Guideline for Management of Depression and Generalised Anxiety disorder in Primary Care

NHS Kingston Clinical Commissioning Group

This guidance is intended to support clinicians in South West London in the management of depression and anxiety in line with the NICE and the local prescribing policy. Medication is not first-line treatment or the only treatment for depression. It may also be used in combination with psychological therapies. Please refer to NICE guidelines www.nice.org.uk/ CG90 and CG91

STEP 1 Recognition, assessment and initial management

	Depression	Generalised Anxiety
Screening	Screening questions are useful tools to assess whether a patient should be further investigated for depression and anxiety. Review those with long term physical health conditions as they are associated with higher levels of depression compared to the general population. **Undertake screening questions for both Anxiety Spectrum Disorder and Depression before choosing pathway with predominant symptoms to continue**	
Questions to ask	NICE recommends that any patient who may have depression (especially those with a past history of depression or who suffer from a chronic physical illness associated with functional impairment) should be asked the following two questions: • During the last month have you been feeling down, depressed or hopeless? • During the last month have you often been bothered by having little interest or pleasure in doing things? If a patient with a chronic physical illness answers 'yes' to either question, the following three questions should be asked during the last month, have you often been bothered by: • Feelings of worthlessness? • Poor concentration? Thoughts of death	Use the recommended NICE anxiety case finding questions (GAD 2 questions): • During the past four weeks, have you been bothered by feeling worried, tense or anxious most of the time? • Are you frequently tense, irritable and having trouble sleeping?
Assessment	**If screening identifies a possible depression/anxiety, a more comprehensive assessment must be conducted refer to links below:** ***If GPs do not feel competent to perform a mental health assessment in patients with chronic physical health problems, they should consult an appropriate professional**	
	A record of a **bio-psychosocial assessment** of people with depression**.** This should be completed on the same day the diagnosis of depression is recorded in the patient record. Assess for these symptoms to make a diagnosis of depression using the ICD 10 symptoms below: Patient Health Questionnaire (PHQ) available on : EMIS WEB Mentor online or **http://www.patient.co.uk/doctor/patient-health-questionnaire-phq-9** **http://www.psycho-oncology.info/PHQ9_depression.pdf**	Assess the symptoms using Generalised Anxiety Disorder Assessment (GAD 7) available on EMIS Web Mentor or **http://www.patient.co.uk/doctor/generalised-anxiety-disorder-assessment-gad-7**
Questions to ask	**Core symptoms** • Persistent pervasive low mood • Anhedonia – loss of interest in pleasurable activities • Decreased energy • At least one of these, most days, most of the time for at least 2 weeks **Additional Symptoms** • Reduced attention and concentration • Reduced self-esteem and self confidence • Ideas of guilt and unworthiness • Negative image about self and the future • Ideas/acts of self-harm or suicide • Disturbed sleep • Disturbed appetite	• The symptoms must be present for most days for at least several weeks at a time and usually for several months. • Generalised and free floating anxiety. • Persistent symptoms of apprehension, motor tension and autonomic over activity. • Frequent need for reassurance and recurrent somatic symptoms may be prominent. • However, if the person does not fulfil these criteria (sub-threshold symptoms), they should not be dismissed as they may still have potential for considerable morbidity.

Severity of Depressive Episode	No. of presenting core symptoms	No. of presenting additional symptoms
Mild	At least 2	2
Moderate	At least 2	3
Severe	All 3	>4

Rating scales	**Depression self-administered Scale (PHQ-9): ≥12 (max 27) threshold for treatment.**	**Anxiety Scale (Covi): ≥9 clinically relevant**
Risk Assessment & monitoring	**Assessing Risk of Suicide: Ask all suspected patients with depressive symptoms about suicidal ideation and current intent at assessment, follow-up and on initiation and dose changes of antidepressants Further guidance on http://cks.nice.org.uk/depression#!scenarioclarification**	
Questions to ask	Do you ever think about suicide? Do you have the means for doing this available to you?	Have you made any plans for ending your life? What has kept you from acting on these thoughts?
Appropriate Treatment	**Refer to page 2 prescribe in line with NICE Guidance Depression in adults: The treatment and management of depression in adults http://www.nice.org.uk/guidance/CG90**	**Refer to page 2 Generalised anxiety disorder and panic disorder (with or without agoraphobia) in adults: Management in primary, secondary and community care: http://www.nice.org.uk/guidance/cg113**
Advice & Support	**For professionals: www.bnf.org.uk www.medicines.org.uk latest version of Maudsley Prescribing Guide available on www.nhsevidence.nhs.uk via My Library requires Athens access** **SWL STG Medicine Information 0203 513 6829 or SWL STG For Health Professionals: http://www.swlstg-tr.nhs.uk/for-health-professionals/** **For patients & carers: http://www.choiceandmedication.org/swlstg-tr/ www.nhschoices.nhs.uk www.swlstg-tr.nhs.uk/advice-support/** **Homeless Persons Units: www.homelesslondon.org Employment: www.adviceguide.org.uk**	

Medicines Management Team, Kingston CCG
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STEP 2: Persistent sub threshold depressive symptoms or mild to moderate depression /GAD that has not improved after Step 1

No response to Step 1

Depression	GAD
Offer low intensity psychological interventions	
* Individual guided self-help based on (CBT) * Computerised CBT * Structured group physical activity programme	* Individual non-facilitated self-help, * individual guided self-help * Psychoeducational groups

For patients & carers: http://www.choiceandmedication.org/swlstg-tr/ http://www.mind.org.uk/information-support/

Kingston Right Steps Psychological Therapies Service (IAPT): 0203 513 3000
Referrals, Appointments and Enquires email:
Kinston.wellbeingservice@nhs.net
Kingston Wellbeing http://www.kingstonwellbeingservice.org/

If NO benefit from Low intensity psychosocial intervention consider recommendations as per Step 3

Assess response to treatment

Assess after 2 weeks of initiation every 2-4 weeks in the first three months then every 3 months

Under 30 years or suicide risk: Assess within 1 week of initiation and frequently thereafter as appropriate until the risk is no longer considered clinically important.

