

# Depression & Anxiety Lunch & Learn

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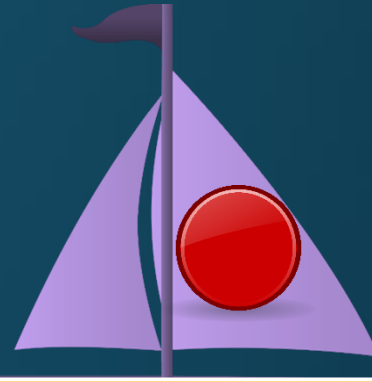
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# Housekeeping



# Training is Recorded



This slide is a reminder at beginning for the presenters to ensure recording is started.

The screenshot shows a meeting toolbar with icons for chat, participants, hand raise, reactions, grid view, notes, rooms, apps, and a 'More' menu. The 'More' menu is open, showing options: 'Record and transcribe' (selected), 'Meeting info', 'Video effects and settings', 'Audio settings', and 'Language and speech'. Arrows point from text boxes to these specific options.

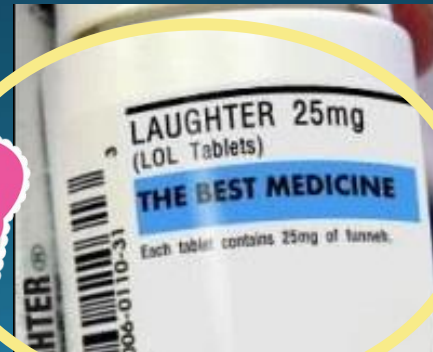
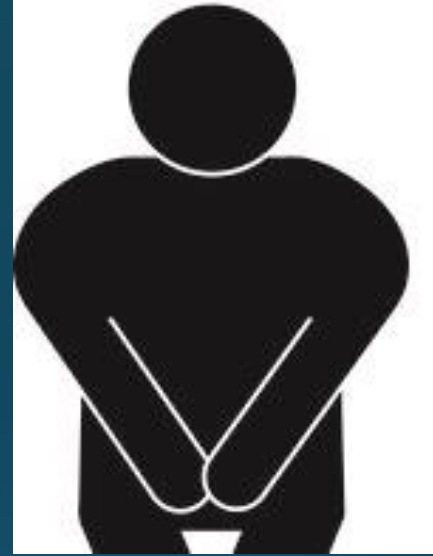
Select the three dots here  
Then select record and transcribe and then start both

Recording will be available from the Surrey Hub. A link and code will be provided to you for this.

If you do not want to appear on the recording, then camera maybe turned off

Attendees, please put your mics on mute if not already

Please have your  
lunch and self  
provided fancy  
cakes and teas etc..





## Video's On and Mic's on mute

This is preferable unless bandwidth problems or if you have an interruption or you do not want to be in recording.

However, as we don't get to meet many of you it would really be nice to see your faces

# How To Ask Questions

- Questions section is provided please add your questions here
- Please could participant like the question if it is important to them and we will try to answer the most popular one at the end of the first session.
- Some of your questions may be deferred to another session if it fits in with that topic
- We will provide you a summary of Q and A at the end of the six sessions and this will be emailed to all participants via the Surrey Hub. Hopefully access to these will be on the hub and on the PAD if governance agrees





# DEPRESSION & ANXIETY

## LUNCH AND LEARN

**3 x 1-hour sessions designed for primary care prescribers**  
**Delivered by specialists from SABP and Surrey Heartlands**

### Session Dates & Topics

**Thursday 13th February | 1-2 PM**

**Part 1** - Identifying and Documenting

**Part 2** - Pharmacological treatments

**Thursday 6th March | 1-2 PM**

**Part 3:** How clinicians can support patients in deciding if medicine is appropriate and which one?

**Part 4:** Monitoring of Pharmacological Treatments

**Thursday 13th March | 1-2 PM**

**Part 5:** Swapping or Stopping

**Part 6:** Resources and Referrals

### Who Should Attend?

Primary care prescribers and healthcare professionals interested in improving care pathways and outcomes for patients with depression and anxiety.



Please click [here](#) to view the recording and [here](#) to access the slides which are on the Surrey Training Hub website ([www.surreytraininghub.co.uk](http://www.surreytraininghub.co.uk))

(The video is protected, contact Surrey Training Hub to obtain the password.)

