NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Centre for Clinical Practice

Review of Clinical Guideline (CG91) – Depression in adults with a chronic physical health problem: treatment and management

Background information

Guideline issue date: 2009

3 year review: 2012

National Collaborating Centre: Mental Health

Review recommendation

- The guideline should not be updated at this time.

Factors influencing the decision

Literature search

1. Through an assessment of abstracts from a high-level randomised controlled trial (RCT) search, new evidence was identified relating to the following clinical areas within the guideline:
    - Service level interventions
    - Psychological and psychosocial interventions
    - Pharmacological interventions
2. Through this stage of the process, a sufficient number of studies (n=35) relevant to the above clinical areas were identified to allow an assessment for a proposed review decision.
3. The findings of the identified studies mostly reinforce existing guideline recommendations and no new evidence was identified which would

indicate a significant change in clinical practice or invalidate or change the direction of current guideline recommendations.

4. Two ongoing clinical trials were identified:
    - Intervention study of depression in breast cancer patients (expected completion date December 2012)
    - Behavioral activation therapy for rural veterans with diabetes and depression (expected completion date March 2016)

Guideline Development Group perspective

5. A questionnaire was distributed to GDG members to consult them on the need for an update of the guideline. Two responses were received. One respondent stated that they do not think the guideline needs to be updated at this point in time.
6. The other respondent's view was that the guideline needs to be updated as there is new evidence emerging rapidly, especially on diabetes and depression, that generally supports or confirms guideline recommendations.
7. One respondent highlighted that they are involved in two large RCTs that are both close to completion and that when published next year, the findings are very likely to be of relevance to the guideline.

Implementation and post publication feedback

8. In total 39 enquiries were received from post-publication feedback, most of which were routine. No new evidence was identified through post publication enquiries or implementation feedback that would indicate a need to update the guideline.
9. Several implementation studies from published literature were identified:
    - Low cost depression treatments 'not funded by NHS' (Health Insurance 2011)
    - HI Magazine uncovers six month waits for NHS counselling (Health Insurance 2011)

- Community Mental Health Survey 2011 (Care Quality Commission 2011)
- Quarterly analysis of Improving Access to Psychological Therapies (IAPT) Key Performance Indicators (KPIs) Q1 Apr-11-June-11 (The NHS Information Centre for Health and Social Care 2011)
- Postnatal Depression Services: An Investigation into NHS Service Provision (The Patients Association 2011)
- National Audit of Psychological Therapies for Anxiety and Depression, National Report 2011 (Royal College of Psychiatrists 2011)
- An audit of the management of depression in a community population with intellectual disabilities in accordance with NICE guidance (Da Costa et al. 2011 British Journal of Development Disabilities 57 (2) 147-157)

10. In terms of qualitative input from the field team, no comments were identified that were directly related to this guideline (CG91 Depression with a chronic physical health problem). However, a number of comments were raised in relation to the Depression in adults guideline (CG90, published October 2009) that may apply to this guideline. These follow:
    - The guideline (along with other NICE guidance) may have contributed to a general overhype of CBT (one person).
    - The guideline may place too much emphasis on CBT and other psychological therapies should be given more consideration (one person).
    - The costing tool is not realistic in terms of the cost impacts (one person).
    - The guideline is excellent and has been helpful in developing a local care pathway jointly with GPs, and NICE's involvement in the field of mental health has been very positive and hugely helpful (one person).

- The guideline is difficult to implement as it cuts across 3 divisions and no specialty ownership can be identified to lead implementation (one person).
- It is not clear what to do when treatment options in guidelines have been exhausted (one person).
- Despite PCTs developing shared care arrangements with primary care for schizophrenia, depression and physical care, GPs may be unwilling to take on the prescribing cost in primary care (one person).

11. No new evidence was identified through post publication enquiries or implementation feedback that would indicate a need to update the guideline.

Relationship to other NICE guidance

12. NICE guidance related to CG91 can be viewed in Appendix 1.

Summary of Stakeholder Feedback

Review proposal put to consultees:
The guideline should not be considered for an update at this time.

