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Interpreting antidepressant prescribing trends in Croatia: a letter to the editor

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To the editor,

We read with great interest the article by Gvozdanović et al (1) on antidepressant prescription patterns in the Croatian population. The authors should be commended for examining such an important topic and highlighting the need for targeted and evidence-based health policies. However, we would like to point out an important overinterpretation regarding the prescription trends during the COVID-19 pandemic. The authors stated that the sudden rise in prescriptions in March 2020 may reflect "stockpiling." Although stockpiling did occur in European regions such as Scandinavia, France, and Northern Ireland, these findings may not necessarily be generalizable to Croatia without direct evidence. Furthermore, the authors attributed the increased use of fluvoxamine to its ability to reduce COVID-19 hospitalization rates without empirically testing this assumption within the data set. Research from Croatia did not demonstrate reduced hospitalization among patients prescribed fluvoxamine during the pandemic (2), making this explanation insufficiently supported by the available data. Moreover, an interrupted time-series (ITS) by Selke Krulichová et al, cited by the authors, found that the changes in antidepressant use due to the pandemic were minor fluctuations (3). Although the authors appropriately hedged by stating that "the trend cannot be simply attributed to the pandemic, but its potential influence cannot be ignored," the claim is inconsistent with their attributions, which appear stronger than the evidence presented in both their data set and the cited ITS study. Additionally, the proposed explanation that Croatia lags behind European countries in rising antidepressant use due to high benzodiazepine consumption is not supported by evidence, as no data are available for benzodiazepine co-prescribing, switching, and substitution at the patient level. Attributing lower antidepressant use to high benzodiazepine consumption risks constituting an ecological fallacy. A correlation between national anxiolytic use and regional antidepressant use does not prove substitution. Despite these limitations, the study is an important contribution to understanding antidepressant patterns in Croatia. We would recommend that the authors use the ITS methodology in future studies to evaluate pandemic-related changes and employ patient-level linkage of benzodiazepine and antidepressant prescriptions.

References

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