NHS South Yorkshire Integrated Care Board

Sheffield Health and Social Care NHS Foundation Trust

Depression in adults - treatment and management protocol (Sheffield)

1. SUMMARY & INTRODUCTION

This protocol has been developed to aid clinicians in primary care in the management of depression in adults and older adults. The guideline includes recognition, diagnosis, management, (pharmacological and non-pharmacological support) and when to consider referral to specialist care. Please refer to NICE Depression in adults: treatment and management (NG222) for further details, including evidence behind recommendations.

This protocol has been developed in collaboration with primary, secondary, voluntary sector, and specialist care colleagues and involved patient engagement.

2. RECOGNITION AND ASSESMENT

Depression is referred to as a wide range of mental health problems, which are characterised by the lack of positive affect. This includes loss of interest and enjoyment, low mood, and a range of associated emotional, cognitive, physical, and behavioural symptoms.

ICD-11 and DSM-5 have produced criteria for depression identification.

Previously depression was categorised into 4 categories (subthreshold, mild, moderate and severe), but after NICE NG222 it was changed to 2:

- Less severe depression, which encompasses previously subthreshold and mild depression, and in NICE guideline is defined as depression scoring less than 16 on the PHQ-9 scale and
- More severe depression, which encompasses moderate to severe depression and in NICE guideline is defined as depression scoring 16 or more on the PHQ-9 scale.

While PHQ-9 (Patient Health Questionnaire-9) is a helpful tool, other factors below should be taken into the consideration.

Please note that some patients presenting with chronic depressive symptoms might not have sought treatment previously or knew they have depression. NICE guidelines provide treatment options for these patients. Additionally, see treatment algorithm.

Patient assessment algorithm for depression

Consider asking people who may have suspected depression (particularly in people with a history of depression or a chronic physical health problem with associated functional impairment the following:

- During the last month, have they often been bothered by feeling down, depressed, or hopeless?
- During the last month, have they often been bothered by having little interest or pleasure in doing things?

If a person answers yes to any of the above, follow algorithm.

Practitioner **is not** competent in performing mental health assessment

Refer to an appropriate and trained clinician within the primary care team to undertake assessment of mental health

Practitioner **is** competent in performing mental health assessment

Conduct a comprehensive assessment, that considers:

- Severity of symptoms
- Previous history
- Duration and course of illness
- Degree of functional impairment or disability.

Consider using a validated measure (for example, for symptoms, functions and/or disability – e.g. PHQ-9 & GAD-7 , Dialog+ to inform and evaluate treatment.
Consider impact of chronic physical health problems.

Discuss with the patient how factors below affect their depression:

- History of depression and other mental/physical health disorders
- History of mood elevation (consider bipolar disorder)
- Past response to treatment
- Personal ability to manage depression and support from family or friends
- Difficulties in relationships
- Lifestyle (physical activity, diet, sleep, alcohol)
- Recent traumatic experience (Consider PTSD)
- Living conditions (Debt, loneliness, employment, gambling, drug, and alcohol use).

A person has communication or language barrier/issue and requires reasonable adjustment

Ask about patient's symptoms directly adapting to patient's needs (e.g., British sign language or English interpreter)

Asking family member or carer about person's symptoms.

See NICE guidance for people with autism and learning disability

A dedicated community learning disability team is available for patients with LD.

Ask people with depression directly about suicidal ideation or intent.

If a person presents an immediate risk to themselves or others urgently refer to a mental health specialist service:
Suicide Prevention Support
Single Point of Access.
Older Adults mental Health (65+)

Asses if the person has social support and advise where to seek for help e.g., Talking Therapies, Flourish, mental health guide.

Advise the patient and family to be vigilant of deterioration, especially during high-risk periods such as starting or changing the treatment. Advise where to seek help.

If a person is assessed to be at risk of suicide:

- Do not withhold the treatment
- Take into the account toxicity in overdose for mental or physical health drugs and consider limiting supply.
- Increase level of support (in-person, video call, telephone)
- Refer to specialist mental health services (as above).

See recommendations on self-harm and antidepressants for people at risk of suicide.

