**Primary Care Guidelines for Depression in Adults**

**Nottingham City PCT and Nottinghamshire County teaching PCT and Bassetlaw PCT**

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**Perceived low Mood**
- **General advice, watchful waiting**

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**Suicide Risk Assessment**
- **Assessment of Depression in GP practice**

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**High risk / severe depression?**
- **NO**
  - **Mild depression**
    - **See Boxes 2, 4**
    - **Non-Pharmacological Therapies**
      - **First Line SSRI**
        - **FLUOXETINE**
        - **CITALOPRAM**

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**Moderate depression**
- **Urgent Referral**
  - **Community Mental Health Team (CMHT): Single point of access**
  - **Crisis resolution team**
  - **Primary Care Liaison team**

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**Improvement**
- **Referral back to GP practice**

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**Primary Care Based Specialists in Mental Health**
- **Improvement**
  - **Referred back to GP practice**

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**Nottinghamshire Healthcare NHS Trust**
- **Improvement**
  - **General advice, watchful waiting**

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**Second line: Different SSRI to first line or change class**
- **NO IMPROVEMENT**
  - **See Box 7**

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**Exit**

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**Further support information:**
- See Boxes 1, 2 and 5
- See Boxes 3
- See Boxes 9, 10, 11, 12

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- Continue antidepressant for at least 6 months after remission.
- After 6 months review need for further treatment.
- Take into account number of previous episodes, presence of residual symptoms & concurrent psychosocial difficulties.
- When stopping medications, reduce the dose gradually over at least 4 weeks.
Recognition of depression

Ask: “During the last month, have you often been bothered by feeling down, depressed or hopeless?”
“During the last month, have you often been bothered by having little interest or pleasure in doing things?”

Key symptoms:
- Persistent sadness or low mood; and/or
- Loss of interest or pleasure
- Fatigue or low energy

At least one of these symptoms, most days, most of the time for at least 2 weeks could indicate depression. In older people take care to exclude physical conditions and dementia. Remember to take an alcohol history, ask about substance misuse and self-medication.

Severity of Depression

If Key symptoms (see box 1) are present, ask about these 7 associated symptoms (use PHQ9 questionnaire):
- Disturbed sleep
- Poor concentration or indecisiveness
- Low self-confidence
- Poor or increased appetite
- Suicidal thoughts or acts
- Agitation or slowing of movements
- Guilt or self-blame

ICD-10 definitions

Symptoms should be present for a month or more, most of every day
- Mild depression = 4 symptoms
- Moderate depression = 5 or 6 symptoms
- Severe depression = 7 or more symptoms ± psychotic features.

Management
- 4 or fewer symptoms, no past or family history, good social support, not actively suicidal, little social disability = general advice, self-help and watchful waiting.
- 5 or more symptoms, past history or family history of depression, low social support, suicidal thoughts, associated social disability = active treatment in primary care.
- Poor or incomplete response to 2 interventions, recurrent episode within 1 year of last one, patient or relatives request referral, self-neglect, family history of bipolar disorders, history of an episode of elevated mood, perinatal depression = referral to MH professionals (could be within primary care – for perinatal depression please consult perinatal psychiatric services)
- Actively suicidal ideas or plans, psychotic symptoms, severe agitation, severe self-neglect = urgent referral to secondary care.

Suicide risk assessment

Asking questions about suicidal ideas and intentions does not increase the risk of suicide. The following questions could be asked:
- Do you see a future for yourself?
- Have you experienced ideas of harming yourself?
- If 'yes' to the above, have you made specific plans? (The more detailed the plans, the higher the risk)
- What has stopped you acting so far?
- What could make it easier for you to cope?

The following factors in the presence of suicidal intent or previous attempt may indicate a high risk of suicide:
- A medically serious act of deliberate self-harm
- Precautions having been taken against being found
- Previous episodes of deliberate self-harm
- Depression and psychoses
- Substance misuse
- Co-morbidity
- Impulsive and aggressive personality traits
- Loneliness and lack of a social network

An interested clinician who listens to what their patients are saying is one of the best tools for assessing suicide risk.

