All Wales Medicines Strategy Group

Grŵp Strategaeth Meddyginiaethau Cymru Gyfan

CEPP National Audit:

Towards More Appropriate Management of Depression in a Primary Care Setting

1.0 BACKGROUND

In 2009, the National Institute for Health and Clinical Excellence (NICE) released an update of its clinical guidelines on depression (CG90)[2]. The document highlights the importance of non-drug treatment in the management process. In Wales, it has been observed that there has been a lack of such interventions, which may well impact on prescribing. In 2010, the Welsh Government passed a Mental Health Measure which was given Royal approval in December 2010[3]. Part of the measure sets out the requirements for an effective Primary Mental Health Service which should lead to significant improvements in this area of work. It should enable Welsh general practitioners to be able to follow NICE CG90 much more closely.

To enable a diagnosis of depression, symptoms need to persist for at least two weeks, and an initial period of "watchful waiting" may be appropriate. Antidepressants, when used in the right patients, have a beneficial impact. NICE does not recommend their use in sub-threshold depressive symptoms or mild depression as they have a poor risk–benefit ratio. Psychosocial intervention should be used in these cases.

NICE CG90 "Depression: The treatment and management of depression in adults" makes the following recommendation:

> ***"1.4.4 Drug treatment***
> *1.4.4.1 Do not use antidepressants routinely to treat persistent sub-threshold depressive symptoms or mild depression because the risk–benefit ratio is poor, but consider them for people with:*
> - *a past history of moderate or severe depression* ***or***
> - *initial presentation of sub-threshold depressive symptoms that have been present for a long period (typically at least 2 years)* ***or***
> - *sub-threshold depressive symptoms or mild depression that persist(s) after other interventions."*[2]

Improved access to psychosocial therapy, as envisaged by Part 1 of the Mental Health (Wales) Measure[3], should enable practitioners to follow NICE guidance more effectively and potentially reduce the inappropriate use of antidepressants. Further, with increased access to non-pharmacological intervention, patients with depression are provided with more treatment choices. Increasing psychological intervention to support medication for moderate and severe cases should also reduce antidepressant treatment failure and reduce the need for second- or third-line drugs (which are potentially more toxic).

Over the years, our understanding of antidepressants has improved. Choice of drug should primarily relate to the potential to cause harm, particularly in overdose. Drug interactions also need to be considered, as well as the patient's previous experience of effectiveness. Generally, a generic selective serotonin reuptake inhibitor (SSRI) is currently considered the treatment of choice, particularly citalopram, sertraline or fluoxetine.

2.0 DATA COLLECTION TOOLS FOR AUDIT

2.1 Audit aims

- To monitor the number of new patients diagnosed with depression that are given appropriate therapy for their degree of depression.
- To ensure that other management options are discussed, giving patients choice in their treatment.
- To ensure that where antidepressants are prescribed, appropriate monitoring and advice is given to ensure effective use of the medication, including assessment of the risk of self-harm.
- To ensure that choice of drug is in line with NICE guidance.

Note: This audit should be targeted at adult patients with depression, given the complexities of treating younger age groups.

2.2 Audit criteria

1. The percentage of new patients diagnosed with depression that are assessed for severity of illness.
2. The percentage of new patients diagnosed with depression that have sub-threshold or mild depression and are prescribed antidepressants.
3. The percentage of new patients diagnosed with depression that have sub-threshold or mild depression and are advised regarding appropriate psychosocial intervention.
4. The percentage of new patients diagnosed with depression that have moderate or severe depression and are prescribed antidepressants. (Note: this roughly correlates with a Hospital Anxiety and Depression Scale [HADS] score of 11 or higher or a Patient Health Questionnaire 9 [PHQ-9] score of 10 or higher; alternatively, refer to NICE CG90 regarding Diagnostic and Statistical Manual of Mental Disorders fourth edition [DSM-IV] criteria[2]).
5. The percentage of new patients diagnosed with depression that have moderate or severe depression and are advised regarding appropriate psychological treatment. (Note: depending on local circumstances, this is likely to include advice regarding self-help, such as computerised cognitive behavioural therapy or bibliotherapy, support from the third sector, or referral to primary or secondary mental health care services).
6. The percentage of new patients diagnosed with depression that are documented as to whether they are at risk of self-harm. (Note: this may be recorded as part of PHQ-9 documentation, but where risk is identified, best practice would be to record a more complete assessment in the clinical record).
7. The percentage of new patients diagnosed with depression that have a documented history of drug or alcohol use.
8. The percentage of new patients diagnosed with depression that are re-assessed at two weeks for side effects to the medication.
9. The percentage of new patients diagnosed with depression that are assessed for effectiveness of treatment within eight weeks.
10. The number of new patients diagnosed with depression that are advised to continue with antidepressant treatment for at least six months following remission.

