

# THE CHARACTERISTICS OF ANTIDEPRESSANT AND ANTI-ANXIETY THERAPY IN OUTPATIENT PSYCHIATRIC PATIENTS AT RSKD DADI IN SOUTH SULAWESI 2024

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## Abstract

Mental health disorders, such as depression and anxiety, are common health issues in Indonesia, with a reported prevalence of 7%. The primary pharmacological treatments include antidepressants particularly selective serotonin reuptake inhibitors (SSRIs) and anxiolytics such as benzodiazepines. This study aims to examine the characteristics of antidepressant and anxiolytic therapy among outpatients at the Psychiatric Clinic of RSKD South Sulawesi Province in 2024, based on age, gender, drug class, and dosage. A descriptive cross-sectional observational design was employed through a review of medical records. Based on this approach, the study found that most patients were aged  $\geq 50$  years, with anxiety disorders more commonly diagnosed in males, while mixed disorders were more frequent in females. Benzodiazepines were the most prescribed (50%), followed by SSRIs (20%). The most common combination therapy was tricyclic antidepressants (TCAs) with benzodiazepines. Alprazolam was the most frequently prescribed medication. Although combination therapy is widely used, it requires careful monitoring due to the risk of dependency.

**Keywords** : Antidepressants, Anti-anxiety, Mental Disorders

## Abstrak

Gangguan jiwa, seperti depresi dan kecemasan, merupakan masalah kesehatan yang umum di Indonesia dengan prevalensi 7%. Terapi farmakologis utama meliputi antidepresan, terutama golongan SSRI, dan anti-ansietas seperti benzodiazepin. Penelitian ini bertujuan mengetahui karakteristik terapi antidepresan dan anti-ansietas pada pasien rawat jalan di Poli Jiwa RSKD Provinsi Sulawesi Selatan tahun 2024 berdasarkan usia, jenis kelamin, golongan obat, dan dosis. Studi ini menggunakan desain deskriptif observasional potong lintang melalui telaah rekam medis. Hasil menunjukkan pasien terbanyak berusia  $\geq 50$  tahun, dengan kecemasan lebih sering pada laki-laki dan gangguan campuran lebih banyak pada perempuan. Benzodiazepin paling banyak digunakan (50%), disusul SSRI (20%), dan kombinasi TCA-benzodiazepin menjadi terapi kombinasi yang paling umum. Alprazolam menjadi obat yang paling sering diresepkan. Kombinasi obat umum digunakan namun perlu pemantauan ketat karena risiko ketergantungan.

**Kata kunci** : Antidepresan, Antiansietas, Gangguan Jiwa

## INTRODUCTION

Mental disorders are conditions characterized by disturbances in thought

patterns, emotions, and behaviors that impair an individual's social functioning, occupational performance, and interpersonal relationships. In Indonesia,

mental disorders remain a major public health concern. National data indicate that the prevalence of emotional mental disorders reaches 7%, with considerable variation across provinces, reflecting a high burden of cases in several regions. Depressive disorders and anxiety disorders are the most commonly encountered mental health conditions in the community. Rapid social and cultural changes, urbanization, and increasing life demands contribute substantially to heightened psychological stress, thereby increasing the risk of mental disorders.<sup>1</sup>

Pharmacological therapy plays a crucial role in the management of mental disorders, particularly depression and anxiety. Antidepressants and anti-anxiety medications are the most frequently prescribed drug classes in clinical practice, especially in outpatient psychiatric settings. In routine clinical care, combinations of antidepressants and benzodiazepines are often prescribed to manage comorbid symptoms such as insomnia, agitation, and somatic complaints accompanying the primary disorder. This therapeutic approach is considered effective in accelerating treatment response and improving patients' quality of life. Nevertheless, combination therapy may involve complex drug interactions, highlighting the importance of appropriate drug selection and accurate dosage determination to prevent adverse effects and potential complications.<sup>2,3</sup>

Depressive and anxiety disorders are among the most prevalent mental health conditions and impose a substantial burden on patients' quality of life and daily functioning. Pharmacological treatment remains a central component in their management, either as monotherapy or

combination therapy. In patients with moderate to severe conditions, combination regimens are frequently employed to control overlapping symptoms. However, such therapeutic strategies may increase the risk of adverse drug reactions, drug interactions, and dependence if not carefully monitored.<sup>4</sup>

Despite the widespread use of antidepressant and anxiolytic combination therapy, data describing prescribing patterns in provincial-level mental health facilities in Indonesia remain limited, including in South Sulawesi Province. Most previous studies have been conducted in psychiatric hospitals located in Java and have primarily focused on treatment effectiveness or prescribing accuracy rather than real-world patterns of medication use.<sup>5</sup> Consequently, descriptive evidence regarding the characteristics of antidepressant and anxiolytic therapy among outpatient psychiatric populations in Eastern Indonesia remains scarce.

