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 teams in the management of treatment resistant, atypical and recurrent depression and for those at significant risk
Screening for Depression

Screening questions for someone presenting with symptoms suggestive of depression:

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 answer is yes to either 1 or 2 and they want help, then consider a more detailed interview using ICD 10 as a guide. The following screening tools may also be useful:

1. HADS
2. BDI
3. PHQ 9

Please note that these tools are not diagnostic but are indicative of severity and can be used to monitor response to treatment.

NB. Substance misuse
Core features of depression:

- low mood that is abnormal for person
- decrease in energy and activity
- capacity for enjoyment reduced
Somatic symptoms

- marked loss of appetite
- early morning awakening
- weight loss
- marked loss of libido
- diurnal variation of mood
- objective evidence of PSM retardation or agitation
- poor concentration
Additional symptoms

- Loss of confidence or self esteem
- Unreasonable guilt feelings or self reproach
- Recurrent thoughts of death or suicide or suicidal behaviour
Management of Depression

Following NICE guidelines who recommend the Stepped Care Model

- **Mild depression:**
  - 2 core features
  - 2 or 3 other symptoms

**Mx:**
- Watchful waiting
- Guided self help
- Computerised CBT
- Exercise
- Brief psychological interventions
- Consider antidepressants if no remission.
• **Moderate depression:**
  
  2 core features

  2 or 3 other symptoms

**Mx:**

Psychological therapies + antidepressants. 1st option is SSRIs. Review in 2/52. If no response within 6/52, consider change in AD. Continue AD for 6/12 from time of response.
• **Severe depression**
  2 or 3 core features
  3 or 4 other symptoms

**Mx:**
Urgent concerns, refer to ABT
If non-urgent, follow management protocol as for mild and moderate depression.