Non-Pharmacological Therapies

MILD Depression
Antidepressants are not recommended for the initial treatment of mild depression unless depression persists after other interventions, or is associated with psychosocial & medical problems, or if a patient with a history of moderate to severe depression presents with mild depression. Consider referral to a primary care-based mental health specialist.

For patients with mild depression, health care professionals should consider non-pharmacological therapy.
- Watchful waiting. Review in 2 weeks
- Sleep hygiene/anxiety management
- Structured exercise programme/healthy diet/avoid alcohol
- Guided Self-help (e.g. books, leaflets, websites etc)
- Computerised CBT programmes as recommended by NICE may be considered – their availability are variable and are English only

MODERATE Depression
Consider referral to a primary care-based mental health specialist. In moderate depression, offer antidepressant medication to all patients routinely, before psychological interventions including above.
CHILDREN & YOUNG PEOPLE

**MILD Depression:** Antidepressant treatment should not be used for the initial treatment of children & young people with mild depression.

**MODERATE Depression:** Children & young people with moderate to severe depression should be offered as a first line of treatment, a specific psychological therapy.

Antidepressant therapy should not be offered to children & young people with moderate to severe depression except via Children and Adolescent Mental Health Services (CAMHS).

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**First Line Antidepressants**

Consider what has worked well in the past.

A generic SSRI should be first-line with starting dose: FLUOXETINE 20mg or CITALOPRAM 20mg (elderly/infirm CITALOPRAM 10mg).

When starting treatment tell the patient about potential side effects and risk of discontinuation / withdrawal side effects. Advise effective dose will be continued for at least 6 months. For patients with ischaemic heart disease consider SERTRALINE.

Little or no response in 4 weeks then increase dose of initial drug for further 2-4 weeks. After that consider different SSRI or alternative class, again titrating up dose. Continuing failure to respond, assess compliance, reconsider diagnosis, exclude alcohol abuse and consider referral. For side effects & contraindications see BNF 4.3.

**Stopping SSRIs** should be pre-planned and done gradually over a 4-6 week period to minimise discontinuation effects, longer if on higher dose SSRI. (Avoid mid-winter/Christmas for stopping).

**Consider before switch to second line antidepressant**

If partial response wait up to 6 weeks in adults and up to 12 weeks in elderly.

If no response check drug is being taken regularly at required dose. If no response after 4 weeks increase the dose within BNF recommended effective dose range. If no response after a further 2-4 weeks (4-6 weeks in elderly) switch. Be aware wash out period may be required.

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**Second Line Antidepressants**

**SWITCH TO A DIFFERENT SSRI (e.g. CITALOPRAM or FLUOXETINE)** or consider changing class. In no particular order:

- MIRTAZAPINE (NaSSA) – can be sedative and cause weight gain.
- REBOXETINE (NRI) - not recommended in the elderly.
- TRICYCLIC ANTIDEPRESSANTS (TCA) - e.g LOFEPRAMINE (least toxic in overdose). Start TCA on a low dose and increase to 125-150mg/day if tolerated. Perform a baseline ECG in patients with cardiovascular disease. Do not initiate DOSULEPIN- highly cardiotoxic.
- VENLAFAXINE (SNRI) Usual dose range 75-225mg/day (Green). Contraindicated in patients with high risk of a serious cardiac ventricular arrhythmia and uncontrolled hypertension. Use with caution in patients with established cardiac disease. Check BP at baseline, 4 weeks, 8 weeks and every 6 months (every 3 months for patients prescribed >225mg/day, and if evidence of sustained increase either reduce dose, change antidepressant or initiate antihypertensive.
- MOCLOBEMIDE (RIMA).

