

# New NICE guidelines for depression in adults

New guidelines on the treatment and management of depression in adults and in those with chronic physical health conditions were published by NICE recently. Stephen Bleakley describes the key changes.

**T**wo new guidelines on the treatment and management of unipolar depression were published by the National Institute for Health and Clinical Excellence in October. The first is an update of the 2004 NICE clinical guidelines on depression in adults,<sup>1</sup> and the second is a new guideline on the treatment of depression in adults with chronic physical health problems.<sup>2</sup> Both have been eagerly awaited by healthcare professionals and update the use and role of antidepressants across all services.

The new guidelines emphasise the importance of assessing the severity of depression, since this is key to ensuring appropriate and timely treatment.

## Antidepressants

Antidepressants have an important role in the management of depression, but in subthreshold and mild depression the advantage of these drugs over placebo is unclear, so psychological therapies are preferred. The new guidelines recommend that antidepressants are used in:

- Subthreshold depression that has persisted for two years or more (also known as dysthymia)

## Background

Depression encompasses a wide range of symptoms including a loss of interest and enjoyment in everyday life, persistent low mood and a range of physical symptoms such as lack of energy or altered sleep patterns. The severity of depression can range from subthreshold depression, where symptoms are present but do not reach diagnostic criteria, to severe depression, which often includes thoughts or attempts of suicide.

- Mild depression that persists beyond three months or is unresponsive to other treatments
- Mild or moderate depression in those who have a history of more severe depression
- Mild depression that complicates the treatment of a physical illness
- Moderate or severe depression at first presentation

Both guidelines base recommendations on the stepped care model of treating depression, which clearly states when and which interventions are recommended (see panel 1, p328).

The first-line choice of antidepressant continues to be one of the selective serotonin reuptake inhibitors (SSRIs) because of their safety in overdose and better tolerability compared with older antidepressants. However, the new guidelines place more emphasis on the differences between the SSRIs. Healthcare professionals are reminded that fluoxetine, fluvoxamine and paroxetine are more likely to cause drug interactions than other SSRIs, and that paroxetine is associated with a higher incidence of discontinuation symptoms.

All SSRIs are associated with an increased risk of bleeding, therefore gastroprotection may be required in elderly patients or in those concurrently prescribed non-steroidal anti-inflammatory drugs.

Although SSRIs are generally as effective as each other, the full NICE guidelines include an updated review of escitalopram, which suggests that it is slightly more effective (NNT=24) than other SSRIs.<sup>1</sup> This mirrors an important recent meta-analysis on antidepressants in which sertraline and escitalopram were ranked top for efficacy and tolerability out of 12 new generation antidepressants.<sup>3</sup>

To receive your free copy of *The British Journal of Clinical Pharmacy* please return to [clinicalpharmacy.org.uk](http://clinicalpharmacy.org.uk) and complete a subscriptions form.

The new guidelines recommend that clinicians review response and tolerability to antidepressants over three to four weeks; this is slightly earlier than recommended in the previous guidelines. If no improvement is seen, the recommendation is to consider increasing the dose or switching to another antidepressant. Those who are under 30 years of age or at risk of suicide should be reviewed one week after an antidepressant has been started to monitor for any increase in suicidal thoughts.

In the event that the first antidepressant is not tolerated or is ineffective, NICE has left several options open to the prescriber. These range from choosing a different SSRI, venlafaxine (a serotonin and norepinephrine reuptake inhibitor), a tricyclic antidepressant (TCA) or another new generation antidepressant (such as mirtazapine). However, venlafaxine