## ▶ **Part 1: Identifying and documenting**

- How to differentiate between depression and anxiety including use of screening tools (PHQ2, PHQ9, HADS and GAD)
- State the prevalence and symptoms of Depression & Anxiety
- State why optimising antidepressants is a national priority (overview of NICE guidance)
- How to correctly document consultations utilising SNOMED codes and meeting QOF requirements

## ▶ **Part 2 : Pharmacological treatments**

- Overview of medicines used in pharmacological management of depression and anxiety (in line with severity of condition)
- Consider risk assessments and safety netting (including suicidality, harms and safeguarding)
- State when to refer to secondary care services





## Part 3: How clinicians can support patients in deciding if medicine is appropriate and which one?

## Learning Outcomes

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Outline the importance of Shared Decision Making and tools available to support this process



How to discuss treatment options for depression and anxiety with patients (in line with treatment pathway recommendations)

## Reminder on Recording Your Consultation

An introduction to Ardens template to record consultation was provided in session 1 and 2. Please view this for more information.

Ardens templates are useful as a pathway tool.

1. Select your patient

2. Open consultation tab

3. Select "Add" and then "Add data using template"

4. Type "Depression"

5. Press Search

6. Highlight "Depression Review (Ardens)"

7. Double click to open template

## Shared Decision Making – [NICE NG197](#)

Support shared decision making by offering interventions at different stages, including before, during and after discussions, so that people are fully involved throughout their care.



### When providing information and resources:

only use reliable, high-quality sources such as NICE-accredited information, links to the [NHS website](#), information from appropriate patient organisations or relevant [NICE guidelines](#) and quality-assured [patient decision aids](#)

take into account accessibility and the requirement to meet the [NHS Accessible Information Standard](#).

## Shared Decision Making - Stages – [NICE NG197](#)



### Before

Resources?  
Additional support?



### During

Agenda?  
Persons needs / preferences?  
How to deliver information?  
Give time to make decisions



### After

Resources in preferred format  
Follow up contacts?  
Additional support?

# Ardens Template for Depression: Section Titled Resources and Patient Messaging

## Depression QOF Indicators

DEP004 is income protected for 2024/25

	Description	Pts
	Threshold	
DEP004	% of pts ≥18y with new depression (since 1 <sup>st</sup> Apr) reviewed 10-56 days after diagnosis	10
	45-80%	

NHS England Quality and Outcomes Framework guidance for 2024/25

## Information

Other Ardens templates may be relevant, including: Child Safeguarding, Adult Safeguarding, Eating Disorders, Asylum Seeker templates. Please refer to them as needed.

## Patient messaging

Consider copying (Ctrl+C) and pasting (Ctrl+V) the following to text/email the patient:

### Information and self-help

You may find the following resources helpful: <https://ardens.live/depression-in-adults-RCPsych> ; <https://ardens.live/overcoming-depression-self-help> as well as this decision aid: <https://www.england.nhs.uk/wp-content/uploads/2024/09/PRN00675-iv-making-decisions-about-managing-depression.pdf>

### Crisis intervention

Please be aware of the following sources of support should you experience a crisis with your mental health. Call the Samaritans for free on 116 123 <https://ardens.live/Samaritans-website>; Text "Shout" to 85258; or visit <https://ardens.live/staying-safe>; <https://ardens.live/nhs-mental-health-helpline>

### Monitoring/severity scale

This resource may be of use for monitoring your symptoms over time <https://ardens.live/my-mood-and-anxiety-diary>. Please consider completing this scale and letting us have the results: <https://ardens.live/HADS-bmi>

In this section here are some useful resources for patients. Ardens recommend these are sent to patient via text on AccuRx or to the patients email address. The last resource in this highlighted box is a decision aid tool produced by NHS England

# Tool To Support Shared Decision Making

- NHS England developed a shared decision making tool for depression in 2024 This is found here: <https://www.england.nhs.uk/wp-content/uploads/2024/09/PRN00675-iv-making-decisions-about-managing-depression.pdf>

## Making decisions about managing depression



### What is this document?

This document is called a decision aid. It is designed to help you compare possible treatment options. It is for adults with depression. Depression affects different people in different ways. Thinking about the different options can help you choose what's best for you at the moment.

There may be different people involved in your care, such as members of your GP team, and other professionals such as counsellors and psychologists. In this document, we'll call them your health and care team.



