

# Treating depression in adults with a long-term physical health problem

Information for the public  
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[www.nice.org.uk](http://www.nice.org.uk)

## About this information

NICE clinical guidelines advise the NHS on caring for people with specific conditions or diseases and the treatments they should receive. The information applies to people using the NHS in England and Wales.

This information explains the advice about treating depression in adults with a long-term physical health problem that is set out in NICE clinical guideline 91.

## Does this information apply to me?

Yes, if you are:

- aged 18 or over and have depression and a long-term physical health problem

- a family member or carer of a person who has depression and a long-term physical health problem.

No, if your depression occurs mainly as the result of a particular treatment for a physical health problem (some drugs used to treat long-term physical health problems can cause depression in a small number of people). If you have any concerns about this, contact your healthcare professional.

NICE has also produced guidance on 'Treating depression in adults' (see [www.nice.org.uk/CG90](http://www.nice.org.uk/CG90)) that gives information about treatments for depression in people who do not have a long-term physical health problem.

## Your care

**Some treatments may not be suitable for you, depending on your exact circumstances. If you have questions about specific treatments and options covered in this information, please talk to a member of your healthcare team.**

In the NHS, patients and healthcare professionals have rights and responsibilities as set out in the NHS Constitution ([www.gov.uk/government/publications/the-nhs-constitution-for-england](http://www.gov.uk/government/publications/the-nhs-constitution-for-england)). All NICE guidance is written to reflect these. You have the right to be involved in discussions and make informed decisions about your treatment and care with your healthcare team. Your choices are important and healthcare professionals should support these wherever possible. You should be treated with dignity and respect.

To help you make decisions, healthcare professionals should explain depression and the possible treatments for it. They should cover possible benefits and risks related to your personal circumstances. You should be given relevant information that is suitable for you and reflects any religious, ethnic or cultural needs you have. It should also take into account whether you have any physical or learning disability, sight or hearing problem or language difficulties. You should have access to an interpreter or advocate (someone who helps you put your views across) if needed.

If your family or carers are involved, they should be given their own information and support. If you agree, they should also have the chance to be involved in decisions about your care.

You should be able to discuss or review your care as your treatment progresses, or your

circumstances change. This may include changing your mind about your treatment or care. If you have made an 'advance decision' about any treatments that you do not wish to have, your healthcare professionals have a legal obligation to take this into account.

All treatment and care should be given with your informed consent. If, during the course of your illness, you are not able to make decisions about your care, your healthcare professionals have a duty to talk to your family or carers unless you have specifically asked them not to. Healthcare professionals should follow the Department of Health's advice on consent ([www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition](http://www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition)) and the code of practice for the Mental Capacity Act. Information about the Act and consent issues is available from [www.nhs.uk/CarersDirect/moneyandlegal/legal](http://www.nhs.uk/CarersDirect/moneyandlegal/legal). In Wales healthcare professionals should follow advice on consent from the Welsh Government ([www.wales.nhs.uk/consent](http://www.wales.nhs.uk/consent)).

## Depression and long-term physical health problems

Having a long-term physical health problem (such as cancer, a heart condition, diabetes, disabilities caused by a stroke, respiratory disease, kidney disease, arthritis or multiple sclerosis) can be distressing and difficult to cope with. In some people this can lead to depression, although they may not be aware that they are depressed.

Depression is a common mental health problem – it affects nearly 1 in 6 people in the UK (whether or not they have a physical health problem). The main symptoms of depression are losing pleasure in things that were once enjoyable and losing interest in other people and usual activities. A person with depression may also commonly experience some of the following: feeling tearful, irritable or tired most of the time, changes in appetite, and problems with sleep, concentration and memory.

People with depression typically experience lots of negative thoughts and feelings of guilt and worthlessness; they often criticise themselves and lack confidence. Sometimes people with depression harm themselves, have thoughts about suicide, or may even attempt suicide. People with depression may have feelings of anxiety as well.