13. In total 14 stakeholders commented on the review proposal during the 2 week consultation period (see Appendix 2).
14. Eight stakeholders agreed with the review proposal recommendation that the guideline should not be updated at this time and one stakeholder had no comments.
15. Five stakeholders did not agree:
    - Two stakeholders commented that there was no dermatology representation in the guideline and that depression can be an issue in patients with chronic skin disease but did not provide references. However, the original guideline discussed the psychosocial impact of alteration in body image (such as hair loss and visible scars) as a result of chronic physical health problems.

- Two stakeholders suggested that the guideline makes no mention of HIV and also referred to the new standards for psychological support for people living with HIV. However, the guideline makes a number of references to HIV infection as a chronic physical health problem and also recognises the increased prevalence of depression in people with HIV. The guideline (as well as the review consultation document) also included studies on the management of depression in people with HIV. Of note is that the new standards are for all people living with HIV – they do not specifically address the provision of care for people with both depression and HIV infection. Moreover, the standards do not invalidate or change current guideline recommendations.
- One stakeholder suggested that the guideline should place more emphasis on the impact of chronic conditions which may lead to depression, and specifically elaborated on the link between chronic pain and depression, with references mostly from the 80s. However, the guideline already recognises that pain could be one of the chronic physical health problems that is associated with depression and the references that were submitted would have been considered during the development of the guideline.
- One stakeholder commented that the guideline mentions irritable bowel syndrome and chronic liver disease in passing, but does not include mention of inflammatory bowel disease (IBD) or chronic pancreatitis as chronic conditions commonly associated with depression.

Anti-discrimination and equalities considerations

16. No evidence was identified to indicate that the guideline scope does not comply with anti-discrimination and equalities legislation. The guideline addresses the treatment and management of depression in adults with a chronic physical health problem in the NHS in England and Wales

Conclusion

17. Through the process no new evidence was identified which would indicate a significant change in clinical practice. There are no factors described above which would invalidate or change the direction of current guideline recommendations.

Relationship to quality standards

18. This guideline relates to a published quality standard on depression in adults (including with a chronic physical health problem) (QS8).

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Centre for Clinical Practice
11 September 2012

Appendix 1

The following NICE guidance is related to CG91:

Guidance	Review date
Depression. NICE Pathway May 2011	To be confirmed
Depression in adults: Quality Standard. March 2011	To be confirmed
Service user experience in adult mental health: Quality Standard December 2011	To be confirmed
Alcohol dependence: Quality Standard August 2011	To be confirmed
Depression in adults: Evidence update April 2012	To be confirmed
Depression in adults with a chronic physical health problem: Evidence Update March 2012	To be confirmed
TA97 Computerised cognitive behaviour therapy for depression and anxiety. February 2006	The recommendations in this technology appraisal relating to the treatment of depression have been replaced by recommendations in the two depression guidelines (CG90 and CG91); the recommendations that deal with phobia will be updated within the ongoing clinical guideline on the recognition, assessment and treatment of social anxiety disorder
PH 24 Alcohol-use disorders: preventing harmful drinking June 2010	May 2013
PH 22 Promoting mental wellbeing at work. November 2009	October 2012

PH16 Mental wellbeing and older people October 2008	November 2014
PH 19 Management of long-term sickness and incapacity for work. March 2009	The review of this guidance has been deferred in light of 3 new referrals that were received from Ministers
IPG330 Vagus nerve stimulation for treatment-resistant depression. August 2009	To be confirmed
IPG242 Transcranial magnetic stimulation for severe depression. November 2007	To be confirmed
CG15 Type 1 diabetes: Diagnosis and management of type 1 diabetes in children, young people and adults. July 2004	To be confirmed
CG16 Self-harm: The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care. July 2004	February 2015
CG37 Postnatal care. October 2006	Following the recent review recommendation, it has been decided not to update this guideline at this stage. The guideline will be reviewed for update again in July 2015
CG38 Bipolar disorder. July 2006	An update of this guideline is currently in the process of being scheduled into the work programme
CG45 Antenatal and postnatal mental health. February 2007	An update of this guideline is currently in the process of being scheduled into the work programme
CG88 Low back pain: Early management of persistent non-specific low back pain. May 2009	An update of this guideline is currently in the process of being scheduled into the work programme