You can access help through your GP team, or refer yourself directly to an NHS talking therapies service online (<https://www.nhs.uk/service-search/mental-health/find-an-nhs-talking-therapies-service/>). However you choose to access help, the people in your health and care team will be there to help you decide what options you want to try.

### How to use this decision aid

This decision aid has 5 sections. You do not have to use all of it – you can just use the sections which you think might be helpful to you. Links to go straight to the main sections are given at the top of the next page.

The information can help you decide what is important to you. There is space for anything you want to write down (or type in, if you are using this decision aid electronically) before you next speak to someone in your health and care team. Noting things down can help you think things through to make a decision about what options you might like to try.

This decision aid can only be a guide because everyone's situation is different and may also change over time. You can come back to it any time and make different choices.

If you're using this decision aid electronically, you can click on the links below to jump straight to the sections that might be most useful to you.

[Go to page 3 for more information on your options](#)



[Go to page 8 for help on what's important to you](#)



[Go to page 11 for help making your decision](#)



## Antidepressants: side effects and withdrawal



Like all medicines, antidepressants can have side effects. They will be mild for most people and will usually wear off over a couple of weeks as your body gets used to the medicine. But some people have side effects that are troubling or more long lasting.

Different antidepressants can have different side effects. You may want to discuss with your health and care team any side effects you would particularly like to avoid (for example weight gain, drowsiness or effects on sexual function).

If you stop taking an antidepressant suddenly or miss a dose, you might get unpleasant withdrawal symptoms. Not everyone gets these, and they can affect people differently if they do happen.

When you want to stop the antidepressant, talk to your health and care team. You usually need to reduce the dose in stages over time (this is called 'tapering'). This should mean withdrawal symptoms do not happen or are much milder. Some people stop antidepressants without much problem over a few weeks or months. But for others it can take longer or be more difficult.

You can find out more about antidepressants on the NHS website at:

<https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/medicines-and-psychiatry/antidepressants/>

**NHS**

Search

Health A-Z Live Well Mental health Care and support Pregnancy

[Home](#) > [Mental health](#) > [Talking therapies, medicine and psychiatry](#) > [Medicines and psychiatry](#)

## Antidepressants

Antidepressants are a type of medicine used to treat clinical depression.

[Overview - Antidepressants](#)

[Uses - Antidepressants](#)

[Cautions - Antidepressants](#)

[Dosage - Antidepressants](#)

[Side effects - Antidepressants](#)

[Alternatives - Antidepressants](#)



These pages in the NHS England decision making document are to help patients make a decision on medication

## My priorities at the moment

	Low priority	High priority
Difficulty sleeping	<input type="radio"/>	<input type="radio"/>
My relationships with my partner, family, friends or co-workers	<input type="radio"/>	<input type="radio"/>
Dealing with anxiety, negative thoughts, feelings or behaviours	<input type="radio"/>	<input type="radio"/>
Feeling less withdrawn or isolated	<input type="radio"/>	<input type="radio"/>
Finding solutions to some of my problems	<input type="radio"/>	<input type="radio"/>
Being more physically active and enjoying leisure activities	<input type="radio"/>	<input type="radio"/>
Coping with the loss of someone important to me	<input type="radio"/>	<input type="radio"/>
Worries about work, money, benefits or housing	<input type="radio"/>	<input type="radio"/>
My low mood	<input type="radio"/>	<input type="radio"/>
Dealing with physical symptoms such as pain or tiredness, or those related to the menopause	<input type="radio"/>	<input type="radio"/>

## Thinking about preferences for types of treatment

It might help you to think about each of the things below, and put a mark on the scale (or click on it) where it applies to you. You can also write down or type in your own thoughts or concerns in the space after each question.

Definitely	No strong opinion	Definitely
<b>Thinking about starting treatment</b>		
I'd prefer to wait and see how things go before starting treatment		I'd prefer to start treatment straight away
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Thinking about group or individual therapy</b>		
I want to talk about myself and my own problems		I'd like to have the support of other people in a group
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Thinking about the waiting time for treatment

I'm prepared to wait to get my treatment

I want to start treatment as soon as possible

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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## Thinking about side effects from medicines

I'm concerned about any side effects from medicines

I'm prepared to accept side effects from medicines

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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## Thinking about regular appointments

I can't be able to get to regular appointments

Getting to regular appointments would be a big problem for me

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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## My thoughts, concerns and questions about treatments

## Things to check

I feel sure about the best choice(s) for me ☐ Yes ☐ No

I know enough about the potential benefits and risks of each option ☐ Yes ☐ No

I am clear about which potential benefits and risks matter most to me ☐ Yes ☐ No

I have enough support and advice to make a choice ☐ Yes ☐ No

If you said 'no' to any of these, tell your health and care team and ask them for help.

