NICE National Institute for Health and Care Excellence

NICE Pathways

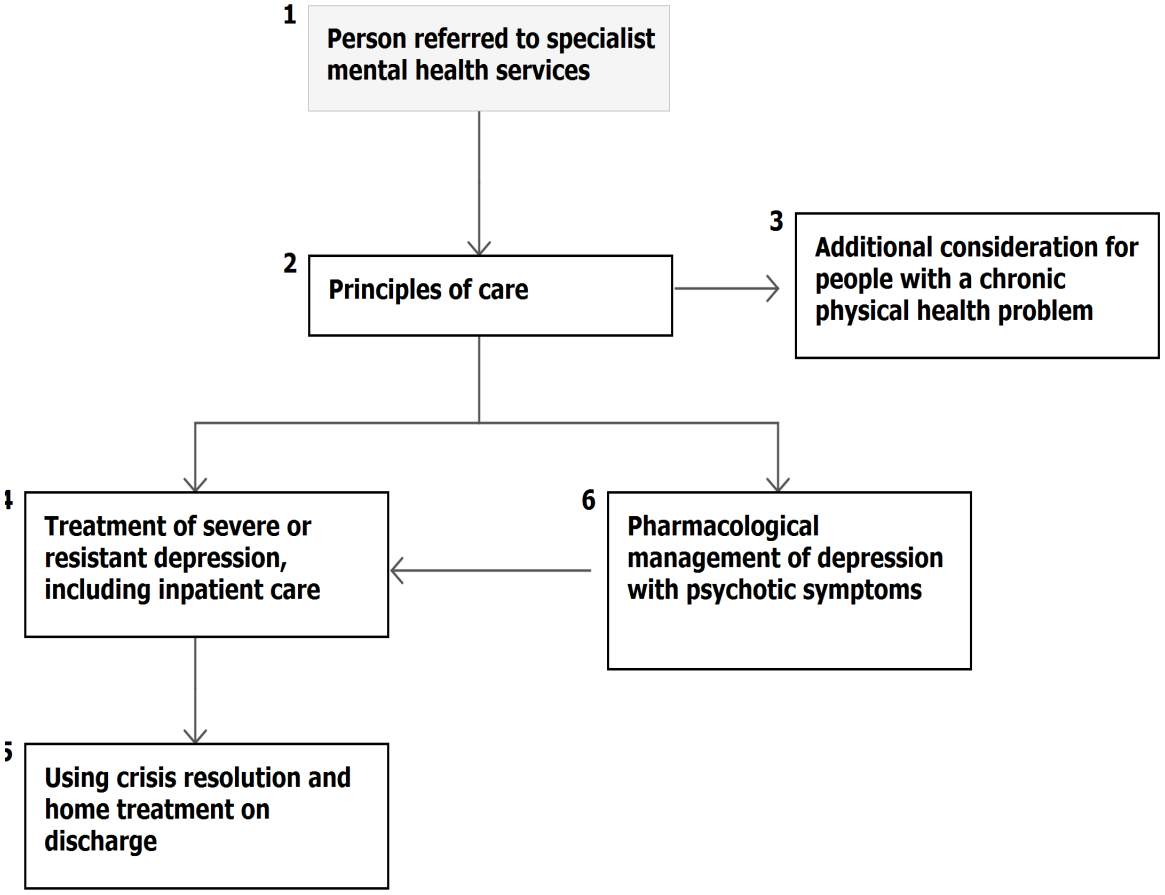
Step 4: Complex and severe depression in adults

NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

http://pathways.nice.org.uk/pathways/depression
NICE Pathway last updated: 10 September 2018

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Person referred to specialist mental health services

No additional information

2 Principles of care

Assess a person referred to specialist mental health services, including:

- symptom profile, suicide risk, treatment history and comorbidities
- psychosocial stressors, personality factors and significant relationship difficulties, particularly if the depression is chronic or recurrent.

Consider reintroducing treatments that have been inadequately delivered or adhered to.

Use crisis resolution and home treatment teams to manage crises for people with severe depression who present significant risk, and to deliver high-quality acute care. Monitor risk in a way that allows people to continue their lives without disruption.

Medication in secondary care mental health services should be started under the supervision of a consultant psychiatrist.

Develop a multidisciplinary care plan with the person (and their family or carer if the person agrees) which:

- identifies the roles of all professionals involved
- includes a crisis plan that identifies potential crisis triggers and strategies to manage them
- is shared with the person, their GP and other relevant people.

For people with recurrent severe depression or depression with psychotic symptoms and for those who have been treated under the Mental Health Act, consider developing advance decisions and advance statements with the person. Include copies in the person's care plan in primary and secondary care. Give copies to the person and to their family or carer, if the person agrees.

See what NICE says on coexisting severe mental illness and substance misuse: community health and social care services and transition between community or care home and inpatient mental health settings.

3 Additional consideration for people with a chronic physical health problem

When treating people with complex and severe depression and a chronic physical health problem in specialist mental health services, work closely with physical health services and be aware of possible additional drug interactions.

4 Treatment of severe or resistant depression, including inpatient care

Consider inpatient treatment for people who are at significant risk of suicide, self-harm or self-neglect.

The full range of high-intensity psychological interventions should normally be offered in inpatient settings. However, consider increasing the intensity and duration of the interventions and ensure that they can be provided effectively and efficiently on discharge.

Electroconvulsive therapy[1]

Consider ECT for severe, life-threatening depression and when a rapid response is required, or when other treatments have failed.