Furthermore, information on the association between patient characteristics such as age and sex and the selection of drug classes, dosage regimens, duration of therapy, and the use of combination therapy in routine outpatient psychiatric practice has not been adequately documented. Addressing this knowledge gap is essential to provide baseline descriptive data that may support future analytical research and contribute to the evaluation of pharmacotherapy practices in regional psychiatric services.

Based on this background, the present study aims to describe the characteristics of antidepressant and anxiolytic drug use among outpatients at

the Psychiatric Clinic of RSKD South Sulawesi Province in 2024, focusing on patient age, sex, prescribed drug classes, dosage regimens, and duration of therapy. This study hypothesizes that distinct descriptive patterns exist in the use of antidepressant and anxiolytic medications, either as monotherapy or combination therapy, among outpatient psychiatric patients at the Psychiatric Clinic of RSKD South Sulawesi Province in 2024.

## METHODS

This study used quantitative study with descriptive observational analytic using cross-sectional design with data sources in the form of medical records of outpatients at the Psychiatric Clinic of RSKD South Sulawesi Province who visited throughout January to December 2024. The study population were all patients with a diagnosis of depression, anxiety, or mixed depression-anxiety disorder based on ICD-10 codes F32-F33, F41.0, and F41.2. Inclusion criteria included patients receiving antidepressant therapy, anti-anxiety therapy, or combination of both, while exclusion criteria included patients receiving more than two different drug classes, patients who dropped out treatment before evaluation or incomplete medical records.

Sample selection was done using a total sampling technique, obtaining 30 patients who met the criteria. The variables studied included age, gender, diagnosis, drug class, drug type, daily dosage, and therapy combination. The dosage referred to is last dose prescribed on last visit in 2024, while the drug classes are classified based on pharmacological categories, namely SSRI, TCA, benzodiazepine and

non-benzodiazepine. Data were analyzed descriptively with frequency distribution and percentage using the SPSS program.

This study has received ethical approval from the Health Research Ethics Committee of the Faculty of Medicine, Universitas Muslim Indonesia, with approval number 215/A.1/KEP-UMI/IV/2025. This research used secondary data obtained from medical records, and patient identity was kept confidential throughout the study in accordance with ethical research principles.

## RESULTS

Based on the results of the study involving 30 respondents, the distribution of age and sex characteristics among patients with depression, anxiety, and comorbid depression - anxiety disorders is described to provide an overview of demographic patterns among outpatients at the Psychiatric Clinic of RSKD South Sulawesi during the study period. Categorical variables, including age groups, sex, psychiatric diagnoses, drug classes, dosage categories, and therapy combinations, were analyzed descriptively and presented as frequencies and percentages. No inferential statistical testing was performed due to the descriptive nature of the study. Data processing and analysis were conducted using the Statistical Package for the Social Sciences (SPSS) software. Values are presented as number of patients (n) and percentage (%).

**Table 1.** Frequency and Percentage of Antidepressant and Anxiolytic Drug Use by Diagnosis and Age Among Outpatient Psychiatric Patients at RSKD South Sulawesi, 2024

Diagnosis	Age (Year)	n	%
Depression	≤ 19	1	3,33
	20–29	1	3,33
	30–39	1	3,33
	40–49	1	3,33
Anxiety	30–39	5	16,67
	40–49	4	13,33
	≥ 50	6	20
Anxiety Depression disorder	20–29	2	6,67
	30–39	2	6,67
	40–49	1	3,33
	≥ 50	2	6,67
Total		30	100,0

Source : Secondary Data 2025, analyzed by IBM SPSS statistical software.