CG96 Neuropathic pain: The pharmacological management of neuropathic pain in adults in non-specialist settings. March 2010	An update of this guideline is currently in the process of being scheduled into the work programme
CG110 Pregnancy and complex social factors. September 2010	September 2013
CG113 Anxiety. January 2011	To be confirmed
CG115 Alcohol dependence and harmful alcohol use February 2011	To be confirmed
CG123 Common mental health disorders. May 2011	To be confirmed
CG133 Self-harm (longer term management) November 2011	To be confirmed
CG136 Service user experience in adult mental health. December 2011	To be confirmed
Related NICE guidance in progress	
The following relevant Quality Standards are in development • Self-harm • Drug-use disorders	 To be confirmed To be confirmed
The following relevant Quality Standards have been referred • Anxiety • Self harm (vulnerable groups, children and young people)	 To be confirmed To be confirmed

Appendix 2

National Institute for Health and Clinical Excellence

Review of Clinical Guideline (CG91) – Depression in adults with a chronic physical health problem

Guideline Review Consultation Comments Table

6 – 20 August 2012

Stakeholder	Agree with proposal to not update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Response
Previous GDG		Yes	I have not identified any area of research to change the guidance within the review or within my own field of expertise in chronic		Thank you for your comment.

Stakeholder	Agree with proposal to not update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Response
			neurological disorders.		
British Association of Dermatologists	No	This is a useful document which is well written and researched and would be of great value to clinicians and patients if it included skin disease.	There was no dermatology representation in the generation of this document. In particular as the document clearly states the alteration in body image (surely a major aspect of chronic skin disease) is a major factor in the generation of depression for patients who have chronic disease (page		Thank you for your comments. Through the review process we identified a number of studies related to the guideline. None were on the management of depression in people with chronic skin disease. We concluded that there is no new evidence which would invalidate or change the direction of the current guideline recommendations. As mentioned, however, by the

Stakeholder	Agree with proposal to not update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Response
			57 of the report). There is wide acknowledgement that skin disease accounts for a large proportion of primary care consultations, and although primary care is represented in the generation of this document, dermatology is not.		stakeholder, the original guideline has discussed the psychosocial impact of alteration in body image (such as hair loss and visible scars) as a result of chronic physical health problems.
British Association of Dermatologists	No		There are various sections in this report about cancer and its		Thank you for your comments. Through the review process we

Stakeholder	Agree with proposal to not update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Response
			association with depression, but there is no mention of skin cancer specifically (there is mention of renal, prostate and breast cancer), this is despite the widespread knowledge that skin cancer is the most common cancer of all.		identified a number of studies related to the guideline. None were on the management of depression in people with skin cancer. The overall conclusion is that that there is no new evidence which would invalidate or change the direction of the current guideline recommendations.
British Association of Dermatologists	No		Skin diseases, such as psoriasis, acne, eczema and genital		Thank you for your comment. Through the review process we identified

Stakeholder	Agree with proposal to not update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Response
			disease, are known to cause considerable psychosocial distress, which is frequently reported as a precipitant of, or exacerbating factor in, skin disease. There is a high prevalence of psychiatric disorder and psychological distress amongst dermatology patients. Furthermore, there is accumulating		a number of studies related to the guideline. None were on the management of depression in people with skin disease(s).

Stakeholder	Agree with proposal to not update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Response
			evidence that skin disease can affect most aspects of an individual's life, including relationships, work, social life and sporting activities.		
British Association of Dermatologists	No	The reference to isotretinoin on p313 is inaccurate and requires qualification.			Thank you for your comment. The text you refer to is in Appendix 7 of the original guideline, as follows: "7) ..... to what extent do the following factors affect the choice of drug: .....