If a person already has depression, having a long-term physical health problem may make their depression worse. Depression can also delay an improvement in a physical health problem or make the problem worse. This means that treating depression can also lead to

improvements in a physical health problem.

## Mild, moderate and severe depression

The terms mild, moderate and severe depression are used in this information to describe different levels of depression.

**Mild depression** is when a person has a small number of symptoms that have a limited effect on their daily life.

**Moderate depression** is when a person has more symptoms that can make their daily life much more difficult than usual.

**Severe depression** is when a person has many symptoms that can make their daily life extremely difficult.

A person may experience different levels of depression at different times.

Healthcare professionals may use different terms for depression, such as 'major depressive disorder' or 'clinical depression'.

Sometimes a person has very few symptoms of depression that don't affect their life too much in the short term but can do if they continue for a long time – 'dysthymia' is a term that is sometimes used when a person has very few symptoms lasting for 2 years or more. [Treatments for mild to moderate depression](#) may be helpful for people with very few symptoms that are persistent and/or affect the care they are getting for their physical health problem.

## What should happen when I first talk to a healthcare professional about depression?

Your GP (or another healthcare professional who is treating you for your physical health problem, such as a nurse or hospital doctor) may ask you whether you have been bothered by feeling down, depressed or hopeless and/or by having little interest or pleasure in doing things in the past month. If your answers indicate that you may have depression, you should be offered an assessment. The assessment should be with

someone experienced in treating people with mental health problems – this may be the person who asked you the questions.

## Assessment

The assessment will enable your healthcare professional to identify whether you have depression. If you do, they will assess what level of depression you have (see box in [Mild, moderate severe depression](#)) and how your physical health problem has affected you. They will also discuss with you which treatments for depression would suit you best. They may ask you about:

- your thoughts, feelings and behaviour (including whether you have been bothered by feelings of worthlessness, poor concentration or thoughts of death)
- how long you have had your symptoms, and how they are affecting your everyday life
- your relationships, and your living and working arrangements
- whether you have had depression or other mental health problems before – and if so, whether any treatments were helpful
- your physical health problem, including any medication you are taking for it and any other treatment you are having.

You may be asked to answer a written questionnaire.

When assessing you, healthcare professionals should take account of any learning disabilities or other problems that may affect your ability to respond to questions.

Some people find it difficult to discuss their depression, so your confidentiality, privacy and dignity should be respected at all times.

Healthcare professionals should be aware of any sensitive issues relating to being diagnosed with depression, and should build a relationship with you based on openness, trust, hope and optimism. They should explain the different ways in which depression develops. They should also discuss the treatments described in this information with you and explain that these can help people to recover from depression. You should be told about self-help groups and support groups for people with depression.

## Support for people who might harm themselves

You (and your family or carer if you agree) should be advised to look out for negative thoughts, changes in behaviour (such as avoiding social activities and contact with other people, or not looking after yourself properly), hopelessness, changes in mood and thoughts about suicide. This is particularly important during stressful periods or when you have just started a new treatment for depression. You should contact your GP or another healthcare professional if any of these occur and you are worried.

You should also be asked whether you have had thoughts about suicide or harming yourself. If you have, your healthcare professional should make sure you have support and give you information about where you can get further help. You should call your GP or another professional if you are not able to cope and your thoughts about suicide become more intense. They will offer you more help, and talk with you and/or see you more frequently. If there is a strong risk that you might harm yourself (or others), you may be referred to a specialist mental health service.

### Questions you might like to ask your care team

- Why am I being offered an assessment?
- Why have I been diagnosed with depression?
- What type of depression do you think I have?
- What does having depression mean for my health/daily life/work?
- Will I have to go into hospital to get treatment for depression?
- What could have caused my symptoms of depression?
- How will my progress be monitored and who can I contact if my depression gets worse?
- Will my diagnosis and treatment of depression remain confidential?
- Are there any support organisations in my local area for depression and/or my physical health problem?