If no risk of suicide, see:

- Patient treatment algorithm
- Pharmacological treatment algorithm

3. CHOICE OF TREATMENTS

Full scope of NICE treatment choices can be found here. While not all non-pharmacological services outlined by NICE are available in Sheffield, majority will be and Talking Therapies assessment will enable most appropriate choice for the patient.
When assessing treatment choices consider any physical and co-existing mental health illness. Address barriers in patients with learning disabilities, autism or dementia. Also consider impact and management if depression associated with antenatal and postnatal mental health, menopause and chronic physical health.
Discuss:

- what, if anything, they think might be contributing to the development of their depression
- whether they have ideas or preferences about starting treatment, and what treatment options they have previously found helpful or might prefer
- their experience of any prior episodes of depression, or treatments for depression
- what they hope to gain from treatment
- information on what treatments are recommended, their potential benefits and harms, any waiting times for treatments, and the expected outcomes (see NICE table 1 and table 2 on the recommended treatments for a new episode of less severe and more severe depression respectively)
- how treatment will be delivered (for example individual or group, in person or remotely) and where they will be delivered

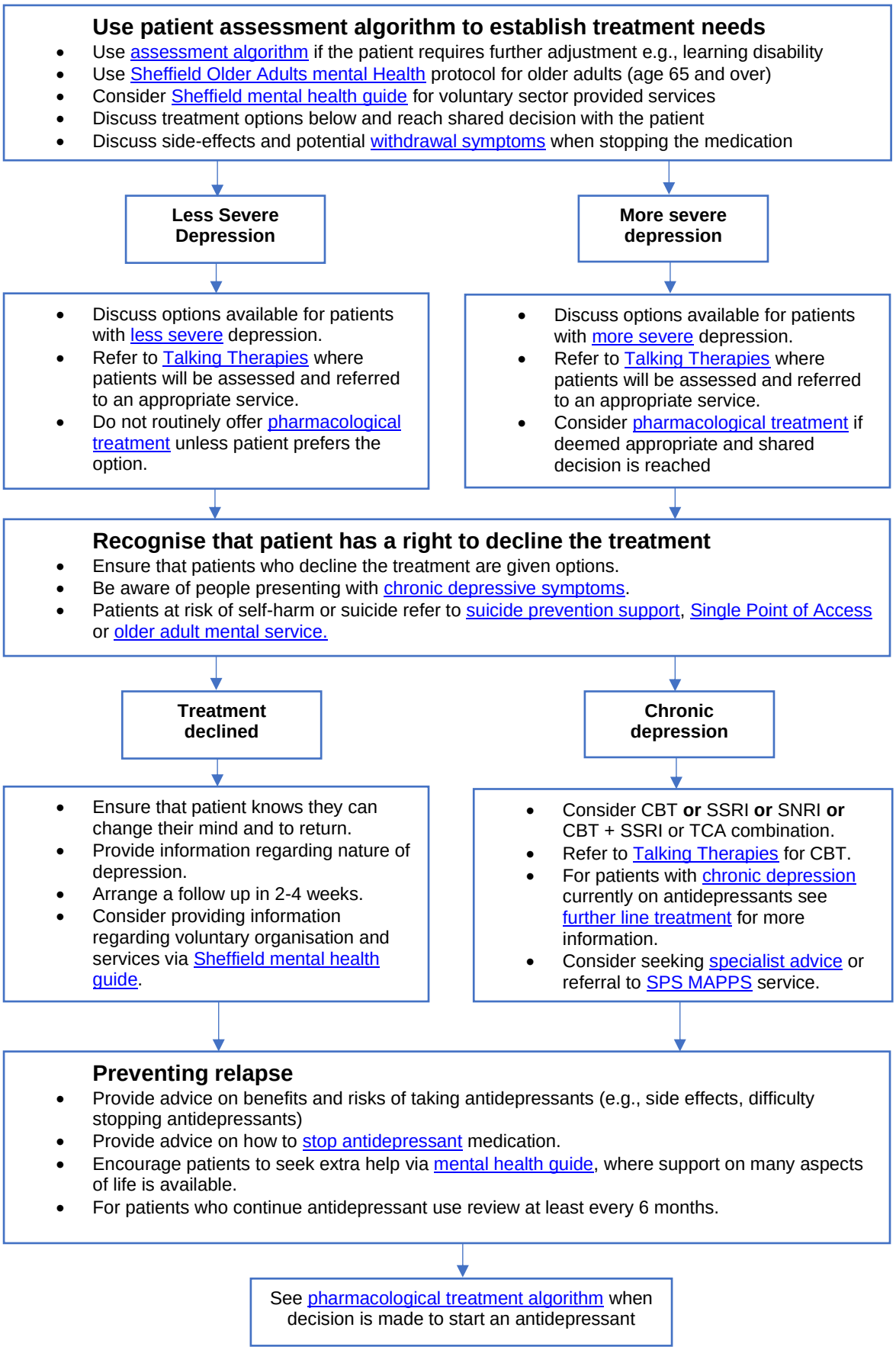
If depression is accompanied by symptoms of anxiety, which is particularly common in older people, the prioritising should usually be to treat the depression. When the person has an anxiety disorder and comorbid depression or depressive symptoms, consult NICE guidance for the relevant anxiety disorder if available and consider treating the anxiety disorder first. GAD-7 (General Anxiety Disorder-7) can be used to assess patients with anxiety.

