

Revision 3 (30 August 2022)

REAP-AD3 Core-members Meeting on 30 August 2022 @zoom



<Revised version after the meeting>

Plan of Action: REAP-AD3 (2022-2023)

Aims:

- 1) Follow up survey of REAP-AD 1 (2004) and REAP AD 2 (2013)
- 2) With the additional survey on the impacts of COVID-19 in Asia.
- 3) [Option: non-mandatory] Adding self-rated questionnaires for patients including PHQ-9, GAD, HQ-25M, and COVID-fear Scale (this data should be directly obtained from each patient)

Preparation:

1. November 2021: Draft Proposal submitted by Prof S C Park
2. January to June 2022: Review and modification of the draft proposal.
3. August 2022: Final Agreement by drafting members

[Tasks: September 2022]

4. Submission of the revision of the IRB approval based on the previous REAP survey (Kyushu University-Japan, Taiwan, Korea, Singapore, Macao, mainland China and each other center). For example, Kyushu University has already agreed to conduct a series of REAP

surveys, thus just adding this new survey for the previous one.

5. REAP AD-3 survey online platform (draft) has already been produced by Taipei Medical Center, which we will mainly use for data input.
http://59.127.122.123/international/_ver2022/P_first.php
(Need to be some modifications)

Data Form
(Data should be Inputted by physician in charge)

Inclusion criteria
Patient who is receiving antidepressant on the day of survey.

Date of Survey: -- / -- / 2022 (Date of Prescribed)
Serial number: 00000
Patient No:
(Please count at each physician's level from the number one)
Patient ID:

Corresponding antidepressants are listed in [Table I](#) of [appendix](#). Please refer to and write down all of the prescribed antidepressants' codes (101-162) and names in the table below.

code	generic names	Action
For example		
120	fluoxetine	
+		

previous Next(save) next

6. Pilot test: try about 3-5 cases in Korea, Japan and Taiwan (during September).

7. Feedback each other about the pilot test
8. Confirmation of the sheets, sites and time of the participating centers

Official Survey Period October 2022 to February 2023

9. Dr. Lin, Prof. Park and Kato will announce the start of our collection by official letter.
10. Around 15 countries and areas (which participated REAP-AP 4 Survey in 2016) will be invited to join. Iran (Dr. Amir) wishes to join.
11. Each country and areas are asked to collect at least 100 cases (prescriptions) based on the REAP-AD 3 data form.
12. Each country and areas will collect the data depending on number and size of participating center. The maximum number from one country is 300.
13. Each country and areas will have 1 to 10 centers (Maximum 10)
14. Each country and areas may wish to have one coordinator (Please nominate)

15. Participating members will input the data on the following methods:

1) the web-based survey entry form prepared at the Taipei city medical center

2) Or, send the completed PDF sheets to Fukuoka center (Kyushu University)

3) Or, Share the excel file with the data by own data collection method

[All the data will be shared among the core members of this REAP-AD3; Taiwan, Japan, Korea and etc...]

16. The results will be presented at domestic and international congress and through scientific papers.

[Additional points were proposed on the August meeting]

- We will also announce our REAP-AD3 project to some networks such as AFPA.
- Collecting the information of CRPD (proposed by Prof. Sartorius)

<Next Zoom Meeting of the REAP-AD3>

Monday, 26th September 2022

1900-2000 Korea/Japan time (GMT+9)

1800-1900 Taiwan/Singapore/Macao Time (GMT+8)

1200-1300 Switzerland time

<https://us02web.zoom.us/j/84970166882?pwd=VGJoa1A5Y3FiRm1qb3hOZzd1R3lNUT09>

ID: 849 7016 6882

Pass cord: reepad3

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