## My thoughts at the moment

☐ I'm not sure what to do

☐ I'm leaning towards

This is because

<https://www.england.nhs.uk/wp-content/uploads/2024/09/PRN00675-iv-making-decisions-about-managing-depression.pdf>

## Before starting medicines associated with dependence or withdrawal symptoms

This is a summary of recommendations 1.3.1 to 1.3.5 in the [NICE guideline on medicines associated with dependence or withdrawal symptoms](#). It is intended to support prescribers before starting treatment with an opioid, benzodiazepine, gabapentinoid, Z-drug or antidepressant. It is not an exhaustive list but should supplement standard prescribing practice. The guideline includes more detailed information for prescribers on supporting people (section 1.1) and making decisions (section 1.2) using a collaborative and person-centred approach.

### Give verbal and written information about the medicine

#### Before starting an opioid, benzodiazepine, gabapentinoid, Z-drug or antidepressant, discuss:

- All other suitable management options, including non-pharmacological approaches, and ensure that they have been offered
- Potential side effects and if they are likely to be temporary or permanent and improve or worsen over time
- Any implications if pregnant or planning pregnancy
- Possible difficulties with stopping the medicine and how to manage this
- That missing doses may lead to symptoms of withdrawal
- How to store their medicine safely
- Options if the medicine does not work

#### For an opioid, benzodiazepine, gabapentinoid or Z-drug, also discuss:

- That dependence is common with these medicines but not a reason to avoid them
- The potential for developing problems associated with dependence and risk factors (such as mental health problems, history of drug misuse, taking an opioid with a benzodiazepine)
- Symptoms that suggest the development of problems associated with dependence and the importance of telling people close to them about the symptoms

#### For an antidepressant or gabapentinoid, also discuss:

- That any benefits may occur slowly and side effects might be experienced first, but many side effects ease over time

### Discuss and agree a medicines management plan

#### Include in the medicines management plan:

- What the medicine has been prescribed for
- Intended outcomes of treatment and how these might be assessed
- Starting dose and intervals between dose adjustments or titrations
- Who to contact if problems occur
- How long the medicine will take to work and how long they might be taking it for
- Duration of each prescription that will be issued
- Risks of taking more than the prescribed dose
- Symptoms of an overdose and what they should do if this happens
- Plans for reviewing the medicine, including when, where and by whom their next review will be done

[Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults](#)  
[NICE guideline \[NG215\]](#)

# Starting Antidepressants – [NICE NG222](#)

When offering a person medication for the treatment of depression, discuss and agree a management plan with the person. Include:

- the reasons for offering medication
- the choices of medication
- the dose
- the benefits
- the harms, covering both the possible side effects and withdrawal effects,
- any concerns they have about taking or stopping the medication
- Make sure they have written information to take away and to review that is appropriate for their needs

When prescribing antidepressant medication, ensure people have information about:

- how they may be affected when they first start taking antidepressant medication
- how long it takes to see an effect
- when their first review will be
- the importance of following instructions on how to take antidepressant medication
- why regular monitoring is needed
- how they can self-monitor their symptoms
- that treatment might need to be taken for at least 6 months after the remission of symptoms
- how some side effects may persist throughout treatment
- withdrawal symptoms and how these withdrawal effects can be minimised

## Treating Depression in Stable Epilepsy

<https://www.sps.nhs.uk/articles/using-antidepressants-for-treating-depression-in-people-with-epilepsy>

Choosing whether to prescribe at all

Choosing between antidepressants

- **Low to moderate risk antidepressants in epilepsy**
- High risk antidepressants to avoid in epilepsy
- Other considerations when making a choice

Initiating the antidepressant

- Use a low dose first
- Use the lowest therapeutic dose possible

Monitoring epilepsy and ASMs

- Monitoring seizure frequency
- If seizures occur or seizure incidence increases
- Monitoring blood levels of ASMs

## Choosing an Antidepressant in Coronary Disease

<https://www.sps.nhs.uk/articles/choosing-an-antidepressant-for-people-with-coronary-heart-disease/>