Table 1. shows that patients with depressive disorders were most commonly found in the  $\geq 50$  age group, indicating a tendency for this disorder to occur in older adults. For anxiety disorders, the  $\geq 50$  age group was also the most dominant, with 6 patient (20%). Meanwhile, mixed anxiety and depressive disorders were evenly distributed across the age groups 20-29, 30-39, and  $\geq 50$  years, with 2 patients (6,67%) in each group. This suggests that mixed disorders are beginning to appear during productive age, not limited to older populations.

**Table 2.** Frequency and Percentage of Antidepressant and Anxiolytic Drug Use by Diagnosis and Sex Among Outpatient Psychiatric Patients at RSKD South Sulawesi, 2024

Diagnosis	Sex	n	%
Depression	Male	4	13,33
	Female	4	13,33
Anxiety	Male	9	30
	Female	6	20
Anxiety Depression disorder	Male	3	10
	Female	4	13,33
Total		30	100,0

Source : Secondary Data 2025, Analyzed by IBM SPSS statistical software.

Table 2 shows that anxiety disorders were more frequently observed among male patients (30%) than female patients (20%) in this outpatient population. This finding may reflect differences in help-seeking behavior, occupational stress exposure, and sociocultural roles, rather than indicating a true gender-based prevalence difference. For depressive disorders, the proportion of male and female patients was equal (13.3% each), suggesting a relatively balanced distribution in this study sample. Mixed depression–anxiety disorders were slightly more common among female patients (13.3%) compared to males (10%). This pattern may be influenced by a combination of biological factors, such as hormonal fluctuations, and sociocultural factors, including psychosocial stressors and greater symptom reporting among females. However, as this study is descriptive and no statistical testing was performed, these findings should be interpreted cautiously and may not represent broader population trends.

**Table 3.** Frequency and Percentage of Antidepressant and Anxiolytic Drug Use by Drug Class and Medication Type Among Outpatient Psychiatric Patients at RSKD South Sulawesi, 2024

Drug Class	Medication Type	n	%
Antidepressant	TCA	2	6,7
	SSRI	6	20,0
Anti-anxiety	Benzodiazepine	15	50,0
	Non-Benzodiazepine	0	0,0

Antidepressant-Anti-anxiety Combination	TCA + Benzodiazepine	4	13,3
	TCA + SSRI + Benzodiazepine	2	6,7
	SSRI + Benzodiazepine	1	3,3
Total		30	100

Source : Secondary Data 2025, analyzed by IBM SPSS statistical software.

**Table 4.** Frequency and Percentage of Antidepressant and Anxiolytic Drug Use by Drug Class and Specific Medication Dosage Among Outpatient Psychiatric Patients at RSKD South Sulawesi, 2024

Drug Class	Medication type	n	%
Antidepressant	Amitriptyline (1×25mg)	2	6,7
	Fluoxetine (1 × 10 mg)	5	16,7
	Sertraline (1 × 50 mg)	1	3,3
Anti-anxiety	Alprazolam (1 × 0,5 mg)	3	10,0
	Alprazolam (1 × 1 mg)	7	23,3
	Clobazam (1 × 10 mg)	3	10,0
	Lorazepam (1 × 2 mg)	2	6,7
Antidepressant-Anti-anxiety Combination	TCA (Maprotiline 1 × 50 mg) + Benzodiazepine (Clonazepam 1 × 2 mg)	2	6,7
	Benzodiazepine (Alprazolam 1 × 0,5 mg) +TCA (Amitriptyline 1 × 25 mg)	1	3,3
	Benzodiazepine (Alprazolam 2 × 0,5 mg) +TCA (Amitriptyline 2 × 25 mg)	1	3,3
	TCA (Amitriptyline 1 × 25 mg) + SSRI (Fluoxetine 1 × 20 mg) + Benzodiazepine (Alprazolam 3 × 1 mg)	1	3,3
	Benzodiazepine (Alprazolam 3 × 1 mg) +SSRI (Fluoxetine 1 × 20 mg) + TCA (Imipramine 1 × 50 mg)	1	3,3
	SSRI (Fluoxetine 1 × 20 mg) + Benzodiazepine (Alprazolam 2 × 1 mg)	1	3,3
	TOTAL		30

Source : Secondary Data 2025, Analyzed by IBM SPSS statistical software.