Stakeholder	Agree with proposal to not update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Response
					● physical health medications that have depressive effects (for example tetrabenazine, reserpine, beta blockers [such as propranolol], calcium antagonists [verapamil], interferon, retinoids [such as isotretinoin]).” The drug was listed during the formulation of the clinical questions. However, no studies on isotretinoin were included during

Stakeholder	Agree with proposal to not update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Response
					development and no specific recommendations regarding isotretinoin were made in the original guideline. Your comment will be passed to the Guideline Commissioning Manager.
Nottinghamshire Healthcare NHS Trust	Yes	No new evidence			Thank you for your comment.
Medical Foundation for AIDS and Sexual Health	No	MedFASH comments relate to HIV. HIV was not mentioned in the original guideline but we do not know whether it was explicitly excluded from the original scope. We have therefore placed our comments in this column.			Thank you for your comments. The guideline makes a number of references to HIV infection as a chronic physical health

Stakeholder	Agree with proposal to not update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Response
					problem and also recognises the link between depression and HIV infection.
Medical Foundation for AIDS and Sexual Health	No	Since publication of the NICE guideline, new standards for psychological support for people living with HIV (PLWH) (British HIV Association, British Psychological Society and MedFASH (2011) *Standards for psychological support for adults living with HIV.* London: MedFASH. Available at www.medfash.org.uk) have been produced through a process of multi-stakeholder engagement and consultation, informed by the available evidence. The standards were developed in recognition of the compelling rationale for providing prompt psychological support for PLWH, the current variability in the extent and quality of provision of psychological support for PLWH, and the need for consideration of HIV-specific aspects of psychological support that are required. The current version of the NICE guideline makes no mention of HIV, even in passing, although for most of the 80k people now living with diagnosed HIV in the UK, HIV is a chronic physical health problem. We recommend that the guideline be reviewed with reference to its implications for HIV, in the light of the new Standards.			Thank you for your comments. The guideline makes a number of references to HIV infection as a chronic physical health problem and also recognises the increased prevalence of depression in people with HIV. The guideline (as well as the review consultation document) included studies on the management of depression in

Stakeholder	Agree with proposal to not update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Response
					people with HIV. The new standards for psychological support are for all people living with HIV – they do not specifically address the provision of care for people with both depression and HIV infection. Moreover, the standards do not invalidate or change current guideline recommendations.
Medical Foundation for AIDS and Sexual Health	No	People with HIV are about twice as likely to be diagnosed with depression as matched controls in the general population (Ciesla JA & Roberts JE (2001) Meta-analysis of the relationship between HIV infection and risk for depressive disorders. *Am J Psychiatry* 158:725-730). The fact that HIV, unlike other LTCs, is not mentioned in the current version of the guideline means there is a risk that commissioners and providers may not recognise that the guideline applies to PLWH as a key population. This is especially so in view of the stigma that still applies to HIV, the variability in current			Thank you for your comments. The guideline makes a number of references to HIV infection as a chronic physical health problem and

Stakeholder	Agree with proposal to not update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Response
		psychological support services for PLWH, and the lack of explicit inclusion of HIV in other policy documents relating to long term condition management. We would therefore recommend that HIV be explicitly mentioned with the guideline, supported by evidence as identified in Table 1 of NICE's consultation document.			also recognises the increased prevalence of depression in people with HIV (eg pp. 23, 55, 172, etc). Through the review process we identified two studies related to the management of depression in people with HIV and concluded that the new evidence would not invalidate or change the direction of current guideline recommendations.
Medical Foundation for AIDS	No	Unlike other chronic physical health problems, HIV is a communicable disease. Risky sexual behaviour is often associated with depression and substance misuse (Stiffman A, Dore P, Cunningham R et al (1995) Person and environment			Thank you for your comments.