Heart disease and depression

Preferred antidepressants

- Selective Serotonin Re-uptake Inhibitors (SSRIs) and Mirtazapine

Less preferred antidepressants

- Citalopram and escitalopram
- Tricyclic antidepressants (TCAs)
- Monoamine oxidase inhibitors (MAOIs)
- Other antidepressants

Patient characteristics and considerations

- Making a choice when starting an antidepressant
- Managing patients currently on a less preferred antidepressant

Information on SPS  
also includes:  
choice of medication  
in pregnancy or when  
breastfeeding

# Ardens Depression Template: Quick Entry

Even the quick entry page has a section to tick if shared decision making took place, and a space to enter your consultation on this.

**Questionnaires / Scores**

[Patient Health Questionnaire - PHQ-9](#)

Patient Health Questionnaire Nine Item score

[Hospital Anxiety and Depression Scale \(HADS\) \(BMJ\)](#)

HAD scale: depression score

HAD scale: anxiety score

**Examination**

☐ Mental state finding *Text*

Further examination findings

**Impression and plan**

Impression and plan

Lifestyle advice

Antidepressants

Antidepressant advice

Referral

☐ Shared decision making *Text*

However if you don't use the quick entry and go to the page in the template regarding management.

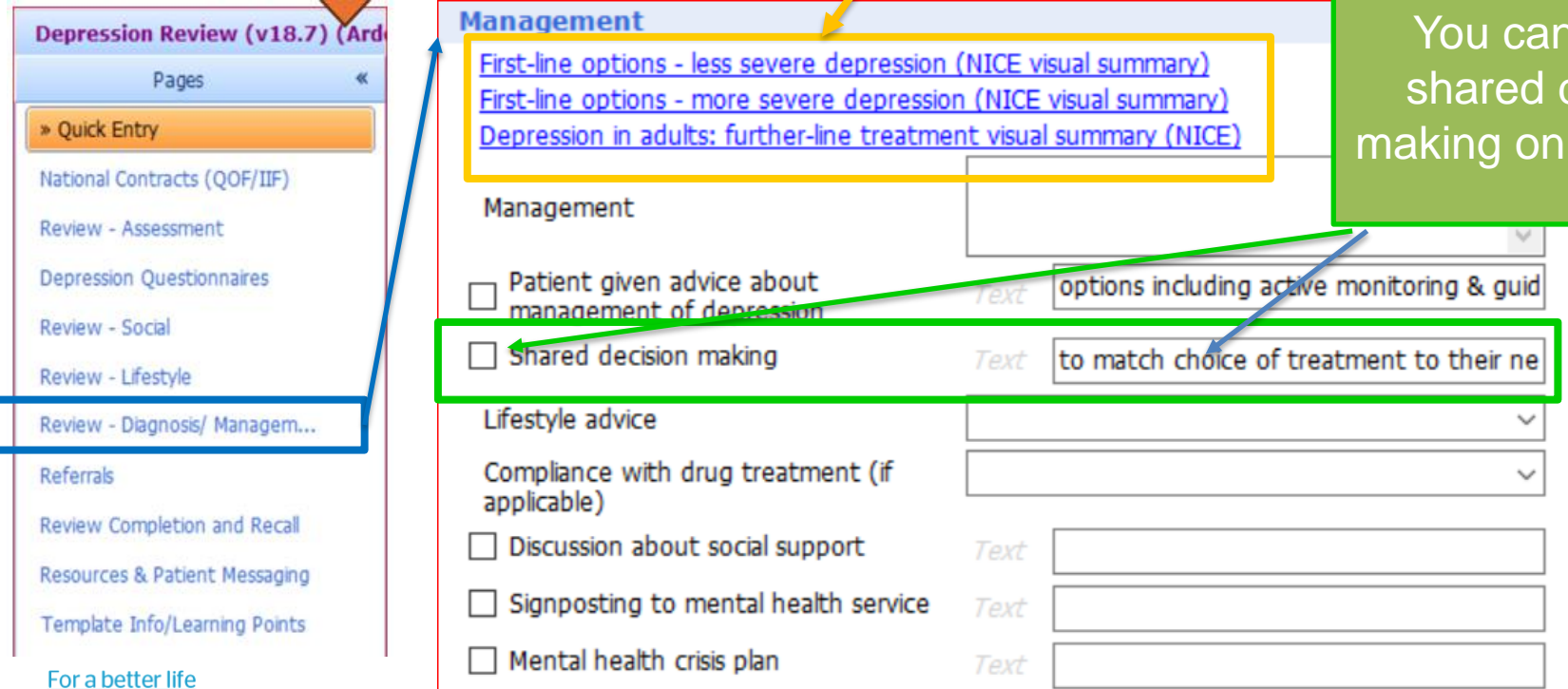
You can enter shared decision making here. The advantage of this page is that it also gives you link to the different options in treatment – non medical and medical

