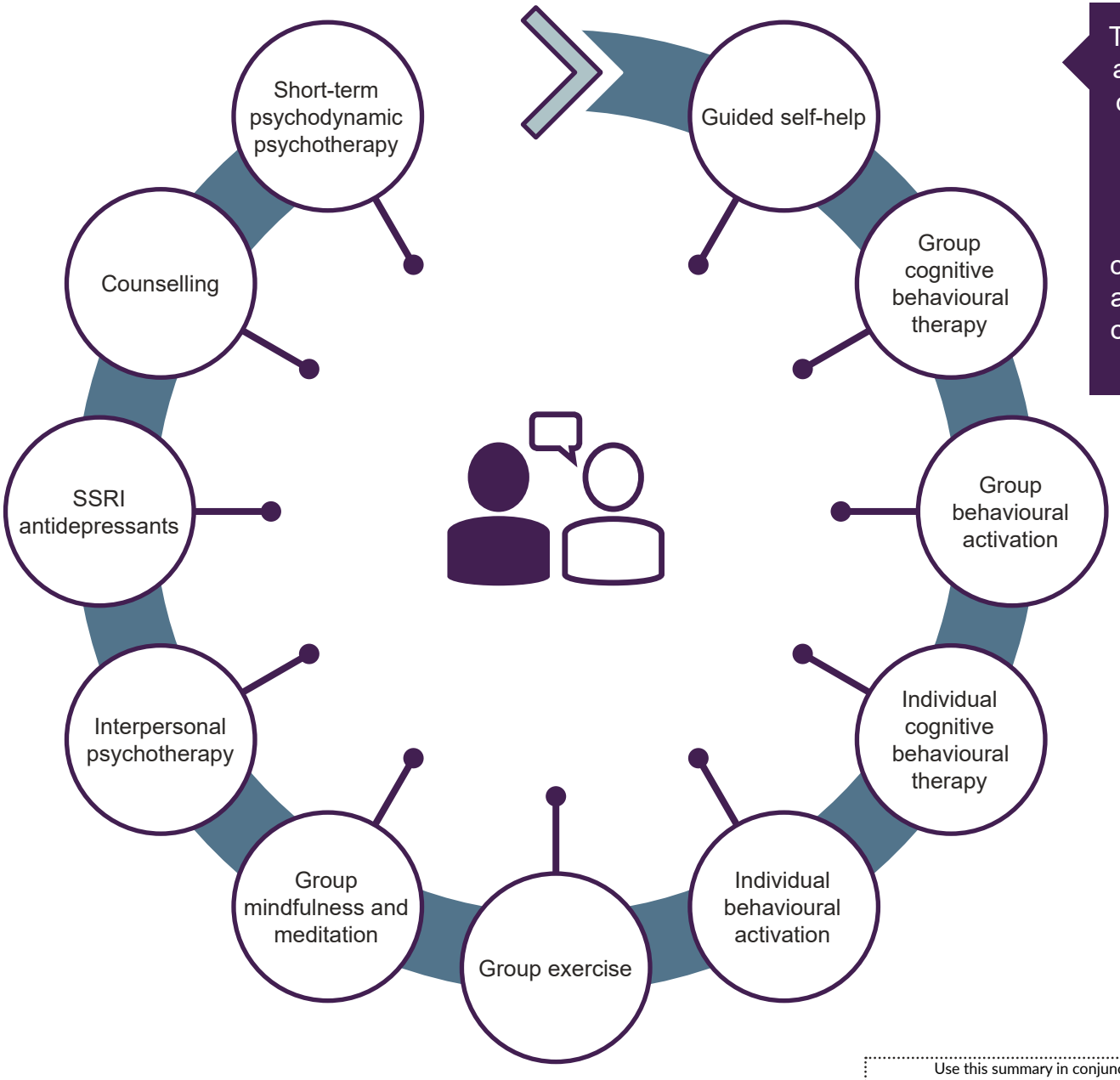
Depression in adults: discussing first-line treatments for less severe depression

Discuss treatment options and match the choice of treatment to clinical needs and preferences, taking into account that any option can be used as first line, but consider the least intrusive and least resource intensive treatment first (guided self-help).

If the person has a clear preference, or experience from previous treatment to use as a guide: support the person's choice, unless there are concerns about suitability for this episode of depression.

Do not routinely offer antidepressants as a first-line treatment, unless that is the person's preference.



Treatment options are listed in order of recommended use, based on the committee's interpretation of their clinical and cost effectiveness and consideration of implementation factors.