Match the choice of treatment to meet the needs and preferences of the person with depression. Use the least intrusive and most resource efficient treatment or one that worked in the past.

When prescribing for people with depression who are aged 18-25 consider increased prevalence of suicide. Use risk management strategy e.g., limiting prescription supply, type of medication prescribed. Prior issuing a prescription ensure mental state assessment, review 1 week after starting antidepressant and again no later than 4 weeks after the medicine was started.

Prescribers should be aware that there are voluntary sector support enterprises such as Flourish that are available for access. Sheffield mental health guide is a tool for finding available services in Sheffield. This includes suicide prevention support advice.

Patient treatment algorithm for depression



4. MEDICATION CHOICE

There is little difference between classes of antidepressants in terms of efficacy. The choice should be made according to patient requirements or circumstances:

- Concomitant disease e.g., QTc interval prolongation, anxiety
- Existing therapy e.g., interactions
- Suicide risk
- Desired effect e.g., increased appetite, sleep.
- Response to previous antidepressant therapy

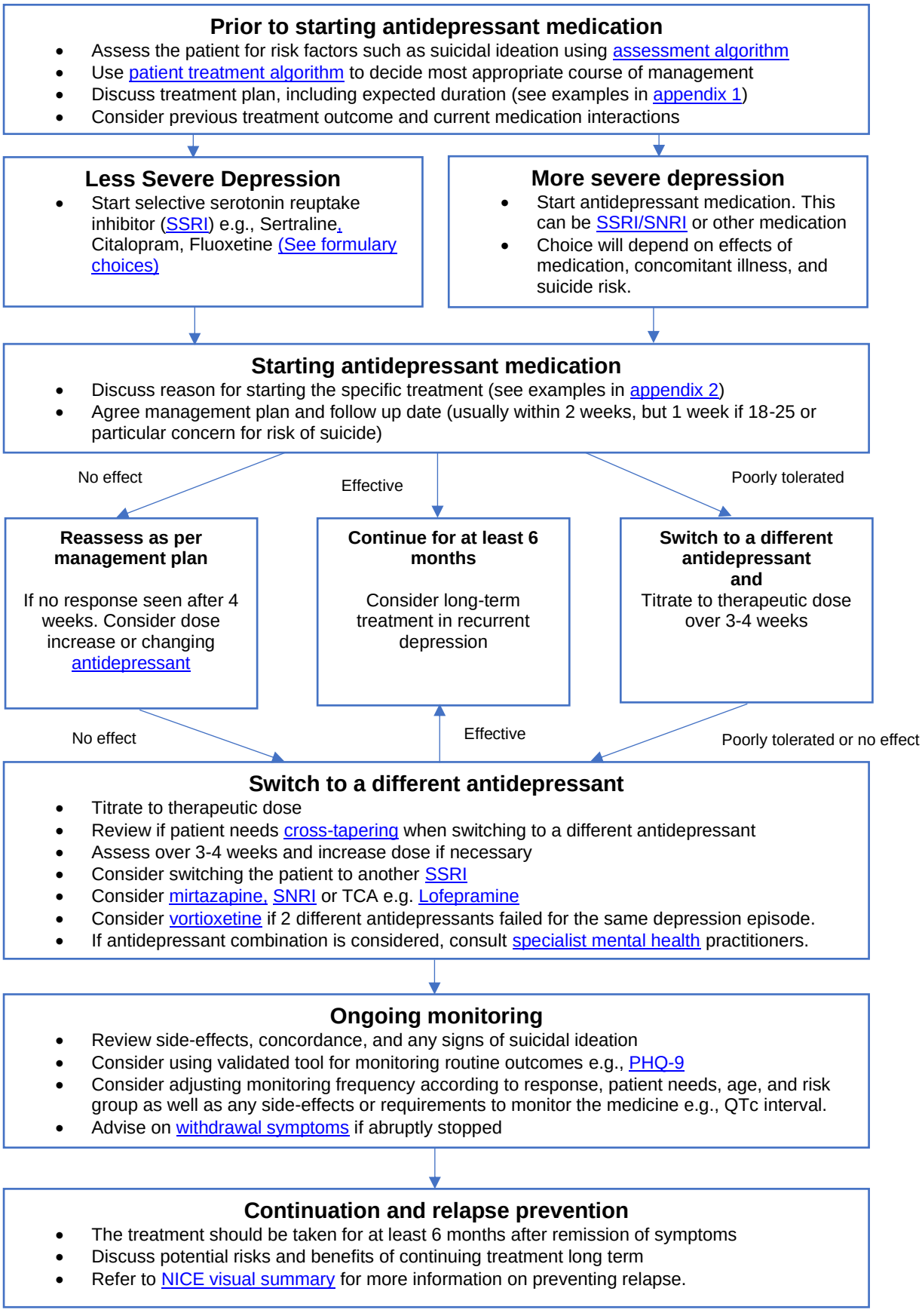
Consider using choice and medication website for more depression and pharmacological treatment information. Most up to date comprehensive and comparative antidepressant study was published in 2018 by Lancet and can be found here (Cipriani et al. 2018). Consider most common antidepressant side-effect in section 5.