Do not use ECT routinely for people with moderate depression but consider it if their depression has not responded to multiple treatments.

Ensure the person is fully informed of the risks and benefits associated with having ECT[2]. Document the assessment and consider:

- the risks associated with a general anaesthetic
- medical comorbidities
- potential adverse events, notably cognitive impairment
- the risks associated with not receiving ECT.

Make the decision to use ECT jointly with the person if possible, taking into account the Mental Health Act 2007. Also:

- obtain valid informed consent without pressure or coercion
- remind the person of their right to withdraw consent at any point
- adhere to recognised guidelines about consent and involve advocates or carers

[1] The recommendations on ECT update the depression aspects only of 'Guidance on the use of electroconvulsive therapy' NICE technology appraisal guidance 59

[2] The risks may be greater in older people; consider ECT with caution in this group.

- if informed consent is not possible, give ECT only if it does not conflict with a valid advance directive, and consult the person's advocate or carer.

For people whose depression has not responded well to a previous course of ECT, consider a repeat trial of ECT only after:

- reviewing the adequacy of the previous treatment course and
- considering all other options and
- discussing the risks and benefits with the person and/or, where appropriate, their advocate or carer.

The choice of electrode placement and stimulus dose related to seizure threshold should balance efficacy against the risk of cognitive impairment. Take into account that:

- bilateral ECT is more effective than unilateral ECT but may cause more cognitive impairment
- with unilateral ECT, a higher stimulus dose is associated with greater efficacy, but also increased cognitive impairment compared with a lower stimulus dose.

Assess clinical status after each ECT treatment using a formal valid outcome measure, and stop treatment when remission has been achieved, or sooner if side effects outweigh the potential benefits.

Assess cognitive function before the first ECT treatment and monitor at least every three to four treatments, and at the end of a course of treatment.

Assessment of cognitive function should include:

- orientation and time to reorientation after each treatment
- measures of new learning, retrograde amnesia and subjective memory impairment carried out at least 24 hours after a treatment.

If there is evidence of significant cognitive impairment at any stage consider, in discussion with the person with depression, changing from bilateral to unilateral electrode placement, reducing the stimulus dose or stopping treatment depending on the balance of risks and benefits.

If a person's depression has responded to a course of ECT, antidepressant medication should be started or continued to prevent relapse. Consider lithium augmentation of antidepressants.

Repetitive transcranial magnetic stimulation for depression

NICE has published interventional procedures guidance on repetitive transcranial magnetic stimulation for depression with **normal arrangements** for clinical governance and audit.

Transcranial direct current stimulation (tDCS) for depression

NICE has published interventional procedures guidance on transcranial direct current stimulation (tDCS) for depression with **special arrangements** for clinical governance, consent and audit or research.

Vagus nerve stimulation for treatment-resistant depression

NICE has published interventional procedures guidance on vagus nerve stimulation for treatment-resistant depression with **special arrangements** for clinical governance, consent and audit or research. It should be used only in patients with treatment-resistant depression.

5 Using crisis resolution and home treatment on discharge

Consider crisis resolution and home treatment teams for people who might benefit from early discharge from hospital.

6 Pharmacological management of depression with psychotic symptoms

For people who have depression with psychotic symptoms, consider augmenting their treatment plan with antipsychotic medication.

Glossary

CAMHS

child and adolescent mental health services

CAPA

child and adolescent psychiatric assessment

CBT

cognitive behavioural therapy

CCBT

computerised cognitive behavioural therapy

DSM-IV

diagnostic and Statistical Manual of Mental Disorders

ECT

electroconvulsive therapy

HoNOSCA

Health of the Nation Outcome Scales for Children and Adolescents

ICD-10

International Statistical Classification of Diseases and Related Health Problems (tenth edition)

IPT

interpersonal therapy

K-SADS

schedule for affective disorders and schizophrenia for school-age children

MAOI

monoamine oxidase inhibitor

MFQ

mood and feelings questionnaire

Mild depression

few, if any, symptoms of depression in excess of the 5 required to make the diagnosis, and symptoms result in only minor functional impairment, according to DSM-IV

Moderate depression

symptoms of depression or functional impairment are between mild and severe

NSAID

non-steroidal anti-inflammatory drug

SDQ

strengths and difficulties questionnaire

Severe depression

most symptoms of depression according to DSM-IV, and the symptoms markedly interfere with functioning. Can occur with or without psychotic symptoms

SSRI

selective serotonin reuptake inhibitor

Subthreshold depressive symptoms

fewer than 5 symptoms according to DSM-IV

TCA

tricyclic antidepressant

Tier 1

primary care services including GPs, paediatricians, health visitors, school nurses, social workers, teachers, juvenile justice workers, voluntary agencies and social services

Tier 2

child and adolescent mental health services relating to workers in primary care including clinical child psychologists, paediatricians with specialist training in mental health, educational psychologists, child and adolescent psychiatrists, child and adolescent psychotherapists, counsellors, community nurses/nurse specialists and family therapists

Tier 3

specialised child and adolescent mental health services for more severe, complex or persistent disorders including child and adolescent psychiatrists, clinical child psychologists, nurses (community or inpatient), child and adolescent psychotherapists, occupational therapists, speech and language therapists, art, music and drama therapists, and family therapists

Tier 4

tertiary-level child and adolescent mental health services such as day units, highly specialised outpatient teams and inpatient units

Sources

Depression in adults with a chronic physical health problem: recognition and management (2009) NICE guideline CG91

Depression in adults: recognition and management (2009 updated 2016) NICE guideline CG90

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and

practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.