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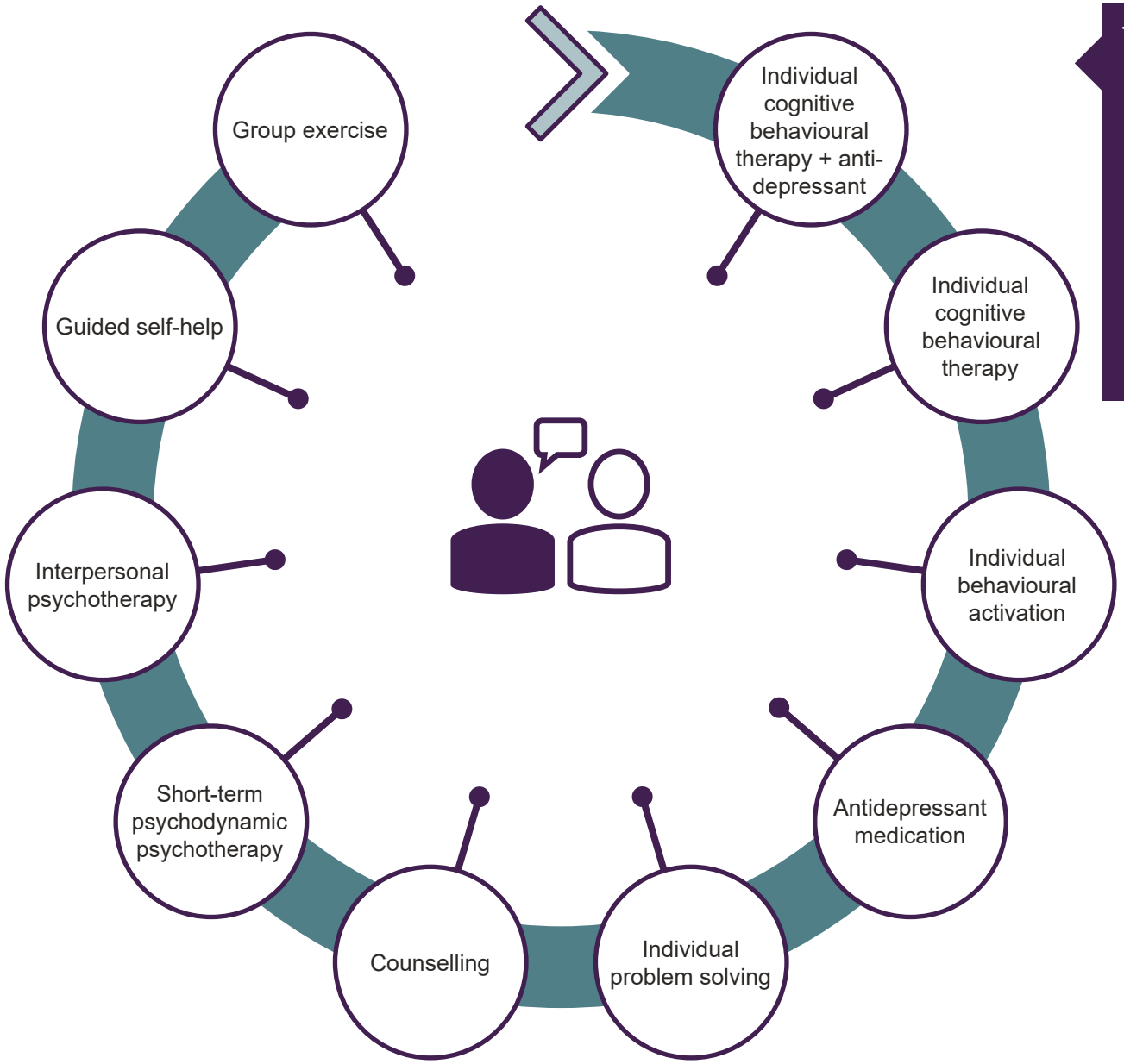
Use this summary in conjunction with table 1 in the NICE guideline on depression in adults: treatment and management.

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Depression in adults: discussing first-line treatments for more severe depression

Discuss treatment options with people who have a new episode of more severe depression. Match their choice of treatment to their clinical needs and preferences.

If the person has a clear preference, or experience from previous treatment to use as a guide: support the person's choice, unless there are concerns about suitability for this episode of depression.



Treatment options are listed in order of recommended use, based on the committee's interpretation of their clinical and cost effectiveness and consideration of implementation factors.

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Depression in adults: preventing relapse

Person has completed course of treatment for depression

Has full or partial remission been achieved following acute treatment?

YES

NO

See the recommendations and visual summary on further line treatment

Is the person at higher risk of relapse?

YES

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, rumination)
- personal, social or environmental factors that are contributing to depression

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

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)

Consider continuing with same antidepressant and adding group CBT or MBCT

If choosing to discontinue medication:

- explain how to withdraw safely
- advise to seek help promptly if symptoms recur

Combination treatment

Consider continuing with combination treatment

Consider continuing with psychological therapy only

Consider continuing with antidepressants only

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

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Depression in adults: further-line treatment

No response to treatment after 4 to 6 weeks

Consider with the person why treatment is not working

- Factors that might reduce response include:
  - personal, social or environmental factors
  - physical or other mental health conditions
  - problems adhering to treatment plan

Make shared decision about how to address problems raised

- Consider if other agencies can help with these factors
- Allow enough time for any treatment changes to work

No response after any problems addressed

If no response at all after addressing any problems:

- review the diagnosis, and consider alternative or comorbid conditions
- provide reassurance and hope
- discuss further treatment options, including any treatments that have been helpful in the past

Which acute treatment showed no or limited response?