Nice CKS advise that Selective serotonin reuptake inhibitors (SSRIs) are well tolerated in comparison to older tricyclic antidepressants (TCAs) and now less commonly monoamine oxidase inhibitors (MAOIs). SSRIs are used mainly as first-line drug treatment for depression.

With all drugs there is marked inter-individual variation of tolerability, which is not easily predictable. A flexible approach is required to find the right drug. For example, sertraline will be associated with higher incidence of diarrhoea than other SSRIs and paroxetine will be more likely to cause weight gain and sexual dysfunction than other SSRIs. Some antidepressants such as mirtazapine can be beneficial when sedation is required. Other antidepressants such as TCAs should be used with caution in patients with cardiac dysfunction and risk of overdose. Prescribing in elderly requires more consideration due to increased risk of comorbidity and change in pharmacokinetics (See here for more information). For further information on antidepressant treatment see BNF summary.

Patients suffering from anxiety and being treated for depression might require more time for a full effect of antidepressant treatment to take place.
Special consideration is required for young people as well as people at risk of suicide.
Consider safe prescribing and withdrawal management (NICE NG215) when issuing drugs associated with dependence.

Pharmacological treatment algorithm for depression



5. ANTIDEPRESSANT SIDE-EFFECTS

Below is a relative summary of most used antidepressants. Please note the list is not exhaustive and specific side-effects from individual SPCs should be used.