## Who will provide my treatment for depression?

Most people with depression are cared for by their GP, as are most people with a long-term physical health problem. Your GP might involve other healthcare professionals, such as a nurse or a mental health worker, in your care. If a hospital doctor is providing care for your physical health problem, they may also be involved in some aspects of your care for depression if they are experienced in treating mental health problems. If treatment and support from a specialist mental health service would help you, you could be referred to a psychiatrist, psychologist or mental health nurse. But people who have specialist care usually continue to receive care from their GP as well. Very occasionally people with depression need to be admitted to hospital.

If you are seeing a number of different healthcare professionals for the treatment of depression and your physical health problem, there should be a plan that identifies who is responsible for different aspects of your treatment and care. You should be given a copy of this 'care plan', as should your family or carers (if you agree).

## What treatments should I be offered for depression?

Treatments for depression include [psychological treatments](#) and [antidepressants](#). The decision about what type of treatment to have will depend on your preference and a number of other factors, including:

- whether your depression is mild, moderate or severe (see box in [Mild, moderate and severe depression](#))
- how long you have had depression
- whether you have had treatment for depression before and how helpful it was
- the possible side effects of treatments
- your physical health problem and any treatments you are having for it.

If your physical health problem means that you are unable to have psychological treatment

face to face, you may be offered an antidepressant (see [Taking an antidepressant](#)), or psychological treatment by phone.

If you have a learning disability or other problem that may affect your understanding, you should be offered the same treatments as other people with depression and a physical health problem. The treatment may be adapted to suit your needs.

If you have both depression and anxiety, you will be treated first for the one that causes you the most problems. Because treatments for anxiety and depression are similar, treatment for one condition can often help the other.

Once you have started treatment, your healthcare professional should check whether you are feeling anxious or agitated or having thoughts about suicide. They should make sure you know who to contact for help if you find these thoughts and feelings distressing. If you continue to feel restless or agitated, your treatment should be reviewed.

## Questions about treatment for depression

- Why have you decided to offer me this particular type of treatment?
- What are the advantages and disadvantages of this treatment?
- What will the treatment involve?
- How will the treatment help me? What effect will it have on my symptoms of depression and my everyday life? What sort of improvements might I expect?
- When should my depression start to get better? What should I do if I don't start to feel better by then?
- What support should I be offered while I have this treatment?
- Are there any risks associated with this treatment?
- What other treatment options are there?
- Can you give me a leaflet explaining the treatment?
- Would it help to make any changes to my current treatment?

# Treatments for mild to moderate depression

Mild depression can sometimes get better by itself without treatment or by following advice from your GP (or other healthcare professional) on coping with problems and improving sleep. They should offer you advice on going to bed and getting up at regular times, not eating large meals or smoking or drinking alcohol just before going to bed, and taking regular exercise (if this is possible) as this can also improve sleep.

If you do not want treatment or if your healthcare professional thinks you may recover without it, you should be offered another appointment within 2 weeks to see how you are. Your healthcare professional should contact you if you miss this appointment.

Possible first treatments for mild to moderate depression for a person who also has a long-term physical health problem include a physical activity programme (exercise), a peer support group, a self-help programme and a treatment called computerised cognitive behavioural therapy. These are described in the table below.

<b>Initial treatments for mild to moderate depression in people with a long-term physical health problem</b> (Where possible, treatment should be provided in your preferred language )		
<b>What treatment have I been offered?</b>	<b>What does it involve?</b>	<b>How long does it usually last?</b>
<b>Physical activity programme</b>	A group exercise class. The instructor will take into account how each person's physical ability might be affected by their particular health problem. The class will also be coordinated with any rehabilitation programme for the physical health problem.	Usually 2 or 3 sessions a week (lasting 45 minutes to an hour) over 10 to 14 weeks.