Psychological therapy alone

- Consider switching to another psychological therapy
- Consider adding an SSRI to psychological therapy
- Consider switching to SSRI alone

Antidepressants alone

- Consider adding group exercise
- Consider switching to psychological therapy
- Consider increasing dose of the same antidepressant
- Consider switching to drug in same or different class
- Consider adding a psychological therapy (e.g. CBT, IPT, or STPP)

See treatment options for more severe depression.

Be aware higher doses may not be more effective. Frequently check side effects and monitor symptom change.

Cross-tapering may be needed: check with specialist mental health services.

Combination treatment

If, after no response to antidepressants, the person does not want to try or add psychological therapy but instead wants to try a combination of medications:

- explain the possible increase in side effect burden
- consider referral to a specialist mental health setting, or consulting a specialist

Combination treatments include:

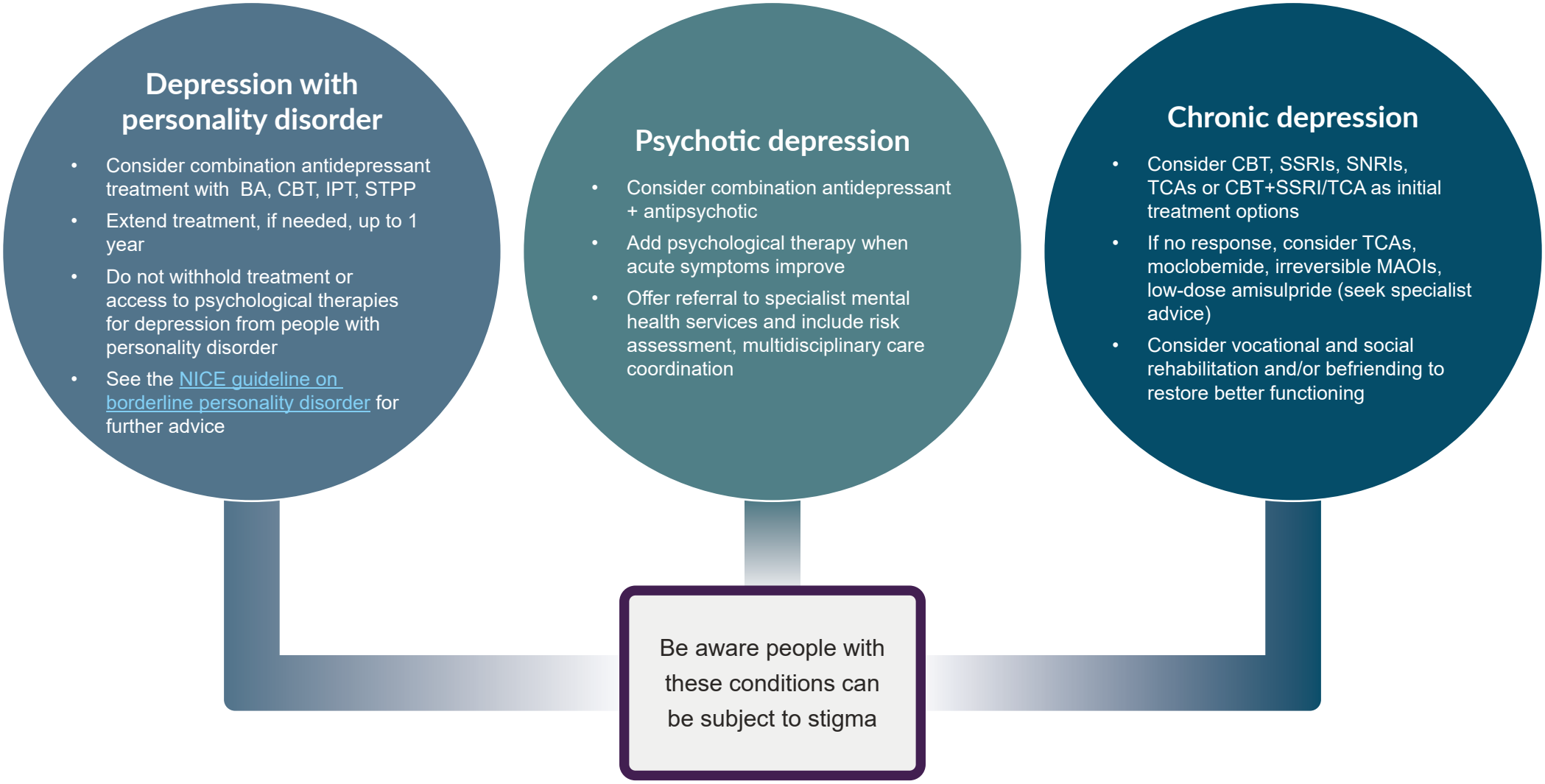
- adding an antidepressant from a different class
- adding a second generation antipsychotic or lithium
- augmenting with ECT, lamotrigine, or triiodothyronine

- Consider switching to another psychological therapy
- Consider increasing dose or switch to another antidepressant
- Consider adding in another medication

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Depression in adults: treatment options for chronic depression, depression with personality disorder or psychotic depression



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