Stakeholder	Agree with proposal to not update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Response
and Sexual Health		in HIV risk behavior change between adolescence and young adulthood. *Health Educ Q* 22(2):211-226. doi: 10.1177/109019819502200209) If this behaviour occurs in people living with the chronic health condition of HIV, especially if combined with low adherence to antiretroviral medication (thus raising viral load), there could be a substantially increased risk of onward transmission of HIV. We would urge NICE to review the evidence base in relation to this link with reference to not only the individual health impact but also the public health impact and associated cost impact of depression and its treatment in PLWH.			Through the review process we identified two studies related to the management of depression in people with HIV and concluded that the new evidence would not invalidate or change the direction of current guideline recommendations This information will be considered in the future update review of this guideline.
Medical Foundation for AIDS and Sexual Health	No	As set out in the *Standards for psychological support for adults living with HIV* , frameworks developed for psychological support for the general population or for those with other long-term conditions may be relevant for PLWH. However, there are particular aspects of HIV and its care which mean that different assessment and intervention methods may be appropriate. We would urge NICE to consider the implications of this for its guideline, with reference to the Standards, especially section 7 of the			Thank you for your comments. The new standards for psychological support are for all people living with HIV – they do not

Stakeholder	Agree with proposal to not update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Response
		Introduction (pp 11-12) and the individual standards.			specifically address the provision of care for people with both depression and HIV infection. Moreover, the standards do not invalidate or change current guideline recommendations. This information will be considered in the future update review of this guideline.
Department of Health		Thank you for the opportunity to comment on the review for the update of the above clinical guideline. I wish to confirm that the Department of Health has no substantive comments to make, regarding this consultation.			Thank you for your comment.
Royal College of Nursing	Yes	Satisfied with the overall approach.			Thank you for your comment.
Eli Lilly and Company	Yes	We have reviewed Clinical Guideline CG91 and agree with your comments.	We have no comments at	We have no comments at	Thank you for your comment.

Stakeholder	Agree with proposal to not update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Response
			this time.	this time.	
Napp Pharmaceuticals Ltd	No	Long term conditions are now a key driver within the NHS. The management of LTCs is often difficult due to co-morbidities. We suggest that this guideline and CG90 and the Quality Standard should reflect more the impact of the chronic conditions and co-morbidities which may lead to depression, loss of quality of life and even employment.			Thank you for your comment. This information will be considered in the future update review of this guideline.
Napp Pharmaceuticals Ltd			We would suggest that a number of co-morbidities should be defined for example depression may be linked to pain, diabetes, COPD, heart failure, etc. For pain it is known that studies have		Thank you for your comments and for providing references. The guideline recognises that pain is one of the chronic physical health problems that is associated with depression. These references would have been considered during the development of the guideline.

Stakeholder	Agree with proposal to not update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Response
			shown that depression is more common among patients with chronic pain than in healthy controls.[1,2] A study of 4839 patients with chronic pain across Europe has shown that 21% of patients were diagnosed with depression as a result of their pain.[3] Another study has reported this may be as high as 87%[4]		Searches for the current review were restricted to the period between March 2008 and May 2012.

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			Chronic pain can lead to a reduced quality of life which can reduce social and occupational functioning and activity. The addition of depression can lead to worsening of these effects.[5,6] As these are closely interlinked it would therefore be beneficial to define these		

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			and provide further information on the importance of pain and depression. Reference: 1. Fishbain DA, et al. Clin J Pain 1986; 13:116-137. 2. Sullivan MJL, et al. Pain 1992; 50:5-13. 3. Breivik H, Collett B, Ventafridda V et al. Eur J Pain. 2006;10(4):		

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			4. Lindsay PG, Wyckoff M. Psychosomatics 1981; 22:571-577. 5. Wells K. B. et al. Am J Psychiatry 1988; 145:976-981. 6. Doan BD, Wadden NP. Pain 1989; 36:75-84		
Rotherham, Doncaster & South Humber Mental	Yes	Agree with conclusion: ' Through the process no new evidence was identified which would indicate a significant change in clinical practice. There are no factors described above which would invalidate or change the direction of current guideline recommendations'.			Thank you for your comment.