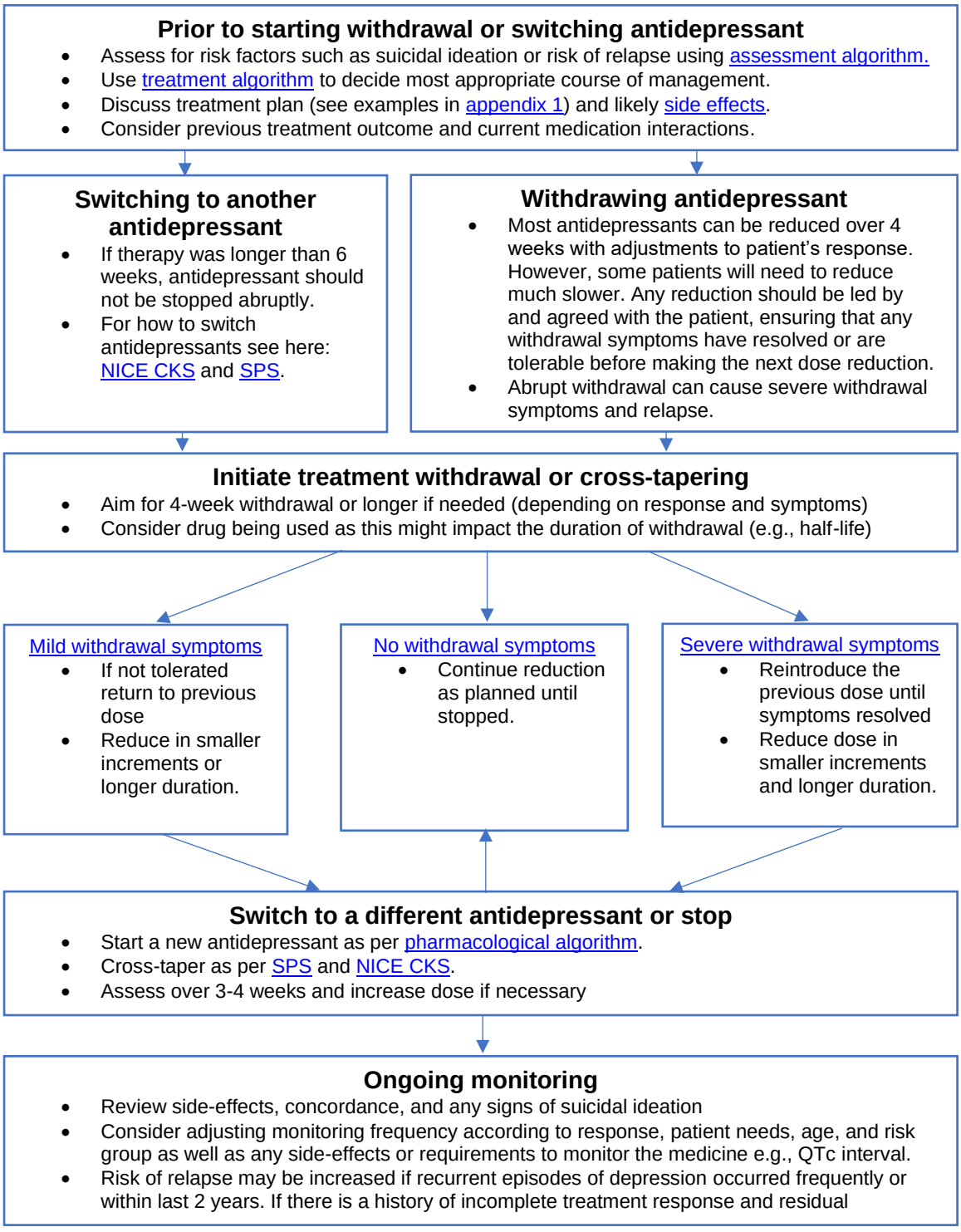
Drug	Sedation	Postural hypotension	Cardiac conduction or QTc interval changes	Anticholinergic effects	Nausea and vomiting	Sexual dysfunction
Selective serotonin reuptake inhibitors (SSRIs)						
Citalopram	-	-	+	-	++	+++
Fluoxetine	-	-	-	-	++	+++
Paroxetine	+	-	-	+	++	+++
Sertraline	-	-	-	-	++	+++
Vortioxetine	-	+	-	-	++	+
Tricyclic antidepressants						
Amitriptyline	+++	+++	+++	+++	+	+++
Clomipramine	++	+++	+++	++	++	+++
Nortriptyline	+	++	++	+	+	+
Lofepramine	+	+	+	++	+	+
Dosulepin	+++	+++	++	++	+	+
Other antidepressants						
Phenelzine	+	+	+	+	+	+
Duloxetine	-	-	-	-	++	++
Mirtazapine	+++	+	-	+	+	-
Trazodone	+++	+	+	+	+	+
Venlafaxine	-	-	+	-	+++	+++

+++, high incidence/severity; ++, moderate; +, low; – very low/none.
(Table adapted from Maudsley prescribing guideline edition 14)

6. STOPPING AND SWITCHING ANTIDEPRESSANTS

Patients who wish to reduce or stop antidepressants should be advised that reduction should be gradual. Abrupt stoppage can lead to withdrawal symptoms that can range in severity and presentation. If through shared decision making, it is decided to stop antidepressants SPS, NICE CKS and RC Psych provides a guide how to taper or stop medicines. See below for general principles of treatment withdrawal or cross-tapering. Please note the regime needs to be tailored to individual needs and most patients respond differently to same approaches.