<b>Peer support group</b>	A series of meetings in which people with the same physical health problem get together to share their experiences and feelings of having the problem. Healthcare professionals should help people to attend the meetings, know about their physical health problem and check their progress.	Usually 1 session a week for between 8 and 12 weeks.
<b>Self-help programme</b>	A treatment in which a person works through a book, often called a self-help manual. A healthcare professional will provide support and check progress either face to face or by phone.	Up to 6 to 8 sessions over 9 to 12 weeks.
<b>Computerised cognitive behavioural therapy (CCBT)</b>	A treatment based on cognitive behavioural therapy (CBT – see table in <a href="#">Treatments for moderate or severe depression</a> ). The person works through a computer programme that helps them understand depression and develop skills to deal with problems, including challenging negative thoughts and monitoring their own behaviour. A healthcare professional should provide some support, show the person how to use the programme and review their progress.	Between 9 and 12 weeks.

You should not usually be offered an antidepressant if you have mild depression. But sometimes it may help you – for example if:

- you still have depression after having the treatments described above **or**
- your depression has lasted a long time **or**
- you have had moderate or severe depression in the past **or**
- your depression is affecting the treatment of your physical health problem.

For more information about antidepressants, see the section on [Treatments for moderate or severe depression](#).

## Advice on St John's wort

St John's wort is a plant extract that can be bought from health-food shops,

herbalists and pharmacies and is used by some people for depression. But your healthcare professional should not offer you St John's wort or advise you to take it, for the following reasons:

- the correct dose for depression is not clear
- different preparations vary in what they contain
- it can cause serious problems when taken with other medicines – particularly the contraceptive pill, [anticoagulants](#) or [anticonvulsants](#).

If you would like more advice about St John's wort, ask your GP or pharmacist.

## Further treatment for mild to moderate depression

If physical activity, a support group, self-help and/or computerised cognitive behavioural therapy have not helped you, you should be offered:

- an antidepressant (see [Taking an antidepressant](#) for more details) or
- psychological treatment – cognitive behavioural therapy (CBT for short) or behavioural couples therapy (see table in [Treatments for moderate or severe depression](#)).

## Treatments for moderate or severe depression

If you have moderate depression, you should be offered an antidepressant or a psychological treatment – this should be either CBT or behavioural couples therapy (see table below).

If you have severe depression, you may be offered both individual CBT (see table below) and an antidepressant.

**Psychological treatments for depression in people with a long-term physical health problem** (Where possible, treatment should be provided in your preferred language.)

What treatment have I been offered?	What does it involve?	How long does it usually last?
<p><b>Cognitive behavioural therapy (CBT)</b></p>	<p>CBT is based on the idea that the way we feel is affected by our thoughts and beliefs and by how we behave. People with depression tend to have negative thoughts (such as 'I am a failure'), which can lead to negative behaviour (such as stopping doing things that used to be pleasurable). CBT encourages people to engage in activities and to write down their thoughts and problems. It helps them to identify and counteract negative thoughts.</p> <ul style="list-style-type: none"> <li>• Group CBT is where a therapist works with a group of six to eight people who have the same physical health problem.</li> <li>• Individual CBT takes place in one-to-one sessions with a therapist. It is an option for people with moderate depression who prefer it, if group CBT isn't suitable for them or if a group is not available. It should also be offered to people with severe depression.</li> </ul>	<p>Group CBT: usually 6 to 8 weeks.</p> <p>Individual CBT:</p> <ul style="list-style-type: none"> <li>• usually 6 to 8 weeks for people with moderate depression</li> <li>• usually 16 to 18 weeks for people with severe depression</li> <li>• follow-up sessions may be added.</li> </ul>
<p><b>Behavioural couples therapy</b></p>	<p>A treatment that enables couples to understand any links between their behaviour with each other and the symptoms of depression. The aim of the therapy is to help couples develop a more supportive relationship.</p>	<p>Between 15 and 20 sessions over 5 to 6 months.</p>

# Taking an antidepressant

## Choice of antidepressants

If you decide to start taking an antidepressant, your healthcare professional should discuss with you which antidepressant is most suitable for you. They should take into account:

- any other physical health problems you may have (in addition to the long-term problem)
- the side effects of antidepressants that may affect your long-term physical health problem.

Some antidepressants cannot be taken alongside certain types of medication used to treat physical health problems. Your doctor should discuss the risks and benefits of particular antidepressants with you, and monitor you carefully.