# Ardens Depression Template: Review – Diagnosis/Management Page

Surrey and Borders  
Partnership  
NHS Foundation Trust

This page includes hyperlinks to treatment options as per NICE depending on severity of depression or if further treatment is needed. This is medicine and non medicine options. This was discussed in part 1 and 2 on 13<sup>th</sup> Feb 2025

You can record shared decision making on this page.



**Depression Review (v18.7) (Ardens)**

Pages «

» Quick Entry

National Contracts (QOF/IIF)

Review - Assessment

Depression Questionnaires

Review - Social

Review - Lifestyle

**Review - Diagnosis/ Management...**

Referrals

Review Completion and Recall

Resources & Patient Messaging

Template Info/Learning Points

[For a better life](#)

**Management**

[First-line options - less severe depression \(NICE visual summary\)](#)

[First-line options - more severe depression \(NICE visual summary\)](#)

[Depression in adults: further-line treatment visual summary \(NICE\)](#)

Management

☐ Patient given advice about management of depression *Text* options including active monitoring & guidance

☐ Shared decision making *Text* to match choice of treatment to their needs

Lifestyle advice

Compliance with drug treatment (if applicable)

☐ Discussion about social support *Text*

☐ Signposting to mental health service *Text*

☐ Mental health crisis plan *Text*

Ardens Template reminds you not to routinely offer anti-depressants as first line treatment,

## Starting antidepressants

**Do not routinely offer antidepressants as a first-line treatment, unless that is the person's preference. (NICE, 2022)**

☐ Antidepressant medication recommended and advice given regarding this *Text*

☐ Advised antidepressant may take 2-4 weeks to work, and discussed possible side effects *Text*

☐ Advised that antidepressants are not addictive, but discontinuation symptoms can occur if they are stopped suddenly or doses missed *Text*

☐ Advised they may need to continue antidepressant for up to 6 months after improvement to reduce risk of relapse *Text*

☐ Safe storage and disposal of medications discussed *Text*

It also includes additional tick box prompts reminding you to discuss these points



## Informing about stopping antidepressants – [NICE NG222](#)

Advise people taking antidepressant medication to talk with the person who prescribed their medication (for example, their primary healthcare or mental health professional) if they want to stop taking it.

- Explain that it is usually necessary to reduce the dose in stages over time (called 'tapering')
- Advise people taking antidepressant medication that if they stop taking it abruptly, miss doses or do not take a full dose, they may have withdrawal symptoms.
- Also advise them that withdrawal symptoms do not affect everyone and can vary in type and severity between individuals.

Explain to people taking antidepressant medication that:

- withdrawal symptoms can be mild, may appear within a few days of reducing or stopping antidepressant medication, and usually go away within 1 to 2 weeks
- withdrawal can sometimes be more difficult, with symptoms lasting longer (in some cases several weeks, and occasionally several months)
- withdrawal symptoms can sometimes be severe, particularly if the antidepressant medication is stopped suddenly.

Explains what antidepressants are, how they work, possible side effects and information about withdrawal.



[Read this page in Welsh \(Cymraeg\)](#)

## About antidepressants

How antidepressants can help

Before taking antidepressants

Side effects of antidepressants

Withdrawal effects of antidepressants

Antidepressants in pregnancy

Alternatives to antidepressants

Comparing antidepressants

Useful contacts

Antidepressants A-Z

## What are antidepressants?

Antidepressants are [psychiatric drugs](#) which are licensed to treat [depression](#). Some are also licensed to treat other conditions, such as:

- [anxiety disorders](#)
- [phobias](#)
- bulimia (an [eating disorder](#))
- some physical conditions, including managing long-term pain.

## Who can prescribe antidepressants?

The healthcare professionals who can prescribe you antidepressants include:

- your doctor (GP)
- a psychiatrist
- a specialist nurse prescriber
- a specialist pharmacist.