Stakeholder	Agree with proposal to not update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Response
Health NHS Foundation Trust					
Education for Health	Agree in principle but would like to draw attention to a newly published paper which needs consideration (see Comments	**Exercise training improves depressive symptoms in heart failure: HF-ACTION** Exercise is known to improve symptoms of depression, but "***to our knowledge, this is the first randomized trial to show that exercise resulted in a small but statistically significant reduction in depressive symptoms in patients with heart failure***," write the authors, led by **Dr James A Blumenthal** (Duke University Medical Center, Durham, NC), in the August 1, 2012 issue of the Journal of the American Medical Association. (A PDF with further information has been attached to email.)	Nil	Nil	Thank you for your comment and for providing this reference. The Blumenthal 2012 study was not included in the review consultation document as it was published after the searches had already been done. Searches were restricted to between March 2008 and May 2012. This information will be considered in the future update review

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	column)				of this guideline.
Royal College of Psychiatrists	No	there's not enough new here to warrant a review			Thank you for your comment.
National AIDS trust	No	While we agree that the current guideline is not invalidated by new information we do feel that this review is an opportunity to consider the new 'Standards for psychological support for adults living with HIV' which have been developed by the British Psychological Society, the British HIV Association and the Medical Foundation for AIDS and Sexual Health, since the publication of the NICE Guideline. The Standards were developed through a process of multi-stakeholder engagement and consultation, and were informed by the available evidence. The Standards were required due to the current lack of consistency in the extent and quality of provision of psychological support for people living with HIV and the accentuated need of people living with HIV for psychological support.			Thank you for your comments. The guideline makes a number of references to HIV infection as a chronic physical health problem and also recognises the increased prevalence of depression in people with HIV. The guideline (as well as the review consultation document) included

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		The current NICE guideline makes no mention of HIV despite the fact that for most of the almost 100,000 people living with HIV in the UK, it is a chronic, long term condition. We recommend the Guideline be reviewed taking account of the new Standards and a wider range of evidence than is detailed in the review consultation document in relation to HIV.			studies on the management of depression in people with HIV. The new standards for psychological support are for all people living with HIV – they do not specifically address the provision of care for people with both depression and HIV infection. Moreover, the standards do not invalidate or change current guideline recommendations.
National AIDS trust	No	While it is encouraging that some research relating to the impact of depression on HIV as chronic health condition, we feel there are a number of studies which have been overlooked.			Thank you for your comments. The guideline

Stakeholder	Agree with proposal to not update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Response
		People with HIV are approximately twice as likely to be diagnosed with depression as matched controls in the general public (Ciesla JA & Roberts JE (2001) Meta-analysis of the relationship between HIV infection and risk for depressive disorders. Am J Psychiatry 158: 725-730). We are concerned that the lack of reference to HIV in the current guideline, as compared to other long-term conditions which are mentioned, creates a potential risk that commissioners and providers may not recognise that the Guideline applies to people living with HIV as a key population. This is particularly a risk as there is still such a lack of knowledge of HIV and its wider implications within the general medical profession, and people living with HIV still experience considerable stigma in many areas of life, including within healthcare. The variability in current psychological support services for people living with HIV and the failure to explicitly include HIV in other key documents relating to long term condition management, despite general acceptance of HIV as a long term condition including by the Department of Health, adds to the risk that the psychological needs of people living with HIV may be overlooked.			makes a number of references to HIV infection as a chronic physical health problem and also recognises the increased prevalence of depression in people with HIV (eg pp. 23, 55, 172, etc). Through the review process we identified two studies related to the management of depression in people with HIV and concluded that the new evidence would not invalidate or change the direction of current guideline