Pharmacological treatment withdrawal and cross-tapering



7. PREVENTING RELAPSE AND FURTHER LINE TREATMENT

NICE produced a useful guidance when making decisions on relapse and choices for further line treatment.
Patients should be given a choice between stopping or continuing the treatment. An agreement should be achieved with well-informed risks and benefits.
Discuss with patients that increased chance of relapse can happen in patients with:

- History of recurrent depression episodes
- History of incomplete response to previous treatment
- Unhelpful coping styles (avoidance, rumination)
- Chronic mental or physical health
- Other contributing factors such as isolation, unemployment, poverty, relationship issues.

Discuss the risk of continuing the medicine long-term leading to difficulty in stopping, sexual dysfunction or increased chance of bleeding.
If the patient is at high risk of relapse, but wishes to stop the pharmacological treatment, other first line treatment such as psychological support should be offered via Talking Therapies.

8. REFERRING TO SPECIALIST SERVICES

Refer patients with more severe depression or chronic depressive symptoms to specialist mental health services for multi-disciplinary approach when:

- Their depression impairs personal and social functioning **and**
- They have not benefitted from previous treatments and **either**
  Have multiple problems e.g., unemployment, financial issues, poor living arrangements **or**
  Have significant co-existing mental and physical health problems.

Multidisciplinary approach between patient, GP and specialist mental health practitioner should establish a care plan for patient's treatment and support with regular progress assessments.

Service	Who to refer	When to refer	How to refer
Single point of access (SPA)	Patients between 18-65 in mental health crisis	Practitioners can refer anytime, patients who are in mental health crisis or need cannot be met by NHS Talking therapies. Young people 14-17 or older adults will be referred to CAMHS and Older Adult Community Mental Health Team respectively.	Call query line: 0114 226 3636 or 0808 196 8281 (Freephone) Email: sct-ctr.spa-adult-mental-health@nhs.net
Specialist psychotherapy service (SPS MAPPS)	Patients with chronic and more severe depression	When psychological interventions e.g., Talking Therapies and pharmacological interventions did not provide sufficient improvement and psychotherapeutic need cannot be met by those services.	Call query line: 0114 2716920 If accepted complete the referral form Self-referrals are not accepted

Child and Adolescent Mental Health Service (CAMHS)	Children and young people with a range of difficulties that are seriously impacting on their mental health and emotional wellbeing.	When young people and children need specialist mental health support. Wide range support of practitioners is available. Becton Centre - serious and complex mental health issues for people up to 18. Centenary House - emotional and behavioural problems. Star house - supportive treatment and recovery service for under 16s.	Referrals should be sent by email. camhsspa@nhs.net Becton Centre call 0114 305 3106 Centenary House call 0114 305 3218 Star House call 0114 226 0660
Older Adult Community Mental Health Team	People aged 65 and over who are experiencing mental health difficulties.	People who are experiencing problems such as psychosis, mood disturbance and memory problems and have related behavioural or psychological symptoms. When management cannot be met by NHS Talking Therapies.	See here for referral information.
Sheffield Primary and Community Mental Health Service	Patients with serious mental illnesses such schizophrenia, bipolar disorder, psychosis or complex mental health needs.	Mental health support team, providing services. Partnership between Sheffield Health and Social Care NHS Foundation Trust, Primary Care Sheffield, and Mind. Support provided in all Sheffield primary care networks (PCNs). This can range from mental health support to medication reviews.	See here for referral information.

Appendix 1

Information regarding treatment plan	***Examples***
Why is the patient given an antidepressant?	Explain the reason why antidepressant is chosen instead of other options.
What types of antidepressants can the patient have?	Explain other antidepressants if applicable. E.g., mirtazapine when intolerance to SSRI.
What changes should the patient expect?	Patient should experience emotional and functional change. Feeling more encouraged to engage in activities or conversations with other people. Finding things more positive and not as emotionally tiresome.
What side-effects to expect and which side-effects the patient would wish to avoid?	Discuss aspects such as sedation, weight gain, sexual dysfunction and which are important to the patient.
What to do if the patient decides to stop the medication?	Request the patient to contact a practitioner starting the medicine to develop a withdrawal plan.
How often will the patient be followed up?	Usually within 2 weeks when starting treatment (1 week for 18- to 25-year-olds) and then decide between the patient and practitioner.

