/handle/10665/250239>
- World Health Organization. (2023). *Depression*. <https://www.who.int/news-room/fact-sheets/detail/depression>