Table 3 shows that benzodiazepines were the most frequently prescribed anxiolytics, used by 15 patients (50%) either as monotherapy or in combination with antidepressants. Among antidepressants, SSRIs were more commonly prescribed (6 patients, 20%) than TCAs (2 patients, 6.7%), reflecting a preference for SSRIs due to their better safety profile and fewer side effects. Combination therapy was also observed, with TCA + benzodiazepine being the most frequent regimen (4 patients, 13.3%), followed by TCA + SSRI + benzodiazepine

(2 patients, 6.7%) and SSRI + benzodiazepine (1 patient, 3.3%), likely aimed at managing severe or overlapping symptoms. No non-benzodiazepine anxiolytics were used, despite their potential as a long-term alternative with lower dependency risk. These findings highlight variability in pharmacological approaches for outpatient psychiatric care; however, as prior treatment response was not assessed, it cannot be confirmed whether patients receiving triple therapy met criteria for treatment-resistant depression. Overall, benzodiazepines

remain a mainstay in anxiety management, while SSRIs are preferred for depression, though careful monitoring is necessary to prevent dependence.

Based on Table 4, among 30 patients, benzodiazepines and their combinations with antidepressants dominated the treatment regimens. Monotherapy with antidepressants was less common, with Fluoxetine 10 mg once daily being the most frequently prescribed (16.7%), followed by Amitriptyline 25 mg (6.7%) and Sertraline 50 mg (3.3%). Benzodiazepines were widely used, particularly Alprazolam 1 mg once daily (23.3%), followed by Alprazolam 0.5 mg (10%), Clobazam 10 mg (10%), and Lorazepam 2 mg (6.7%). Combination therapy was observed in 7 patients (23.3%), with dual-class regimens, most commonly TCAs with benzodiazepines, used in 5 patients (16.7%) to manage overlapping depression and anxiety symptoms or sleep disturbances. Triple-drug combinations, involving a TCA, an SSRI, and a benzodiazepine, were given to 2 patients (6.7%) with more complex symptom profiles, likely reflecting the need for enhanced antidepressant efficacy alongside anxiolytic and sedative effects. These findings indicate variability in outpatient pharmacological strategies; however, as this study was descriptive and prior treatment response was not assessed, it cannot be confirmed whether triple therapy was used for treatment-resistant depression. Overall, Alprazolam remained the most frequently used benzodiazepine, emphasizing the need for careful monitoring to prevent dependence and adverse effects, especially in long-term therapy.

## DISCUSSION

The study results show that the majority of patients with depression and anxiety disorder came from the age group  $\geq 50$  years. This age is often marked by major physical, social, and psychological changes, such as loss of a partner, declining bodily function, and feelings of alienation within the family. These factors can trigger emotional stress that leads to mental disorders. Decreased cognitive functions, such as memory and concentration, also worsen depressive conditions in the elderly. Biologically, depression and cognitive disorders are linked through decreased neurotransmitters and damage to certain brain areas such as the hippocampus. In some severe cases, anxiety in the elderly even resembles symptoms of dementia (pseudodementia), but these symptoms are reversible if the emotional disorder is handled well. Research by Nazution et al.(2024) confirms that the elderly period is a vulnerable time for mental disorders due to various psychosocial pressures.<sup>6,7</sup>

The findings of this study also showed that the number of male and female patients with depression tended to be relatively balanced. This differs from common assumptions that suggest females are more likely to experience depression. This discrepancy may be due to limitations in sample size, respondent characteristics, and individual differences in expressing symptoms. Biologically, females tend to be more vulnerable to emotional instability due to hormonal fluctuations. However, males also experience significant psychosocial stress, particularly in the workplace, social environments, and relationships, which may trigger depressive symptoms. In males, depressive symptoms

often manifest as irritability, sleep disturbances, or unhealthy behaviors, making them more difficult to identify as depression. This may contribute to underdiagnosis in male and lead to a perception that prevalence is balanced.<sup>8,9</sup>

The finding that anxiety disorders were more frequently observed among male patients in this study differs from commonly reported epidemiological patterns. However, this result should be interpreted with caution, as the study involved a limited sample size and was conducted in a single outpatient setting. These factors may have influenced the observed distribution and limit the generalizability of the findings. As no statistical analysis was performed to assess gender differences, the present data do not allow conclusions regarding true gender-related prevalence of anxiety disorders. Therefore, the observed pattern is best viewed as a descriptive finding within this study population rather than evidence of a broader epidemiological trend.<sup>10,11</sup>

