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

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

#### 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.

**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?

**Assessment**

If screening identifies a possible depression/anxiety, a more comprehensive assessment must be conducted refer to links below:

- 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 or http://www.patient.co.uk/doctor/patient-health-questionnaire-phq-9 http://www.psycho-oncology.info/PHQ9_depression.pdf

- **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

- **Severity of Depressive Episode**

<table>
<thead>
<tr>
<th>Severity</th>
<th>No. of presenting depression core symptoms</th>
<th>No. of presenting additional symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>At least 2</td>
<td>2</td>
</tr>
<tr>
<td>Moderate</td>
<td>At least 2</td>
<td>3</td>
</tr>
<tr>
<td>Severe</td>
<td>All 3</td>
<td>&gt;4</td>
</tr>
</tbody>
</table>

**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?

**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/C90
- 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

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**Advice & Support**

- SWL STG Medicine Information 0203 513 6829 or SWL STG For Health Professionals: http://www.swlstg-tr.nhs.uk/for-health-professionals/

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**STEP 2: Persistent sub threshold depressive symptoms or mild to moderate depression /GAD that has not improved after Step 1**

<table>
<thead>
<tr>
<th>Depression</th>
<th>GAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offer low intensity psychological interventions</td>
<td>Offer low intensity psychological interventions</td>
</tr>
<tr>
<td>* Individual guided self-help based on (CBT)</td>
<td>* Individual non-facilitated self-help,</td>
</tr>
<tr>
<td>* Computerised CBT</td>
<td>* individual guided self-help,</td>
</tr>
<tr>
<td>* Structured group physical activity programme</td>
<td>* Psychoeducational groups</td>
</tr>
</tbody>
</table>

For patients & carers: [http://www.choiceandmedication.org/swlstg](http://www.choiceandmedication.org/swlstg)  

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

<table>
<thead>
<tr>
<th>Depression</th>
<th>GAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offer High-intensity psychosocial interventions (CBT/ IPT) AND Antidepressant medication</td>
<td>Offer High-intensity psychosocial interventions (CBT/Applied relaxation) OR Antidepressant medication (based on patient preference)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Depression</th>
<th>GAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider offering:</td>
<td>Consider a generic cost effective SSRI:</td>
</tr>
<tr>
<td>Alternative SSRI: Sertraline / paroxetine/fluoxetine OR</td>
<td>Sertraline (off label) (recommended by NICE) or Paroxetine</td>
</tr>
<tr>
<td>Alternative antidepressant such as Mirtazapine at night</td>
<td>Benzodiazepines not recommended: Only for short term measure during crisis if appropriate:</td>
</tr>
<tr>
<td>Refer to latest BNF for doses.</td>
<td>Zopiclone 3.75mg PRN 14 days maximum. (Max 2-4 weeks)</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Depression</th>
<th>GAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider offering:</td>
<td>Consider offering either:</td>
</tr>
<tr>
<td>High intensity psychological intervention in combination with drug treatment if not already offered</td>
<td>High intensity psychological intervention in combination with drug treatment if not already offered</td>
</tr>
<tr>
<td>OR Alternative SSRI or SNRI such as Venlafaxine immediate release tablets (SWLSTG approved indication)</td>
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</tr>
</tbody>
</table>

**Considerations when choosing an antidepressant**


- **MHRA guidance about citalopram maxi dose.** All SSRIs (eslicitalopram 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)
- 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 Guidelines or CKS Depression Prescribing Information or UKMi Q&A No. 150.4 Switching between tricyclic, SSRI and related antidepressants on NHS evidence

**For further guidance refer to NICE pathway Antidepressant treatment in adults**

- [http://www.kingstonwellbeingservice.org/](http://www.kingstonwellbeingservice.org/)

**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

**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 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 | Continue for at least a year after response as likelihood of relapse is high. |
| Recurrent depression: 2 years | |

**Medicines Management Team, Kingston CCG**

Approved by Kingston CCG Medicines Management Committee 15th October 2014 Review Date: October 2016