Depression in adults: preventing relapse

Person has completed course of treatment for depression

Has full or partial remission been achieved following acute treatment?

- YES
  - Is the person at higher risk of relapse?
    - YES
      - Which acute treatment achieved remission?
        - Psychological therapy alone
          - Consider continuing with same psychological therapy (adapted for relapse prevention)
        - Antidepressants alone
          - Consider continuing with same antidepressant (usually at the same dose)
          - Consider switching to group CBT or MBCT (if the person wishes to stop taking antidepressants)
        - Combination treatment
          - Consider continuing with combination treatment
          - Consider continuing with psychological therapy only
          - Consider continuing with antidepressants only
    - NO
      - Discuss pros and cons of continued treatment
      - Continuing treatment can reduce risk of relapse
      - There are risks of longer-term side effects with medication
      - Stopping antidepressants can be difficult
  - NO
    - See the recommendations and visual summary on further line treatment

- NO
  - Risk of relapse increased if:
    - history of recurrent episodes and/or incomplete response previously
    - history of severe depression
    - coexisting physical or mental health problems
    - unhelpful coping styles (such as avoidance, ruminations)
    - personal, social or environmental factors that are contributing to depression

Review at least every 6 months for antidepressant medication, or when finishing relapse prevention treatment for psychological interventions

If choosing to discontinue medication:
- explain how to withdraw safely
- advise to seek help promptly if symptoms recur

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