(Note: antidepressants are not addictive but should be gradually withdrawn to avoid discontinuation symptoms).

11. The percentage of new patients diagnosed with depression that are prescribed an antidepressant and are commenced on an SSRI.

Provision of the following information to the practice by the local medicines management team will enable monitoring of trends in prescribing.

12. DDDs per 1,000 PUs of antidepressant medication.
13. DDDs per 1,000 PUs of venlafaxine[4], dosulepin, monoamine oxidase inhibitor (MAOI) or tricyclic antidepressant (TCA).
14. The quantity of SSRI medication as a percentage of all antidepressants prescribed.

2.3 Method

Quality and Outcomes Framework (QOF) registers can be used to identify newly diagnosed patients, although other searches may be required in order to obtain a reasonable sample size (2–4 per 1,000 patients is recommended). Searches could be carried out using read-codes used by the practice to record this illness or potentially checking for prescribing of antidepressants (see suggested search basket below[†]). Records should then be assessed retrospectively against the set criteria. Patients who have previously been managed for depression can be excluded as they may have specific treatment options in mind. A significant number of patients with depression come in crisis and do not require ongoing management. These patients provide some useful information regarding initial assessment and management and could be included. For most practices, looking at all patients on the register is probably achievable.

[†]Suggested search basket:
In terms of **items** for the quarter to September 2011, the top twelve antidepressants prescribed were citalopram, amitriptyline, fluoxetine, mirtazapine, sertraline, venlafaxine, paroxetine, dosulepin, duloxetine, trazodone, escitalopram and lofepramine.

Patient data collection audit tool

Patient ID	Severity (mild or moderate/ severe	AD given? (Y/N)	1st line AD (name if not an SSRI)	Psycho-therapy discussed?	Suicide risk? (Y/N)	Drug or alcohol use? (Y/N)	2-week side effects	8-week effectiveness	6-month advice
AD: antidepressant; SSRI: selective serotonin reuptake inhibitor									

Data regarding prescribing will be made available by the locality prescribing advisors.

Number of patients assessed =			
Criterion		**Percentage**	**Target standard**
1	% new patients diagnosed with depression that had severity assessed		**90%**
2	% new patients diagnosed with sub-threshold or mild depression that are prescribed an antidepressant		**Less than 10%**
3	% new patients diagnosed with sub-threshold or mild depression that are advised regarding psychosocial intervention		**90%**
4	% new patients diagnosed with moderate or severe depression that are prescribed an antidepressant		**90%**
5	% new patients diagnosed with moderate or severe depression that are advised regarding appropriate psychological treatment		**90%**
6	% new patients diagnosed with depression who have risk of self-harm documented		**95%**
7	% new patients diagnosed with depression that have a documented history of drug or alcohol use	Alcohol =	**90%**
		Drugs =	**90%**
8	% new patients diagnosed with depression who are re-assessed at two weeks for side effects to the medication		**80%**
9	% new patients diagnosed with depression that are assessed for effectiveness of treatment within eight weeks		**80%**
10	% new patients diagnosed with depression that are advised to continue with antidepressant treatment for at least six months following remission		**80%**
11	% new patients diagnosed with depression that are prescribed an antidepressant and are commenced on an SSRI		**90%**
Provision of the following information will enable practices to monitor trends in prescribing:			
12	DDDs per 1,000 PUs of antidepressant medication.		**Demonstrate a reduction or remain in the lower quartile**
13	DDDs per 1,000 PUs of venlafaxine		**Demonstrate a reduction or remain in the lower quartile**
	DDDs per 1,000 PUs of dosulepin		**0**
	DDDs per 1,000 PUs of MAOI		**Demonstrate a reduction or remain in the lower quartile**
	DDDs per 1,000 PUs of TCA		**Demonstrate a reduction or remain in the lower quartile**
14	% of all antidepressants (DDDs) prescribed as an SSRI (DDDs)		**Demonstrate an increase or remain in the upper quartile**