Stakeholder	Agree with proposal to not update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Response
		Unlike other chronic physical health conditions it should not be forgotten that HIV is also a communicable disease. Risky sexual behaviour is often associated with depression and substance misuse (Stiffman A, Dore P, Cunningham R et al (1995) Person and environment in HIV risk behaviour change between adolescence and young adulthood. Health Educ Q 22(2): 211-226). There may be a substantially increased risk of onward transmission of HIV if this behaviour is combined with low adherence to antiretroviral medication and the resulting increased viral load. (Harding, R Lampe FC, Norwood S, et al. (2010) Symptoms are highly prevalent among HIV outpatients and associated with poor adherence and unprotected sexual intercourse. Sex. Transm Infect). We would urge NICE to review the evidence base on the link between depression and high risk sexual behaviour, not only in terms of individual health and wellbeing but also in terms of the wider public health impact and associated costs. The standards set out the evidence supporting the specific psychological needs of people living with HIV and we would urge NICE to review all of this evidence as part of this review process.			recommendations. The new standards for psychological support are for all people living with HIV – they do not specifically address the provision of care for people with both depression and HIV infection. Moreover, the standards do not invalidate or change current guideline recommendations. This information will be considered in the future update review of this guideline.

Stakeholder	Agree with proposal to not update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Response
National AIDS trust	No	As set out in the 'Standards for psychological support for adults living with HIV', the frameworks that have been developed for psychological support for the general population or for those with long term conditions may be relevant to people living with HIV. However there are particular aspects of HIV and its care that mean different assessment and intervention methods may be appropriate. We would urge NICE to consider the implication of this for the Guideline and would particularly refer NICE to section 7 (pp11-12) of the Introduction to the Standards, as well as the individual standards themselves for specific information.			Thank you for your comments. This information will be considered in the future update review of this guideline.
Royal College of Physicians	No		The 2009 guidance (CG91) mentions irritable bowel syndrome and chronic liver disease in passing, but does not include mention of inflammatory		Thank you for your comment. This information will be considered in the future update review of this guideline.

Stakeholder	Agree with proposal to not update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Response
			bowel disease (IBD) or chronic pancreatitis as chronic conditions commonly associated with depression. We would hope that NICE will look specifically at all these GI problems, as well as those it has previously concentrated on (heart disease, cancer, diabetes, etc), in any future revision. There is increasing evidence, for		

Stakeholder	Agree with proposal to not update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Response
			example, of an adverse effect of mood disorders on the natural history of IBD, as well as of the benefits of management of mood disturbances to the quality of life of patients with IBD.		
Royal College of Physicians	No		Similarly, depression can be an issue in patients with chronic skin disease – eg depression and suicide can be		Thank you for your comment. There is acknowledgement within the guideline that medications for chronic skin disease such as isotretinoin

Stakeholder	Agree with proposal to not update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Response
			an issue in patients with severe acne especially if isotretinoin therapy is considered. We would therefore wish to raise this as an important issue to dermatologists and would ask that this is reflected in any future revision. Our information is that the British Association of Dermatologists were not		may have depressive effects (p. 313). The British Association of Dermatologists is a registered stakeholder for this guideline. They were contacted regarding this consultation and have kindly sent in their comments.

Stakeholder	Agree with proposal to not update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Response
			contacted about this guideline so would strongly recommend that they are added to the list of consultees going forward.		
British Pain Society	Yes	The British Pain Society has identified no new evidence to justify a review of the guidance at this time. However, we would suggest that greater prominence is given to these points which can be found currently in paragraph 1.3.1.3 (page 19). • consider the role of both the chronic physical health problem and any prescribed medication in the development or maintenance of the depression • ascertain that the optimal treatment for the physical health problem is being provided and adhered to, seeking specialist advice if necessary. We would like to see these included under '**Key priorities**			Thank you for your comments. The purpose of the current review was to identify new evidence and/or current practice that is likely to change current guideline recommendations. The review process does not involve editorial amendment of existing

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		for implementation' (page 8).			recommendations. This information will be considered in the future update review of this guideline.
RCGP	Yes	It is important to be cognisant of qualitative studies (such as Coventry et al, 2011) as well as RCTs when considering revision of guidelines. Such evidence can determine whether a guideline can be implemented.			Thank you for your comment.
RCGP	Yes	I agree the guideline does not need updating at the present time.			Thank you for your comment.