You should usually be offered a type of antidepressant called a selective serotonin reuptake inhibitor (or SSRI for short). Ones called citalopram and sertraline are less likely to affect any other medication you are taking. If it is likely that an SSRI will affect your physical health problem or can't be taken alongside your other medication, you may be offered another type of antidepressant. Possibilities include mianserin, mirtazapine, moclobemide, reboxetine or trazodone.

Certain medicines should only be prescribed by a specialist mental health professional, including:

- a type of antidepressant called a non-reversible monoamine oxidase inhibitor (such as phenelzine)
- lithium in addition to an antidepressant
- two antidepressants taken together.

You should not be offered an antidepressant called dosulepin because it is associated with an increased risk of heart problems.

## Starting treatment

**If you think that your care does not match what is described in this information, please talk to a member of your healthcare team in the first instance.**

Your healthcare professional should discuss any concerns you have about your medication. For example, they should explain that:

- you will not crave antidepressants or need to take more of the medication to feel the same effect as time goes on
- the antidepressant might take some time to work
- you should follow carefully the instructions about taking your medication, even if you are not sure it is working at first
- you should continue with treatment even if you feel better
- you may experience side effects.

You should also be offered full written information about taking antidepressants.

If you are aged 30 or over and are not considered to be at increased risk of suicide, your healthcare professional should usually see you 2 weeks after starting treatment. You should then be seen every 2 to 4 weeks for the first 3 months, with less frequent appointments after that if the treatment is working.

There are some concerns about how young people respond to antidepressants in the early stages of treatment. So if you are under 30 you should usually be seen 1 week after starting an antidepressant, and then as often as needed after that.

If you are thought to be at risk of suicide, you should be seen 1 week after starting an antidepressant and then as often as needed, whatever your age.

If you get side effects when you first start taking an antidepressant but they are not too distressing, your healthcare professional should monitor you closely. If you prefer, your medication may be stopped or you can try a different antidepressant. If you are anxious or agitated or not sleeping very well, you may be offered another medicine called a benzodiazepine to take as well as your antidepressant – although you shouldn't usually take this for more than 2 weeks.

## Questions about antidepressants

- How long will it take before I start to feel better?
- How long will I have to take an antidepressant for?
- Are there any risks associated with this treatment?
- Will I become addicted to antidepressants?
- What are the side effects of this antidepressant?
- What should I do if I get any of these side effects?
- How long do the side effects last?
- Will it be easy to stop taking the antidepressant?

## What happens if I don't feel better after taking an antidepressant?

If, at any stage of your antidepressant treatment, you have questions or you feel you are not getting better, you should go and see your healthcare professional and discuss your concerns.

If you don't feel any better after 2 to 4 weeks, they should check that you have been taking the medicine as prescribed. If you have been taking the correct dose but there's little or no improvement after 3 to 4 weeks of treatment, they may discuss increasing the dose of your medication with you. But if you have had distressing side effects, or if you prefer, you may be offered a different antidepressant.

If your symptoms have still not improved after you have completed your course of antidepressants, or the antidepressant is causing distressing side effects, your healthcare professional may discuss a range of options with you. These might include psychological treatment or trying a different antidepressant. When changing antidepressants, the dose should be increased gradually and you should be monitored carefully.

## Stopping antidepressants

If an antidepressant has helped you, your healthcare professional should encourage you to continue taking it for at least 6 months after you feel better. This reduces the risk of your depression coming back. They should then discuss with you whether you need to stay on medication after this.

When it is time to stop taking your antidepressant, this should be done gradually over 4 weeks, although some drugs might need longer (such as paroxetine and venlafaxine). Fluoxetine can be stopped more quickly. You may have symptoms when you stop taking antidepressants or reduce the dose – these can include mood changes, restlessness, sleep problems, dizziness and stomach ache. Symptoms can also occur if you miss doses. These symptoms are usually mild and soon disappear. But they can sometimes be severe, especially if the antidepressant is stopped suddenly.