**When switching antidepressants**

- Be aware of interactions between antidepressants and the risk of serotonin syndrome when combinations of serotonergic antidepressants are prescribed (e.g. SSRI, CLOMIPRAMINE, VENLAFAXINE, LITHIUM, RIMA/MAOI). Features include confusion, delirium, shivering, sweating, changes in BP, and myoclonus.
- When switching from CITALOPRAM or SERTRALINE to a different SSRI withdraw the first SSRI and start the second SSRI at half the usual starting dose and increase after 1 week if tolerated. If switching from FLUOXETINE it may be sensible to leave a 4-7 day washout period before starting the second SSRI given its long half-life.

For further advice on switching different antidepressants refer to the Maudsley Prescribing Guidelines or contact your Mental Health Trust pharmacist.

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**Intervention not to be initiated by GP**

The following interventions should not normally be initiated by the GP without specialist mental healthcare professional involvement:

- Combinations of antidepressants except in short-term cross-tapering.
- Raising the dose of any antidepressant above it’s maximum BNF limit.
- DOSULEPIN (Amber 2).
- LITHIUM augmentation (Amber 1/2 - refer to local protocol/guideline).
- MAOI e.g. PHENELZINE (Amber 2).
- "Higher-dose" VENLAFAXINE 300-375mg daily (Amber 1 - refer to local protocol/guideline).

St John’s Wort should not be prescribed or advised for purchase.
**SUPPORT FOR DEPRESSION COUNSELLING**

*British Association for Counselling and Psychotherapy:*
Keeps a directory of registered private counsellors and psychotherapists in all areas of the country.
Tel: 0870 443 5252  [www.bacp.co.uk](http://www.bacp.co.uk)

*Nottingham Counselling Service:*
Provides confidential, subsidised, therapeutic counselling on a long-term basis to anyone over 20 years of age. There is a waiting list and a sliding scale charge. Open Mon-Fri, 9am – 9pm, Sat 10am – 1pm.
Self-referral. Email: admin@ncservice.fsnet.co.uk

*British Association for Behavioural and Cognitive Psychotherapies:*
Provides a free directory of accredited cognitive behavioural practitioners  [www.babcp.org.uk](http://www.babcp.org.uk)

*Mansfield Counselling Service:*
Provides a counselling service across North Nottinghamshire; also provides a service for young people (11-24) in Mansfield & district.
Tel: 01623 622137  Email: mansfieldcounselling@lineone.net

*CASY:*
Provides free counselling to young people aged 9-25
Newark area – Tel: 07968 517026
Worksop & Ollerton area – Tel: 07967 536605
Email: welcome@casy.org.uk

**SELF-HELP GROUPS**

*Self Help Nottingham:  [www.selfhelp.org.uk](http://www.selfhelp.org.uk)*
Ormiston House, 32–36 Pelham Street, Nottingham, NG1 2EG
0115 911 1661 (9am to 1pm with voice mail)
Minicom: 0115 911 1655
Provides information and access to a variety of self help groups across Nottinghamshire

**USEFUL BOOKS**

*Coping with Anxiety and Depression;* Shirley Trickett, ISBN 0859697622


**COURSES**

Local colleges run short courses throughout the year on topics such as anxiety management, coping with everyday stress, building self-confidence, stress management, Personal Development Courses etc. Many of the courses are free.

**HELPLINES**

*Samaritans*
24 hour confidential emotional support for people experiencing feelings of distress or despair. Local branch at 18, Clarendon Street, Nottingham, is open daily to offer face-to-face support.
Tel: 08457 90 90 90 (local rate); 08457 90 91 92 (text phone)
Email: jo@samaritans.org

*Nottingham Focusline*
Telephone support 24 hours a day, 7 days a week. Support and information for sufferers and carers. Freephone: 08000 27 21 27

*Parentline Plus*
A free confidential helpline offering information, advice and support to parents and families in need. Tel: 0808 8002222
Website:  [www.parentlineplus.org.uk](http://www.parentlineplus.org.uk)

*ChildLine*
Free confidential helpline for children and young people in the UK.
Tel: 0800 1111

**RELATE Nottinghamshire**
Confidential counselling for people experiencing problems in their central adult relationships.
Tel: 0115 950 7836 or 01623 636553

**USEFUL WEBSITES**

[www.mhf.org.uk](http://www.mhf.org.uk); A leading mental health charity. Provides the latest news and events on mental health issues. Also information on problems, treatments and strategies for living with mental distress. Website includes a forum where people can exchange experiences and ideas.

