


Mild Depression

Generally, antidepressant drugs are not recommended as an initial treatment, and should only be offered when non-pharmacological methods have failed.

Support or Resource	How to access	Suitable for
Social prescribers	Via GP practices	People who lack social support
IAPT	Patients can self-refer by calling. 0300 999 1616 or webpage (www.nhft.nhs.uk/iapt)	 WB_Service_Criteria_May_20151.doc
Wellbeing Action Plan	http://northantsgpalliance.com/what-we-do/mental-health-and-prevention/	All patients
Feeling good apps [Separate apps available for adults and children]	Feeling Good: positive mindset app - NHS (www.nhs.uk)	Free for Northampton residents until 31 st March 2022. Access Feeling Good App for FREE use for adults. Referral Code: nthmtnan Password: positive Access Feeling Good App for FREE use for teenagers. Referral Code: nthteen Password: nthteen
Action for Happiness Website	https://www.actionforhappiness.org/	Information on the '10 Keys to Happier Living'
Mental Health 24 Hour Support	0800 448 0828 - Lines available 24 hours a day, seven days a week.	All

Moderate/Severe Depression

Safety Plan

- Always ask people with depression directly about suicidal ideation and intent if there is a risk of self-harm or suicide.
- Antidepressant use has been linked with suicidal thoughts and behaviour; children, young adults, and patients with a history of suicidal behaviour are particularly at risk.
- If a person with depression presents considerable immediate risk to themselves or others, refer urgently to specialist mental health services. **Telephone: 08004480828**

Choice of Antidepressant

NICE guidelines and more recent studies show that all antidepressants are more effective than placebo in reducing symptoms of depression.

NICE recommends an SSRI with a low acquisition cost as a suitable first choice option. In Northamptonshire the following antidepressants are recommended:

Antidepressant	Starting daily dose	Minimum effective daily dose	Key information
First Line			
Sertraline	50mg	50mg	Drug of choice post MI and in heart failure
Escitalopram	10mg (5mg in elderly and reduced hepatic function)	10mg	Can prolong QT interval. Maximum dose 10mg in the elderly. Drug of choice first line in epilepsy.
Fluoxetine	20mg	20mg	First choice for <24 years of age; due to increased risk of suicide. For 10mg dose use the oral solution
Mirtazapine	15-30mg	30mg	Sedative effect may be beneficial in sleep disturbance. 15mg dose is more sedating than 30mg (dominant antihistamine effect), so in some patients a starting dose of 30mg nocte may be better tolerated. Rarely reversible WBC disorders have been reported.
Second Line			
Trial of alternative first line treatment			
Third Line			
Venlafaxine	75mg	75mg	Need to monitor BP before and during treatment
Vortioxetine	10mg (5mg in elderly)	10mg	Cognitive enhancement independent of depression.
Duloxetine	60mg	60mg	If pain a predominant co-morbid symptom.
If no benefit from three antidepressants then review diagnosis, consider Treatment Resistant Depression, and consider referral to secondary care.			

Initiating Treatment

- Assess the risk of self-harm and suicide and refer if appropriate.
- Discuss treatment choice with patient, often influenced by previous use and patient preconceptions.
- Discuss possible side-effects and risk of agitation at the start of treatment.
- Therapeutic effects – it usually takes 2-4 weeks for symptoms to improve (although start to work immediately evidence of benefit only exceeds that of placebo post 4 weeks). If some benefit after 4-6 weeks and well tolerated, consider increase in dose if appropriate.
- Reassure antidepressants are not addictive, but should not be stopped abruptly.
- Counsel on length of treatment following recovery; 1st episode: 6months, 2nd episode: 1-2years, 3rd episode: 5years or longer if older, 4th episode: lifelong unless compelling reason to discontinue therapy.
- Discuss Being Well Action Plan and psychological therapy alongside drug treatment.
- Discuss safety plan- good website to develop this is <https://stayingssafe.net/>
- NICE recommends follow up after 2-4 weeks.
- Monitoring: Serum sodium at baseline, 2 weeks, then 3monthly if patient is high risk of hyponatraemia.