Actions for Inadequate response to 1st line treatment after 3-4 weeks

Consider:
* Reconfirm diagnosis
* Check compliance with medication
* Review of psychological interventions or consider offering high intensity psychological intervention in addition to treatment
* Regular appointments using outcome monitoring using validated outcome measure
* Check using therapeutic doses.
* Optimise medication regime where appropriate. Refer to latest BNF for current dosages

Continuity of Treatment after effective clinical response

Depression	GAD
First episode : 6 months Recurrent depression: 2 years	Continue for at least a year after response as likehood of relapse is high.

Useful Resources/References

* **www.swlstg-tr.nhs.uk/for-health-professionals**
* **Refer to the latest BNF for guidance on appropriate doses www.bnf.org**
* **Maudsley Prescribing Guideline available on www.evidence.nhs.uk via My Library**
* **CKS Depression: www.cks.nice.org.uk/depression#!prescribing info**
* **NICE CG90 http://pathways.nice.org.uk/pathways/depression**
* **NICE CG113 http://pathways.nice.org.uk/pathways/generalised-anxiety-disorder**

STEP 3: Moderate and Severe Depression/GAD with marked functional impairment or has no improved after Step 2

No response to Step 2

Depression	GAD
Offer High-intensity psychosocial interventions (CBT/IPT) **AND** Antidepressant medication	Offer High-intensity psychosocial interventions (CBT/Applied relaxation) **OR** Antidepressant medication (based on patient preference)

1st line treatment

Depression	GAD
Treatment Threshold: PHQ-9 >12/27 Consider prescribing cost effective SSRI as per formulary recommendation: **Citalopram **** **OR** **Fluoxetine**	Consider a generic cost effective SSRI: **Sertraline (off label)** **(recommended by NICE)** **or Paroxetine** Benzodiazepines not recommended: Only for short term measure during crisis if appropriate: Zopiclone 3.75mg-7.5mg nocte PRN 14 days maximum. (Max 2- 4 weeks)

2nd line treatment

(If unable to tolerate treatment/No response to 1st line drug treatment after 6 week)

Depression	GAD
Consider offering: Alternative SSRI: **Sertraline / paroxetine/fluoxetine** **OR** Alternative antidepressant such as **Mirtazapine** at night Refer to latest BNF for doses.	Consider offering either: High intensity psychological intervention in combination with drug treatment if not already offered OR Alternative SSRI or SNRI such as **Venlafaxine immediate release tablets** **(SWLSTG approved indication)**

3rd line treatment

(If unable to tolerate treatment/No response to 2nd line drug treatment within 6 weeks)

Depression	GAD
Consider offering: **Venlafaxine immediate release tablets** OR Augmentation strategy – Refer to GPwSI/Specialist	Consider either **Pregabalin** (prescribed as one capsule twice daily regime) **only if SSRI or SNRI not tolerated** Do not offer an antipsychotic for treatment of GAD. **Refer to Step 4**

STEP 4: Severe, Chronic or Resistant Depression/GAD with marked functional impairment or High Risk of Suicide or Children & Adolescent or Inadequate response to Step 3

Refer Inadequate/No response to Step 3

Depression	GAD
All Practitioners without a special interest in mental health are advised to refer all patients meeting the above Step 4 criteria	

Mental Health GPwSI

Mental Health Services:
Contact Psychiatric Medicines Information on (020 3 513 6829) for further guidance or local Mental Health Team:

Kingston Hospital OP Liaison	Sutton assessment (18-75)
Kingston	Sutton & Merton CMH & ID
Kingston Hospital Liaison	Sutton CAMHs
	Sutton OP CMHT
Merton assessment (18-75)	St George's Hospital Liaison
Merton CAMHs	St Helier Hospital Liaison
Merton OP CMHT	Wandsworth

Considerations when choosing an antidepressant

For further guidance refer to NICE pathway Antidepressant treatment in adults :
http://pathways.nice.org.uk/pathways/depression/antidepressant-treatment-in-adults

- **MHRA guidance about citalopram maxi dose . All SSRIs (escitalopram and citalopram especially) increase the QTc interval. Where possible avoid other QTc prolonging drugs or monitor ECG. Refer to : Citalopram & Escitalopram maximum dose (MHRA Dec 2011) www.swlstg-tr.nhs.uk/for-health-professionals
- **Use of antidepressants in cardiac, hepatic or renal dysfunction** Refer to current editions of the BNF and Maudsley Prescribing Guidelines for product specific information.
  - Renal, liver impairment, elderly: Start at low dose & increase slowly
  - CVD: Consider Mirtazapine 1st line. CVE: Sertraline 1st line.
  - Seizures: avoid TCAs, use SSRIs
- Increased risk of bleeding: mirtazapine 1st line. Consider adding a low cost PPI when using other antidepressants.
- All antidepressants may increase the risk of suicidal ideation in children and young adults, monitor closely. Fluoxetine should be used 1st line.
- **Monitor Sodium** : Risk of Hyponatraemia with all antidepressants ; particularly elderly and those with a low BMI are prone.
- BPSD: Use an antidepressant when there are significant depressive features.
- Stopping and switching antidepressants : Refer to Maudsley Prescribing Guideline or CKS Depression Prescribing Information or UKMi Q&A No. 150.4 Switching between tricyclic, SSRI and related antidepressants on NHS evidence

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