

Protocol for the Management of Depression in Primary Care

Aims:

- To recognise depression in primary care.
- To manage mild, moderate and severe depression within primary care within a structured framework.
- To involve specialist mental health teams, including crisis teams, in the management of severe, treatment resistant, atypical and recurrent depression and for those at significant risk.
- To treat depression as the priority in co-morbid depression and anxiety.

Background and Recommendations:

- NICE guidelines recommend the stepped care model for the management of depression in primary and secondary care.
- Mild depression:
 - Watchful waiting, guided self-help, computerised CBT, exercise, brief psychological interventions.
- Moderate depression:
 - Antidepressant medication, psychological interventions, social support.

Antidepressant Medication:

- Antidepressant medication is not recommended in the management of mild depression.
- Antidepressant medication should be offered routinely to all patients with moderate depression and before psychological interventions.
- An SSRI should be used first line unless contraindicated e.g. fluoxetine or citalopram. The SSRIs are as effective as tricyclic antidepressant and are less likely to be discontinued due to side effects.
- Sertraline is recommended for the treatment of depression in patients with IHD.
- Antidepressant medication should be continued for:
 - 6 months after remission of symptoms in a first episode of depression.
 - 2 years after remission of symptoms if the patient has had two or more previous episodes of depression.
 - Patients on maintenance treatment should be re-evaluated, with consideration for age, co-morbid conditions and other risk factors, to continue their maintenance treatment beyond 2 years.
- Consider switching to an alternative antidepressant if there has been no response after 4 weeks; wait until 6 weeks if there has been a partial response.
- Patients <30 years of age, and patients considered to present an increased suicide risk, should be monitored 1 week after commencement of antidepressants and frequently thereafter as appropriate.

Depression Screening Tools:

Screening questions should be asked when patients present with symptoms suggestive of depression, or are patients within a high-risk group i.e. a previous history of depression, existing chronic disease, physical illness causing disability, dementia, or other mental health problems.

Two Question Screen plus Help Question:

1. During the past month have you often been bothered by feeling down, depressed or hopeless?
2. During the past month have you often been bothered by little interest or pleasure in doing things?
3. Is this something you would like help with?

If the patient responds yes to either 1 or 2 and would like help then consider asking more detailed questions using the DSM-IV diagnostic criteria for depression.

Depression Questions

1. Has it been interfering with your life for the past 2 weeks?
2. Have you lost interest in things?
3. Do you feel tired or lacking in energy?

4. Have you lost confidence in yourself?
5. Do you find it difficult to concentrate?
6. Do you find you are not sleeping well?
7. Have you lost your appetite/weight?
8. Do you feel guilty about things?
9. Do you feel you are being punished?
10. Do you feel that life is not worth living anymore?
11. Have you ever thought about ending it all?

Duration:

- How long have you felt like this?
- Does this last for most of the day?
- Do you feel like this most days?

Mild Depression:

Positive answer to two questions from 1-3, plus 2 others from questions 4-11.

Moderate Depression:

Positive answer to two questions from 1-3, plus 3 or more from questions 4-11.

Severe Depression:

Positive answer to most questions, especially Q.8 and Q.10, guilt and life not worth living.

Assessment of Suicide Risk

Do you feel life is not worth living anymore?	1
Have you felt like acting on this?	2
Have you made any plans?	3
Have you tried before?	4

1 = Yes

1 and 2 = Yes

1, 2, 3 and 4 = Yes

Treat depression, assess suicide risk at each visit, see again.

Treat, Samaritans, ? refer.

Urgent referral to crisis team.

Depression Management:

- Mild depression – see Mild Depression Care Pathway.
- Moderate depression – see Moderate Depression Care Pathway.

References:

Management of Depression in Primary and Secondary Care – NICE Clinical Guideline (23) December 2004.

Arroll, Goodyear-Smith et al Effect of the addition of a ‘help’ question to two screening questions on specificity for diagnosis of depression in general practice: diagnostic validity study. *BMJ* 10, 1136, September 2005.

Depression Toolkit – The Macarthur Initiative on Depression in Primary Care. <http://www.depression-primarycare.org/> 2004.