Side Effects and Cautions

- Adverse effects – most are mild and transient such as nausea and headache and may make the patient feel worse before they feel better.
- Adverse effects can be minimised by starting on a low dose, however if severe should be reported to the surgery.
- All SSRIs can increase bleeding risk, caution in patients with history of bleeding or in combination with antiplatelets, anticoagulants or NSAIDs. Consider mirtazapine as alternative or gastro-protection with a PPI.
- Avoid antidepressants in patients with unstable epilepsy due to reduced seizure threshold. In stable epilepsy escitalopram is considered first line however could still precipitate seizures.
- Caution is required if prescribing antidepressants in combination with a triptan or tramadol due to risk of Serotonin Syndrome. This is particularly important with SSRIs, but caution is also required with mirtazapine and venlafaxine. Symptoms of Serotonin Syndrome include hyperthermia, rigidity, myoclonus, autonomic instability with rapid fluctuations of vital signs, mental status changes that include confusion, irritability and extreme agitation progressing to delirium and coma.
- In patients with diabetes SSRIs may alter glycaemic control.

Switching and Stopping

- If no improvement in mood (even minimal) after 4 weeks of a therapeutic dose, switch to alternative antidepressant.
- When switching antidepressants refer to the following tables for advice: [UKMI_QA_How-do-you-switch-between-TCA-SSRI-related-antidepressants_update_Oct-2019.pdf \(sps.nhs.uk\)](#) or [Switching antidepressants | Prescribing information | Depression | CKS | NICE](#)
- Duration of treatment should continue for a minimum of 6 months after recovery, extending for longer with subsequent episodes.
- Beware of antidepressant discontinuation symptoms when switching and stopping. Symptoms include dizziness, light-headedness, sleep disturbances, agitation, volatility, electric shocks in the head, nausea, fatigue, headache, 'flu-like' symptoms.
- Discontinuation symptoms usually start 1-3 days after stopping/dose reduction (apart from fluoxetine as long half-life and may take 2 weeks to start). Symptoms are usually short lived (1-2 weeks)
- Stopping antidepressants should be done slowly and at the appropriate time to reduce discontinuation effects and prevent relapse

Pregnancy & Breastfeeding

- The risk of congenital abnormalities and neonatal complications needs to be balanced against the risk of not treating. The UK teratology information service www.uktis.org/ has an excellent telephone service that can help provide patients with accurate information regarding risks. You can also download the **TOXBASE app** with an nhs.net email to access this information.
- Most available data is not dose dependent, so lowering doses is not proven to reduce risk and may make the medication less effective.
- Switching to a 'less risky' antidepressant may not be appropriate as exposure to two medicines carries more risk than exposure to one, and the new medication may not work.
- BUMPS website is a source of excellent patient information leaflets: [bumps - best use of medicine in pregnancy.](#)
- For breastfeeding enquiries: NHFT perinatal service and UKMI Medicines in lactation can be consulted; contact details below.

Useful Links and References

- MIND: [Home | Mind](#)
- Headspace: [Meditation and Sleep Made Simple - Headspace](#)
- Nice.org.uk. 2009. Depression In Adults: Recognition And Management. [Overview | Depression in adults: recognition and management | Guidance | NICE](#)
- Cks.nice.org.uk. 2020. Depression - NICE CKS. [Depression | Health topics A to Z | CKS | NICE](#)
- PrescQIPP Bulletin 237. Antidepressants. [Bulletin 237. Antidepressants | PrescQIPP C.I.C](#)
- Nice.org.uk. 2009. Depression In Adults With A Chronic Physical Health Problem: Recognition And Management. [Overview | Depression in adults with a chronic physical health problem: recognition and management | Guidance | NICE](#)
- Please contact [NHFT perinatal service](#) to discuss use of psychotropic medication in pregnancy and breastfeeding.
- UKMI Medicines in lactation service can also offer advice: tel: 0116 258 6491/ 0121 424 7298 For non-urgent enquiries email via the enquiry facility on: <http://www.midlandsmedicines.nhs.uk>