Appendix 2

Information regarding medication	***Examples***
How will the patient feel when they first start taking the medication?	Patient might not feel change at first and at times can feel more anxious, but it is expected for a treatment to start working within 4 weeks.
What side-effects to expect?	Please refer to individual monographs. For SSRIs common side effects are: Anxiety, change in appetite, change in memory, GI disturbance, dry mouth, sexual dysfunction.
How long will the patient have to wait for the medication to be effective?	Within 4 weeks.
How to take the medication?	How many tablets, time of the day, use of alcohol and interactions. Explain that dose might be increased in the future if limited response.
How to self-monitor symptoms and changes?	Keep a diary of changes in symptoms or side-effects, both positive and negative.
How long should the patient take the medicine for?	Treatment might need to be taken for at least 6 months after the remission of symptoms, but this should be reviewed regularly.
How can the patient stop the medicine?	Advise people taking antidepressant medication to talk with the person who prescribed their medication (for example, their primary healthcare or mental health professional) if they want to stop taking it. Explain that it is usually necessary to reduce the dose in stages over time (called 'tapering') but that most people stop antidepressants successfully.
What happens if the medication is stopped quickly?	Explain about withdrawal symptoms and potential recurrence of depression symptoms.

9. REFERENCES

1. American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR). [Online]. psychiatry.org. Available at: https://www.psychiatry.org/psychiatrists/practice/dsm [Accessed 16 August 2023].
2. BNF NICE. (2023). Antidepressant drugs. [Online]. bnf.nice.org.uk. Available at: https://bnf.nice.org.uk/treatment-summaries/antidepressant-drugs/ [Accessed 16 August 2023].
3. BNF NICE. (2023). Mirtazapine. [Online]. bnf.nice.org.uk. Available at: https://bnf.nice.org.uk/drugs/mirtazapine/#indications-and-dose [Accessed 16 August 2023].
4. BNF NICE. (2023). Prescribing in the elderly. [Online]. bnf.nice.org.uk. Available at: https://bnf.nice.org.uk/medicines-guidance/prescribing-in-the-elderly/ [Accessed 16 August 2023].
5. BNF NICE. (2023). Vortioxetine. [Online]. bnf.nice.org.uk. Available at: https://bnf.nice.org.uk/drugs/vortioxetine/#indications-and-dose [Accessed 16 August 2023].
6. Cipriani A. et al. (2018). Comparative efficacy and acceptability of 21 antidepressant drugs for the acute treatment of adults with major depressive disorder: a systematic review and network meta-analysis. [Online]. www.thelancet.com. Available at: https://www.thelancet.com/action/showPdf?pii=S0140-6736%2817%2932802-7 [Accessed 11 October 2023].
7. David M. Taylor, Thomas R. E. (2021). The Maudsley Prescribing Guidelines in Psychiatry. [Online]. onlinelibrary.wiley.com. Available at: https://onlinelibrary.wiley.com/doi/book/10.1002/9781119870203 [Accessed 16 August 2023].
8. Devon Partnership NHS TRUST. (2023). Choice and Medication. [Online]. choiceandmedication.org. Available at: https://www.choiceandmedication.org/devon/ [Accessed 16 August 2023].
9. East London Foundation NHS Trust. (2021). DIALOG+. [Online]. elft.nhs.uk. Available at: https://www.elft.nhs.uk/dialog [Accessed 16 August 2023].
10. Dr. Kurt Kroenke. (2022). PHQ-9 (Patient Health Questionnaire-9). [Online]. MDCALC. Available at: https://www.mdcalc.com/calc/1725/phq9-patient-health-questionnaire9 [Accessed 16 August 2023].
11. Dr. Robert L. Spitzer. (2022). GAD-7 (General Anxiety Disorder-7). [Online]. MDCALC. Available at: https://www.mdcalc.com/calc/1727/gad7-general-anxiety-disorder7 [Accessed 16 August 2023].
