

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

SCOPE**1 Guideline title**

Depression: management of depression in adults¹ in primary and secondary care (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 management of depression and to update the existing guideline 'Depression (amended): management of depression in primary and secondary care' (NICE clinical guideline 23, 2007). The 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 will support the implementation of National Service Frameworks (NSFs) in those aspects of care where 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 the Institute after an NSF has been issued will have the effect of updating the Framework.
- c) NICE clinical guidelines support the role of healthcare professionals in providing care in partnership with service users, taking account of their individual needs and preferences, and ensuring that service

¹ Although the original guideline did not include 'adults' in its title, only adults were covered, and a guideline for the treatment of depression in children has been published since.

users (and their carers and families, where 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). New evidence regarding the care of people with depression involving psychological, pharmacological and other physical interventions means that NICE's original guideline on depression needs to be updated.
- b) The symptoms of depression can be disabling and the effects of the illness pervasive. Depression can have a major detrimental effect on people's personal, social and occupational functioning, placing a heavy burden on individuals 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 Organisation projections indicate that it will be the highest ranking cause of disease burden in developed countries by the year 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 one episode and 70% and 90% after a second or third episode respectively.

- d) Depression is also the leading cause of suicide, which accounts for just less than 1% of all deaths, of which nearly two-thirds occur in people with depression (that is, about 2600 suicides per year in England alone).
- e) 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.
- f) The NICE clinical guideline 'Depression: management of depression in primary and secondary care' (NICE clinical guideline 23) was published in December 2004, and was amended in 2007 to take into account new prescribing advice for venlafaxine.

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

Adults (aged 18 years and older) who have a clinical diagnosis of major depressive disorder 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 disorder. There will be no upper age limit.

4.1.2 Groups that will not be covered

People with physical disorders or other primary psychiatric disorders (such as substance misuse). 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.

4.2 *Healthcare setting*

Primary, secondary and tertiary care (including specialist services). The guidance will be relevant to all healthcare professionals who provide care for people with depression.

4.3 *Clinical management*

4.3.1 Topics that will be covered

- a) The assessment and classification of depression, in particular the severity and duration of the episode, and the resulting disability.
- b) The treatment of depressive episodes of differing severity, including the appropriate use of psychological interventions (such as guided self-help and formal psychological interventions), pharmacological interventions (including antidepressants and other medication), and physical interventions (such as exercise, electroconvulsive therapy and transcranial magnetic stimulation).
- c) The use of interventions to reduce the risk of relapse after an acute depressive episode.

- d) The assessment and management of the known side effects and other disbenefits of psychotropic medication and psychological interventions, including long-term side effects and risks of suicide.
- e) The use of combined psychological and pharmacological treatments, the use of combined pharmacological treatments and the sequencing of both pharmacological and psychological interventions.
- f) The safe withdrawal/discontinuation of psychotropic medication.
- g) Interactions between psychotropic medication and common prescription and over-the-counter drugs.
- h) The varying approaches of different races and cultures and issues of internal and external social exclusion.
- i) The role of the family in the treatment and support of people with depression.
- j) How 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.
- k) Advice on treatment options will be based on the best evidence available to the GDG. The recommendations will be based on effectiveness, safety and cost effectiveness. 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 support joint clinical decision making between service users and prescribers.
- l) The guideline development group will take reasonable steps to identify ineffective interventions and approaches to care. If robust and credible recommendations for re-positioning the intervention

for optimal use, or changing the 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.

4.3.2 Topics that will not be covered

- Diagnosis.
- Primary prevention.

4.4 Status

4.4.1 Scope

This is the draft scope for consultation with stakeholders. The consultation period is from 27 August to 24 September.

The guideline will update the following NICE guidance.

- Depression (amended): management of depression in primary and secondary care. NICE clinical guideline 23 (amended) (2007).

The guideline will incorporate 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 booklets 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.