

SCOPE

1 Guideline title

Depression: the treatment and management of depression in adults (update)

1.1 Short title

Depression in adults (update)

2 Background

- a) The National Institute for Health and Clinical Excellence ('NICE' or 'the Institute') has commissioned the National Collaborating Centre for Mental Health to review recent evidence on the treatment and management of depression and to update the existing guideline 'Depression: management of depression in primary and secondary care' (amended) (NICE clinical guideline 23, 2007). The guideline update will provide recommendations for good practice that are based on the best available evidence of clinical and cost effectiveness.
- b) The Institute's clinical guidelines support the implementation of National Service Frameworks (NSFs) in those aspects of care for which a Framework has been published. The statements in each NSF reflect the evidence that was used at the time the Framework was prepared. The clinical guidelines and technology appraisals published by NICE after an NSF has been issued have the effect of updating the Framework.
- c) NICE clinical guidelines support the role of healthcare professionals in providing care in partnership with patients, taking account of their individual needs and preferences, and ensuring that patients (and their carers and families, if appropriate) can make informed decisions about their care and treatment.

3 Clinical need for the guideline

- a) Depression refers to a range of mental health disorders characterised by the absence of a positive affect (a loss of interest and enjoyment in ordinary things and experiences), low mood and a range of associated emotional, cognitive, physical and behavioural symptoms. It is often accompanied by anxiety, and can be chronic even in milder presentations. People with more severe depression may also develop psychotic symptoms (hallucinations and/or delusions).
- b) The symptoms of depression can be disabling and the effects of the illness pervasive. Depression can have a major detrimental effect on a person's personal, social and occupational functioning, placing a heavy burden on the person and their carers and dependents, as well as placing considerable demands on the healthcare system. Among all diseases, depression is currently the fourth leading cause of burden to society. World Health Organization projections indicate that it will be the highest ranking cause of disease burden in developed countries by 2020.
- c) Each year 6% of adults will experience an episode of depression and over the course of their lifetime more than 15% of the population will experience an episode. The average length of an episode of depression is between 6 and 8 months. For many people the episode will be mild but for more than 30%, the depression will be moderate or severe and have a significant impact on their daily lives. Recurrence rates are high: there is a 50% chance of recurrence after a first episode, rising to 70% and 90% after a second or third episode, respectively.
- d) Estimated prevalence rates for men do not vary greatly among ethnic groups but those for women differ remarkably. In the UK significantly higher rates of depression are reported in women of Asian or Oriental family origin or background compared with other

groups, with the next highest rates being in white women and the lowest rates in women of West Indian or African family origin or background. However, these estimates are based on relatively small samples.

- e) Depression is the leading cause of suicide, which accounts for just under 1% of all deaths. Nearly two-thirds of deaths by suicide occur in people with depression (that is, about 2600 suicides per year in England alone).
- f) Data from the Prescription Cost Analysis (PCA) system show that in the 12 months to March 2006, antidepressant drugs accounted for 4.1% of all items dispensed in the community in England, at a net ingredient cost of £31 million.
- g) The NICE clinical guideline 'Depression: management of depression in primary and secondary care' (clinical guideline 23) was published in December 2004, and was amended in 2007 to take into account new prescribing advice for venlafaxine. New evidence regarding the care of people with depression involving psychosocial, pharmacological and other physical interventions means that NICE's original guideline on depression needs to be updated.

4 The guideline

- a) The guideline development process is described in detail in two publications that are available from the NICE website (see 'Further information'). 'The guideline development process: an overview for stakeholders, the public and the NHS' describes how organisations can become involved in the development of a guideline. 'The guidelines manual' provides advice on the technical aspects of guideline development.

- b) This document is the scope. It defines exactly what this guideline will (and will not) examine, and what the guideline developers will consider.
- c) The areas that will be addressed by the guideline are described in the following sections.

4.1 *Population*

4.1.1 *Groups that will be covered*

- a) Adults (aged 18 years and older) who have a clinical diagnosis of depression established by a recognised diagnostic system such as DSM-IV or ICD-10. The guideline will be relevant to people with mild, moderate and severe major depressive disorders.
- b) People in the above group who also have learning difficulties, acquired cognitive impairments or language difficulties.

4.1.2 *Groups that will not be covered*

- a) People with chronic physical disorders. A separate guideline on the treatment of depression in people with chronic physical health problems has been commissioned and will be developed in conjunction with this guideline.
- b) People with other primary psychiatric disorders, such as schizophrenia or substance misuse.

4.2 *Healthcare setting*

- a) Primary, secondary and tertiary care. The guideline will be relevant to all healthcare professionals who provide care for people with depression, irrespective of setting.

4.3 *Clinical management*

- a) Recognition, assessment and classification of depression, including variations to the assessment to take account of the needs of people

with learning difficulties, acquired cognitive impairments or language difficulties.

- b) Treatment of depressive episodes of differing severity, including the appropriate use of psychosocial interventions (such as guided self-help, formal psychological interventions, support groups and programmes aimed at facilitating employment), pharmacological interventions (including antidepressants and other medication), and physical interventions (such as exercise or electroconvulsive therapy).
- c) Variations to the systems for accessing and delivering treatment required to take account of the needs of people with learning difficulties, acquired cognitive impairments or language difficulties.
- d) Interventions to reduce the risk of relapse after an acute depressive episode.
- e) Assessment and management of known side effects and other drawbacks of psychotropic medication, physical interventions and psychosocial interventions, including long-term side effects and risks of suicide.
- f) Combined psychosocial and pharmacological treatments, the use of combined pharmacological treatments and the sequencing of both pharmacological and psychosocial interventions.
- g) The safe withdrawal or discontinuation of psychotropic medication.
- h) Interactions between psychotropic medication and common prescription and over-the-counter drugs.
- i) The varying approaches of different races and cultures, and issues of internal and external social exclusion.
- j) The role of families and carers in the treatment and support of people with depression.

- k) The ways in which services are delivered, including models of care such as case management and collaborative care, and the structured delivery of care in primary and secondary care services.
- l) Note that guideline recommendations for pharmacological interventions will normally fall within licensed indications; exceptionally, and only if clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use a drug's summary of product characteristics to inform their decisions for individual service users.
- m) The Guideline Development Group will take reasonable steps to identify ineffective interventions and approaches to care. If robust and credible recommendations for re-positioning an intervention for optimal use or changing an approach to care to make more efficient use of resources can be made, they will be clearly stated. If the resources released are substantial, consideration will be given to listing such recommendations in the 'Key priorities for implementation' section of the guideline.
- n) The guideline will not cover:
- diagnosis of depression
 - primary prevention of depression.

4.4 Status

4.4.1 Scope

This is the final scope.

The guideline will be developed in conjunction with 'Depression: the treatment and management of depression in adults with chronic physical health problems'; together they will update 'Depression: management of depression in primary and secondary care' (amended) (NICE clinical guideline 23 [amended] [2007]).

They will also update and replace the following NICE guidance.

- Computerised cognitive behaviour therapy for depression and anxiety. NICE technology appraisal guidance 97 (2006).
- Guidance on the use of electroconvulsive therapy. NICE technology appraisal guidance 59 (2003).

4.4.2 Guideline

The development of the guideline recommendations will begin in November 2007.

5 Further information

Information on the guideline development process is provided in:

- 'The guideline development process: an overview for stakeholders, the public and the NHS'
- 'The guidelines manual'.

These are available as PDF files from the NICE website (www.nice.org.uk/guidelinesmanual). Information on the progress of the guideline will also be available from the website.