12. Mind. (2020). Antidepressants. [Online]. mind.org.uk. Last Updated: 2023. Available at: https://www.mind.org.uk/information-support/drugs-and-treatments/antidepressants/withdrawal-effects- [Accessed 16 August 2023].
13. NICE CKS. (2023). Switching antidepressants. [Online]. cks.nice.org.uk. Available at: https://cks.nice.org.uk/topics/depression/prescribing-information/switching-antidepressants/ [Accessed 16 August 2023].
14. NICE. (2014). Antenatal and postnatal mental health: clinical management and service guidance. [Online]. nice.org.uk. Last Updated: 2020. Available at: https://www.nice.org.uk/guidance/cg192 [Accessed 16 August 2023].
15. NICE. (2021). Autism spectrum disorder in adults: diagnosis and management. [Online]. nice.org.uk. Last Updated: 2012. Available at: https://www.nice.org.uk/guidance/cg142 [Accessed 16 August 2023].
16. NICE. (2014). Bipolar disorder: assessment and management. [Online]. nice.org.uk. Last Updated: 2020. Available at: https://www.nice.org.uk/guidance/cg185 [Accessed 16 August 2023].
17. NICE Guidelines. (2022). Depression in adults: treatment and management. [Online]. www.nice.org.uk. Available at: https://www.nice.org.uk/guidance/ng222/chapter/Recommendations#recognition-and-assessment [Accessed 16 August 2023].
18. NICE. (2018). Dementia: assessment, management and support for people living with dementia and their carers. [Online]. nice.org.uk. Available at: https://www.nice.org.uk/guidance/ng97 [Accessed 16 August 2023].
19. NICE. (2009). Depression in adults with a chronic physical health problem: recognition and management. [Online]. nice.org.uk. Available at: https://www.nice.org.uk/guidance/cg91 [Accessed 16 August 2023].
20. NICE. (2015). Menopause: diagnosis and management. [Online]. nice.org.uk. Last Updated: 2019. Available at: https://www.nice.org.uk/guidance/ng23 [Accessed 16 August 2023].
21. NICE. (2016). Mental health problems in people with learning disabilities: prevention, assessment and management. [Online]. nice.org.uk. Available at: https://www.nice.org.uk/guidance/ng54 [Accessed 16 August 2023].
22. NICE. (2018). Post-traumatic stress disorder. [Online]. nice.org.uk. Available at: https://www.nice.org.uk/guidance/ng116 [Accessed 16 August 2023].
23. NICE. (2022). Self-harm: assessment, management and preventing recurrence. [Online]. nice.org.uk. Available at: https://www.nice.org.uk/guidance/ng225 [Accessed 16 August 2023].
24. NICE. (2023). Selective serotonin reuptake inhibitors (SSRIs). [Online]. cks.nice.org.uk. Available at: https://cks.nice.org.uk/topics/depression/prescribing-information/ssris/ [Accessed 16 August 2023].
25. NICE. (2023). Tricyclic antidepressants (TCAs). [Online]. cks.nice.org.uk. Available at: https://cks.nice.org.uk/topics/depression/prescribing-information/tricyclic-antidepressants/ [Accessed 16 August 2023].
26. Royal College of Psychiatrists. (2020). Stopping antidepressants. [Online]. rcpsych.ac.uk. Available at: https://www.rcpsych.ac.uk/mental-health/treatments-and-wellbeing/stopping-antidepressants [Accessed 16 August 2023].
27. Sheffield CCG. (2020). Older Adults Mental Health. [Online]. sheffieldccgportal.co.uk. Available at: https://www.sheffieldccgportal.co.uk/pathways/older-adults-mental-health [Accessed 16 August 2023].
28. Specialist Pharmacy Service. (2023). SSRIs to other antidepressants: switching in adults. [Online]. sps.nhs.uk. Available at: https://www.sps.nhs.uk/articles/ssris-to-other-antidepressants-switching-in-adults/ [Accessed 16 August 2023].
29. World Health Organisation. (2023). international Classification of Diseases 11th Revision. [Online]. icd.who.int. Available at: https://icd.who.int/browse11/l-m/en [Accessed 16 August 2023].

10. DOCUMENTATION CONTROLS

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