

SCOPE

1 Guideline title

Depression: the treatment and management of depression in adults with chronic physical health problems

1.1 *Short title*

Depression in chronic health problems

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 develop a clinical guideline on the treatment of depression in people with chronic physical health problems for use in the NHS in England and Wales. This is a partial update of the existing guideline 'Depression (amended): management of depression in primary and secondary care' (NICE clinical guideline 23, 2007). The guideline 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 service users, taking account of their individual needs and preferences, and ensuring that service

users (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 large 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) There is a greater prevalence of depression in patients with chronic physical health problems than in the general population. Approximately 15–25% of people with chronic physical health problems such as coronary heart disease, diabetes, cancer, stroke, rheumatoid arthritis and multiple sclerosis also meet diagnostic criteria for depression.
- d) Depression is also associated with worse physical health outcomes for people with chronic health problems. For example, people with depression are more likely to die within 4 months of a myocardial infarction than those without depression, and have an increased risk for future cardiac events. Similarly, people with diabetes

mellitus and depression often have more severe symptoms, increased functional impairment and more diabetes complications than those without depression.

- e) People with depression are less likely to adhere to physical health treatment and less likely to adapt to and self manage their condition effectively. For example, people with both depression and diabetes are less likely to adhere to diet, exercise and medication treatment than people who have diabetes without depression.
- f) Identification and recognition of depression in people with chronic physical health problems can be challenging. For example, physical symptoms, such as weight loss, sleep disturbances and low energy are part of the diagnostic criteria for depression. However, medical disorders may also cause these symptoms. Therefore it can be difficult to determine whether such physical symptoms or low mood are due to a depressive disorder or a reaction to the physical illness.
- g) The NICE clinical guideline 'Depression: management of depression in primary and secondary care' (amended) (NICE clinical guideline 23) was published in December 2004, and was amended in 2007 to take into account new prescribing advice for venlafaxine. The guideline did not specifically address the management of depression for patients with chronic physical health problems. Therefore it was decided by NICE that this should be included in the update of the guideline.

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 (18 years and older) with a clinical working diagnosis of a depressive disorder and a chronic physical health problem with associated impact on physical functioning. This could include, for example, people with cancer, heart disease, neurological disorders or diabetes, and depression.
- 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 other psychiatric disorders, such as schizophrenia, dementia or substance misuse.
- b) People with comorbid physical health problems unexplained by physical pathology.
- c) People with depressive disorders that primarily occur as a side effect of the treatment of a physical disorder.

4.2 *Healthcare setting*

4.2.1 Settings that will be covered

- 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.

4.2.2 Settings that will not be covered

- a) Palliative care.

4.3 *Clinical management*

- a) Identification, recognition and assessment of depression in patients with chronic physical health problems, 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 disbenefits 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 prescription and over-the-counter drugs commonly used for the relevant comorbid physical disorder.
- i) The varying approaches of different races and cultures, and issues of internal and external social exclusion.
- j) Ensuring that people with depression and chronic physical health problems have the information they need and the opportunities to discuss with their clinicians the advantages, disadvantages and potential side effects of treatment so that they can make informed choices about the options for their care.
- k) The role of families and carers in the treatment and support of people with depression and chronic physical health problems.
- l) 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.
- m) 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 made with individual service users.
- n) The guideline development group will take reasonable steps to identify ineffective interventions and approaches to care. If robust and credible recommendations for repositioning 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.

- o) The guideline will not cover:
- diagnosis of depression or comorbid disorders
 - primary prevention of depression or comorbid disorders.

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 (update)' where appropriate will draw on the evidence base and recommendations from that guideline; together they will update 'Depression (amended): management of depression in primary and secondary care' (NICE clinical guideline 23 [amended] [2007]).

These guidelines will also update 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 January 2008.

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.