Mixed symptoms of anxiety and depression were more frequently found among females, although the difference was not statistically significant. This may be related to the burden of dual roles, such as demands at work and within the family, as well as a tendency toward repetitive thinking patterns that can exacerbate mood disturbances. Hormonal influences also contribute to emotional instability, making females more susceptible to overlapping emotional symptoms. Moreover, women's tendency to be more open about their feelings and to seek help more readily leads to mixed emotional disorders being more frequently identified in the female population.<sup>12,13</sup>

The use of antidepressants at the South Sulawesi Provincial Mental Hospital in 2024 was dominated by the selective serotonin reuptake inhibitor (SSRI) class, particularly among elderly patients diagnosed with moderate depressive episodes (F32.1). The selection of SSRIs such as sertraline and escitalopram was based on their more favorable safety profile, especially in patients with comorbid conditions. Serotonin-norepinephrine reuptake inhibitors (SNRIs) such as venlafaxine demonstrated high efficacy however, their use remained limited due to side effects and cost considerations. Tricyclic antidepressants (TCAs) continued to be prescribed, particularly in cases of severe symptoms or treatment resistance, although their administration required caution due to cardiovascular and anticholinergic side effects. Monoamine oxidase inhibitors (MAOIs) were rarely used due to their high potential for drug interactions and limitations within the national health insurance system.<sup>14,15</sup>

In the treatment of anxiety disorders, benzodiazepines such as alprazolam and clobazam were frequently prescribed to alleviate acute symptoms due to their rapid onset of action. However, their use was restricted to short-term periods because of the risks of tolerance and dependence, particularly in elderly patients. Non-benzodiazepine agents such as buspirone and pregabalin were not widely utilized as they were not included in the national formulary (Fornas), making them inaccessible to patients covered by BPJS (Indonesia's National Health Insurance). This indicates that the availability in the official formulary significantly influences

prescribing patterns in healthcare facilities.<sup>16,17</sup>

Combination therapy of antidepressant and anxiolytics is frequently used in patients with mixed diagnoses or severe symptoms. The combination of tricyclic antidepressants (TCAs) and benzodiazepines is commonly prescribed for anxiety-depression disorders, while selective serotonin reuptake inhibitors (SSRIs) combined with benzodiazepines are typical for generalized anxiety disorder (Jeong, H.E., et al. 2020). In some severe cases, triple therapy involving TCAs, SSRIs, and benzodiazepines is employed under strict monitoring. This combination reflects an individualized therapeutic approach based on diagnosis and patient response.<sup>18</sup>

Therapeutic choices also take into account both efficacy and tolerability. Amitriptyline, as a TCA, is still used at low doses, particularly for insomnia or neuropathic pain. The use of fluoxetine at 10mg/day reflects caution regarding early activation side effects. Sertraline at standard dose is frequently preferred due to its low anticholinergic risk, making it ideal for geriatric patients. High-dose alprazolam combined with fluoxetine or imipramine poses risks of excessive sedation and dependence. The interaction between fluoxetine and TCAs also increases the risk of toxicity, necessitating close monitoring.<sup>19,20</sup>

In general, the medication regimens observed in this study align with the national formulary (Fornas) guidelines, except for some combinations such as maprotiline. This indicates that clinicians continue to adapt therapy based on

individual clinical needs. Such adjustments highlight the necessity for periodic evaluation of the fornas to better reflect current clinical requirements

## CONCLUSION

This study of outpatients at the Psychiatry Clinic of RSKD South Sulawesi in 2024 found that most patients with depression and anxiety were aged  $\geq 50$  years, with gender distribution varying by diagnosis. Benzodiazepines were the most commonly prescribed drugs for anxiety, while SSRIs were the first-line treatment for depression, and TCAs were reserved for severe or SSRI-resistant cases, with combination therapy used for mixed or severe symptoms and dose adjustments applied, particularly in elderly patients. Clinically, these findings underscore the need for cautious benzodiazepine prescribing, including regular review of treatment duration, dose optimization, and close monitoring for dependence and cognitive side effects, while prioritizing SSRIs for depression and strengthening patient education. Future research should include more detailed clinical data and longitudinal follow-up to evaluate treatment outcomes and safety, particularly the real-world effectiveness and adverse effects of benzodiazepines in older adults, as well as alternative anxiolytic and non-pharmacological interventions.

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