

PRINCIPLES OF TREATMENT FOR DEPRESSION

When should depression be treated?

Not every “depression” presentation needs specific treatment. Some people will be distressed about an event or set of circumstances and call this depression rather than distress. However those that are assessed as being clinically depressed are likely to benefit from some form of treatment.

Many people with depression never receive treatment, and many depressions resolve spontaneously. Individual resilience, coping mechanisms and social supports may overcome many mild depressions.

However there is increasing evidence that untreated depression, especially if severe or prolonged, can lead to significant suffering and disability, loss of quality of life and risk of suicide. Some serious depressions may last more than six months without treatment.

Those with mild to moderate depression are also likely to benefit from treatment if it can be arranged. This can reduce the likelihood the current depression will increase in severity, or reduce the length of time the depression lasts, or even act as a protective factor against future episodes of depression.

We do know from surveys conducted by the World Health Organisation that depression is the most prevalent psychiatric disorder in the community. Also that by 2020, it is predicted to rise to become the second biggest “cost to the community” as measured by mortality and disability. When mortality is separated from disability it is already the most disabling condition identified in the 1990 WHO Global Burden of Disease Study, and its 2001 replicate study. So these are good reasons for it being treated.

Treatment (psychological or medication) should always be provided for a depression if :

- ❖ *The patient requests treatment*
- ❖ *The depression is causing significant suffering or having a significant impact on the person's ability to function at work or at home*
- ❖ *There is suicide risk (see Suicide Risk Assessment above)*
- ❖ *Features of melancholia or psychosis are present*
- ❖ *The depression is a post-partum illness lasting more than a few days*

Psychological treatments

The most effective and long-lasting treatments for the majority of depressions are psychological ones. For mild and transient depressions the most effective starting points are information and education.

Psychological treatments cover a spectrum of complexity and length, from education, information and support, through cognitive behaviour therapy, to psychodynamic psychotherapies.

The most widely studied and demonstrably effective treatment for depression is Cognitive Behaviour Therapy (CBT). This is a form of therapy aimed at identifying the cognitive patterns and assumptions contributing to depression and teaching a range of cognitive and behavioural skills which promote recovery. It has been shown to be more effective than medication in reducing the long-term relapse rate of depression. Components of CBT are discussed in other sections.

Psychodynamic psychotherapy examines the relationship between doctor/therapist and patient, attempts to identify patterns in that relationship which mirror important past relationships, and to use that understanding to reduce repetition of maladaptive relationships or coping styles. It is an effective treatment for a range of severe psychiatric disorders. Cost and difficulty of access mean that it is not usually indicated after a single depressive episode, and the evidence for its effectiveness in such a situation is limited.

To medicate or not to medicate?

The range and tolerability of newer antidepressants has made the medical treatment of depression easier than ever before. However medication is not a panacea.

Antidepressant trials consistently report that only 60-70% of patients with Major Depression respond to a first course of antidepressants.

While safer in overdose, the newer antidepressants still have side effects making them intolerable for some. Even where medication is effective in reducing symptoms it does not have a lasting preventative effect, and there is a significant relapse rate after ceasing medication.

The mechanism of action of antidepressants is unknown. Most work to increase synaptic levels of the brain amines Serotonin or Noradrenaline, resulting in a range of secondary changes in receptor behaviour and sensitivity. All take several weeks for effective response. No antidepressant has consistently been shown to work faster than any other.

Antidepressants are only effective when they have had an adequate trial, of at least three weeks on an effective dose. Some severe depressions may take four to six weeks to respond.

There is good evidence from depression and other conditions that GPs may employ a range of strategies to significantly improve patient compliance. This is particularly the case in depression. The use of clear information about the illness and medications, whether in writing or in other media, will greatly increase the chances that a script for antidepressants will result in an effective trial.

Antidepressants should usually be used in the following situations:

- ❖ *Major Depression with Melancholia*
- ❖ *Severe and prolonged depression*
- ❖ *Depression with psychotic features (NB – Psychotic depression will not respond to antidepressants alone).*

Specialist assessment and treatment

The GP may provide optimal treatment for depression, drawing on a longer relationship with the patient and a more complete understanding of their medical and social dimensions. Patients may find it easier and less stigmatising to seek help for depression from a trusted GP.

Criteria for referral for specialist assessment will be affected by the interests and experience of the GP.

Situations in which specialist assessment should be considered include:

- ❖ *High suicide risk*
- ❖ *Psychotic depression*
- ❖ *Depression as part of a Bipolar Affective Disorder*
- ❖ *Severe post-partum depression or psychosis*
- ❖ *Significant depression not responding to an adequate trial of psychological treatment or medication*
- ❖ *Any other situation where the GP wants advice on risk, diagnosis or treatment.*

Specialist services may play two roles. They may provide assessment, giving feedback to the GP about diagnosis and recommended treatment. They may also take over care, continuing the treatment of the depressive episode.