USEFUL WEBSITES - continued
www.dipex.org; Created by doctors. Covers many conditions including mental health. Provides a wealth of information and answers to frequently asked questions. Aimed at patients, carers, family and friends, and also as a teaching resource for health professionals.

www.rcpsych.ac.uk; Royal College of Psychiatrists website. Produces leaflets and fact-sheets on mental health problems.

www.mdf.org.uk; Website of the Manic Depression Fellowship. Advice, support, local self-help groups and publications list for people with a manic depressive illness.

www.depressionanon.co.uk; Website of Depressives Anonymous (Fellowship of) Nottingham-based mutual aid organisation providing self-help groups, newsletters etc. Tel: 0870 774 4320

www.depressionalliance.org; (Local groups) Provides information and self-help groups.

Citizen’s Advice Bureau www.adviceguide.org.uk
Provides free, impartial and confidential advice, with specialist services in Welfare Rights and debt management/counselling,
The main Bureaux in Nottinghamshire are:
Ashfield Tel: 0870 1264873
Mansfield Tel: 01623 627163
Bassetlaw Tel: 01909 476049
Bcroxtowe Tel: 0870 1202426
Newark Tel: 01636 704391
Nottingham Tel: 0870 1264093
Ollerton Tel: 01623 861208

About this Guideline
References:
NICE, Locally approved preferred prescribing list/ Joint Formulary
Authors in Alphabetical order:
Lucia Calland; Mike Caston; Monica Gellaty; Alison Hale; Rosie Hepple; John Lawton; Trevor Mills; Masoud Solaymani-Dodaran; Rowan Tebbutt; Marie Wade (See Anxiety Guideline for details).
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Review process:
Guideline will be updated as needed, depending on any major developments in diagnosis and treatment of depression in adults.

COUNCIL FOR VOLUNTARY SERVICES (CVS)
These organisations can give advice and info on all the community and voluntary services that can provide support

Nottingham Council for Voluntary Service
Nottingham Voluntary Action Centre
7 Mansfield Road, Nottingham, NG1 3FB
Telephone: 0115 934 8400

Bassetlaw CVS
Dukeries Centre, Park Street, Worksop, Nottinghamshire, S80 1HH
Tel: 01909 476118

Mansfield CVS,
Community House, 36 Wood Street, Mansfield, Nottinghamshire, NG18 1QA
Tel: 01623 651177

Newark & Sherwood CVS
85 Millgate, Newark, Nottinghamshire, NG24 4UA
Tel: 01636 679539

Rushcliffe CVS
Park Lodge, Bridgford Road, West Bridgford, Nottingham, NG2 6AT
Tel: 0115 981 6988

Gedling CVS
Park View Offices, Arnot Hill Park, Nottingham Road, Nottingham, NG5 1QA
Tel: 0115 9266750

Ashfield Links Forum
The Council Offices, Fox Street, Sutton-in-Ashfield, Nottinghamshire, NG17 1BD
Tel: 01623 555551

MENTAL HEALTH PHARMACISTS
Wells Road Centre, Tel: 0115 9555357
King’s Mill Hospital, Tel: 01623 622515 Ext 3179

Nottinghamshire Healthcare Trust
Patient advice and liaison service (PALS) Tel: 0800 015 3367
Minicom: 0800 015 3367

jdl. Depression Guideline 08.2008 (3) Ratified