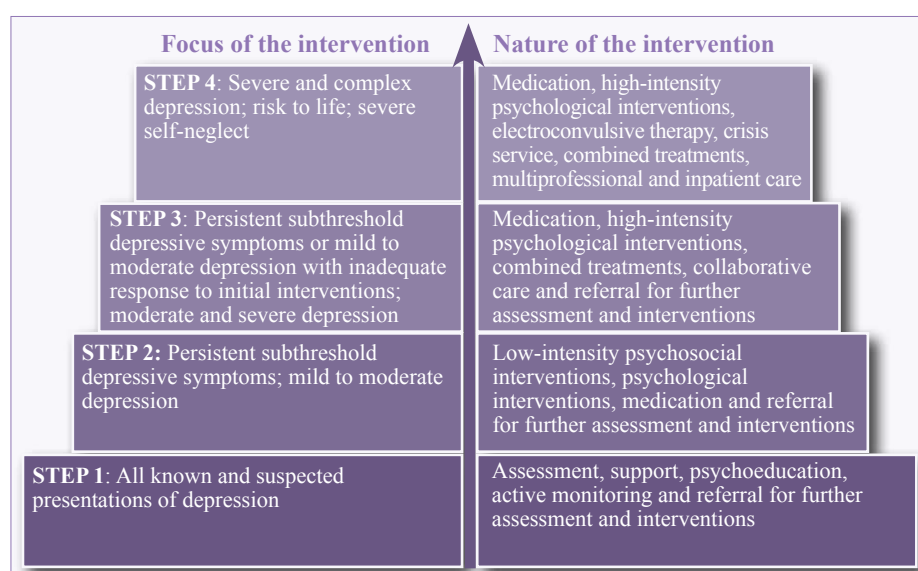
and the TCAs are more dangerous in overdose and are less well tolerated. TCAs are associated with postural hypotension and cardiac arrhythmias, and an increase in blood pressure is reported with venlafaxine. Those with enduring and treatment-resistant symptoms should be referred to secondary care, where drugs that can be added to antidepressant therapy include lithium or an atypical antipsychotic. Combining antidepressants such as an SSRI or venlafaxine with mirtazapine may also be considered by specialists.

### Chronic physical conditions

The new guidelines for depression in adults with a chronic physical health problem provide information on the effects of depression in physical illnesses.

Depression is common in many chronic conditions and can worsen the outcome and further reduce functioning. Depression can also be a direct risk factor for developing a physical illness such as cardiovascular disease. Successful treatment of depression may improve quality of life and extend life expectancy.

Although there is no evidence about which antidepressant is more effective in which physical health disorder, NICE recommends drugs largely based on their adverse effect profile and propensity for drug interactions. The SSRIs are again generally recommended first line, with the caveat to monitor for hyponatraemia,



Panel 1: The NICE stepped care model of treating depression

particularly in the elderly. Citalopram and sertraline are recommended as potential SSRIs of choice, based on reduced drug interaction concerns.

Appendix 16 of the full guidelines contains lists of medical conditions, potential drug interactions and preferred antidepressant choices. This list should be an essential tool for professionals in both primary and secondary care.

Dosulepin and St John's Wort are not recommended in either of the guidelines. Dosulepin is not recommended because of its higher toxicity in overdose, and St John's Wort has a complex interaction profile and there are concerns about preparation standardisation.

### Conclusions

The new NICE guidelines give clear messages on when and how to use antidepressants. They focus on the adverse effects of antidepressants and their subsequent monitoring, while allowing the clinician flexibility to adjust the choice of drug to suit the patient's needs and preferences. Pharmacists working in mental health services and general medicine are likely to see patients with depression and may be asked about antidepressant choice. Antidepressants have a valuable role in treating depression, particularly for moderate and severe symptoms, but there are many adverse reactions and interactions to consider.

*Stephen Bleakley is locality lead pharmacist at Hampshire Partnership NHS Foundation Trust, and registrar at the College of Mental Health Pharmacists.*

### At a glance...

New guidelines for the treatment of depression were published in October. Key changes are:

- There is more emphasis on the differences between the SSRIs and the adverse effects of all antidepressants.
- Patients under the age of 30 years, or at risk of suicide, should be monitored for an increase in suicidal thoughts after the first week of receiving an antidepressant.
- The initial antidepressant should be monitored for response over three to four weeks. If no response is seen, increasing the dose or switching to another antidepressant should be considered. If a partial response is seen treatment should be continued for a further two to four weeks.
- Antidepressants should be continued for at least six months after remission of symptoms, or for two years or more in those at risk of relapse.
- The guidelines now classify depression using the Diagnostic Statistical Manual (DSM-IV) instead of the International Classification of Diseases (ICD-10).
- The term 'watchful waiting' has been replaced with the more proactive term 'active monitoring'.

### References

1. National Institute for Health and Clinical Excellence. Depression: The treatment and management of depression in adults. Clinical guideline 90. London:NICE;2009.
2. National Institute for Health and Clinical Excellence. Depression in adults with a chronic physical health problem. Clinical guideline 91. London:NICE;2009.
3. Cipriani A, Furukawa TA, Salanti G, Geddes JR, Higgins JP, Churchill R et al. Comparative efficacy and acceptability of 12 new-generation antidepressants: a multiple-treatments meta-analysis. *Lancet* 2009;373:746-58.