If you experience severe symptoms while your medication is being reduced or after you have stopped taking it, you should contact your healthcare professional. They might try you on your original dose, or try a similar antidepressant, before gradually reducing the dose again while monitoring your symptoms.

## Further treatment and support

If you do not feel better after taking an antidepressant and having psychological treatment, you may be offered long-term treatment and support from a dedicated team of healthcare professionals – this is called 'collaborative care'. One of these professionals (called the 'care coordinator') will coordinate the treatment of both your depression and your physical health problem. Other people involved will usually include:

- your GP
- anyone else who is providing care for your physical health problem
- specialist mental health professionals, such as a psychiatrist.

As part of collaborative care you will be offered the same range of treatments as described in this information.

## Treatment and care for people who are referred to a specialist mental health

## service

People with severe depression who are worried about harming themselves or are at risk of doing so, have [hallucinations](#) or [delusions](#), and/or need care from a team of professionals may be referred to a specialist mental health service. Further details about the treatments and support provided by a specialist mental health service are given in the information on 'Treating depression in adults' (see [www.nice.org.uk/CG90](http://www.nice.org.uk/CG90)).

## Information for families and carers

Families and carers can play an important part in supporting a person with both depression and a long-term physical health problem, particularly if their symptoms of depression are severe. If your family member or friend has depression, their GP or other healthcare professional should ask them whether they would like you to be involved in their care.

If your family member or friend agrees, you should be given information on depression and on how you can support them throughout treatment.

You can help your family member or friend by watching out for any negative thinking, changes in behaviour (such as avoiding social activities and contact with other people, or not looking after themselves properly), hopelessness, changes in mood and thoughts about suicide. This is particularly important during very stressful periods or when their treatment is just starting or being changed.

As a carer, you may need help and support yourself. Healthcare professionals should give you information about local family and carer support groups and other voluntary organisations, and help you to make contact with them. Anyone with a caring role has the right to a [carer's assessment](#).

### Questions for families and carers

- How can I support a person with depression and a long-term physical health problem?
- Can you provide any information about depression?

- What should I do if I am concerned about my family member or friend?
- What support is available for family members and carers of a person with depression?
- Are there any local family or carer support groups?

## Explanation of technical words and terms

### Anticoagulant

A medicine used to prevent blood clots.

### Anticonvulsant

A medicine used to treat epilepsy.

### Antidepressant

Medication used to treat depression. Antidepressants work by increasing the activity and levels of certain chemicals in the brain that help to lift a person's mood.

### Carer

In this information we use 'carer' to mean a friend or family member who cares for someone with an illness or disability.

### Carer's assessment

An assessment by social services of a carer's physical and mental health and their needs in their role as a carer. Every person aged 16 years and older who cares for someone on a regular basis has the right to request such an assessment. There should be a written carer's plan, which is given to the carer.

## Delusions

Having fixed beliefs that are false but which the person believes in completely.

## Hallucinations

Hearing voices and sometimes seeing things that are not there.

## Lithium

Medication used mainly in the treatment of a mental disorder called bipolar disorder (or manic depression) but which can also be used to treat moderate or severe depression in combination with an antidepressant.

## Psychological treatment

A general term used to describe meeting with a therapist to talk about feelings and thoughts and how these affect a person's life and well-being.

## Selective serotonin reuptake inhibitor (SSRI)

A type of antidepressant. Examples include citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine and sertraline.

## More information

The organisations below can provide more information and support for people with depression. NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

- Depression Alliance, 0845 123 2320 [www.depressionalliance.org](http://www.depressionalliance.org)
- Mental Health Foundation [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)
- Mind, 0300 123 3393 (Monday to Friday, 9.00am to 6.00pm) [www.mind.org.uk](http://www.mind.org.uk)
- Rethink, 0300 5000 927 [www.rethink.org](http://www.rethink.org)

- SANE, 0845 767 8000 (6.00pm to 11.00pm) [www.sane.org.uk](http://www.sane.org.uk)

You can also go to NHS Choices ([www.nhs.uk](http://www.nhs.uk)) for more information.

## Accreditation