This audit has been trialled in a few practices. Setting standards is difficult and an alternative may be to discuss with neighbouring practices (perhaps on a network basis as with previous prescribing quality performance indicators). Reasonable targets for some of these criteria will vary depending on many factors, such as local population characteristics or availability of services. For some, success would be a movement towards the standard.

3.0 USEFUL RESOURCES

- Welsh Government. Mental Health (Wales) Measure. 2010.[3]
- Wales Mental Health in Primary Care. A briefing note for GPs and primary care practitioners: Mental health (Wales) measure 2010. 2011.[5]
- National Institute for Health and Clinical Excellence. Clinical Guideline 90. Depression: The treatment and management of depression in adults. 2009.[2]
- NHS Evidence. NHS Clinical Knowledge Summaries: Depression. 2010.[6]
- National Prescribing Centre. MeReC Briefing 31: The management of depression in primary care. 2005.[7]
- Medicines and Healthcare products Regulatory Authority. Selective serotonin reuptake inhibitors and serotonin and noradrenaline reuptake inhibitors. 2012.[4]
- National Prescribing Centre. MeReC Rapid Review: Antidepressants are effective for people with depression and chronic physical health problems. 2011.[8]

References

1 All Wales Medicines Strategy Group. A medicine strategy for Wales: Executive summary. 2008. Available at: http://www.wales.nhs.uk/sites3/Documents/371/Strategy%20Exec%20Summary%20endorsed%20AWMSG%20April08.pdf. Accessed Jan 2012.

2 National Institute for Health and Clinical Excellence. Clinical Guideline 90. Depression: The treatment and management of depression in adults. 2009. Available at: http://publications.nice.org.uk/depression-cg90. Accessed Jan 2012.

3 Welsh Government. Mental Health (Wales) Measure. 2010. Available at: http://www.legislation.gov.uk/mwa/2010/7/contents/enacted?view=plain. Accessed Jan 2012.

4 Medicines and Healthcare products Regulatory Authority. Selective serotonin reuptake inhibitors and serotonin and noradrenaline reuptake inhibitors. 2012. Available at: http://www.mhra.gov.uk/Safetyinformation/Generalsafetyinformationandadvice/Product-specificinformationandadvice/Product-specificinformationandadvice%E2%80%93M%E2%80%93T/Selectiveserotoninre-uptakeinhibitors/Informationforhealthcareprofessionals/index.htm. Accessed Feb 2012.

5 Wales Mental Health in Primary Care. A briefing note for GPs and primary care practitioners: Mental health (Wales) measure 2010. 2011. Report No.: 1. Available at: http://www.wamhinpc.org.uk/sites/default/files/information-sheet-6.pdf.

6 NHS Evidence. NHS Clinical Knowledge Summaries: Depression. 2010. Available at: http://www.cks.nhs.uk/depression. Accessed Feb 2012.

7 National Prescribing Centre. MeReC Briefing 31: The management of depression in primary care. 2005. Available at: http://www.npc.nhs.uk/merec/cns/depression/resources/merec_briefing_no31.pdf. Accessed Feb 2012.

8 National Prescribing Centre. MeReC Rapid Review: Antidepressants are effective for people with depression and chronic physical health problems. 2011. Available at: http://www.npc.nhs.uk/rapidreview/?p=2842. Accessed Feb 2012.