# Surrey PAD Guidance - Depression

## SSRIs

- [Citalopram](#)
- [Escitalopram](#)
- [Fluoxetine](#)
- [Paroxetine](#)
- [Sertraline](#)

## SNRIs

- [Venlafaxine](#)
- [Duloxetine](#)\*

[Mirtazapine](#)

[Agomelatine](#)

[Vortioxetine](#)

Reboxetine\*

Trazodone\*

[MAOIs & Moclobemide](#)

[Lithium](#)

## Tricyclics

- [Amitriptyline](#)\*
- [Clomipramine](#)\*
- [Imipramine](#)
- [Lofepramine](#)
- [Nortriptyline](#)\*

## DO NOT PRESCRIBE

- [Doxepin](#)
- [Trimipramine](#)

[Liothyronine](#)

# MAOIs & Moclobemide



The Surrey Heartland Integrated Care System Area Prescribing Committee have agreed a BLUE (with information sheet) traffic light status for:

Phenelzine  
Isocarboxazid  
Moclobemide  
Tranylcypromine



Specialists will initiate and prescribe a minimum of 6 months or until the patient is stable, whichever is longer, prior to transfer of care

[MAOI BLUE information Sheet - Jul 2024](#)

# NICE Quality Standards on Depression in Adults

## Depression in adults

Quality standard [QS8] Published: 29 March 2011 Last updated: 29 June 2023

Click here to get full details:

[Quality statement 2: Discussing treatment options](#)  
[| Depression in adults | Quality standards | NICE](#)

### Quality statement 2: Discussing treatment options

Adults with a new episode of depression have a discussion with their healthcare professional about the full range of treatment options.

How is this being assessed? The [Care Quality Commission's NHS community mental health survey](#) collects data on 3 questions for adults with depression: the extent of adults' involvement in agreeing their care, the extent to which they felt involved in making a decision about their care together with the person they saw, and whether they felt involved as much as they wanted to be in deciding what NHS talking therapies to use.

## Case discussions

Please also add questions /  
scenarios to the chat  
(ensure anonymity)

# Case Discussion

44 year old female

- Depression

Experiencing low mood, had a bereavement 2 years ago

PHQ9 score of 18

Reports brain fog as impacting her significantly

Current Medication

- Venlafaxine XL 225mg Morning

Past Psychotropics

- Fluoxetine
- Sertraline



# Case Discussion

57 year old male

- Depression and anxiety
- Chronic pain
- History of overdose

Requesting increase in pregabalin to help anxiety

Current Medication

- Amitriptyline 20mg at night (migraine prophylaxis)
- Pregabalin 300mg at night (prescribed on recommendation of pain clinic)

Past Psychotropics

- Escitalopram – stopped as felt more anxious and lost focus
- Citalopram – reported headache & agitation
- Sertraline – felt lower in mood

# Case Discussion

65 year old female

- Depression and Anxiety
- Irritable bowel syndrome

Experiencing increased anxiety, starting to affect her at work

Current Medication

- Sertraline 100mg tablets - Two To Be Taken Each Day

Past Psychotropics

- Fluoxetine – ended Aug 2004 on EMIS, reason not specified
- Citalopram – ended Sep 2012 on EMIS, reason not specified
- She has taken sertraline since Sep 2013.
- Sertraline at 200mg daily for the last 2 months

## Considerations:

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- ▶ Life circumstances including changes: Work/ relationship/ leisure/ accommodation/ finances/ belonging
- ▶ Psychological interventions
- ▶ Drugs and alcohol: Medications/ substances/ alcohol
- ▶ Physical health: CV (CCF/ dysrhythmias/ HTN)/ RS (COPD/ asthma)  
Neurological (Parkinson's/ Stroke) Endocrinological (DM/ hypo conditions/ menopause) Blood (anaemia)/ Oncology (mets/ treatments)/ deficiencies
- ▶ Medication: Compliance/ Timing/ Dose/ duration/ Interaction with other medications
- ▶ Swap –Augment/ Combine – Other treatments (rTMS/ esketamine/ ECT)

## GAD - Summary of pharmacological treatment options

If a person with GAD chooses drug treatment, offer a selective serotonin reuptake inhibitor (SSRI). Consider offering sertraline first because it is the most cost-effective drug,

If sertraline is ineffective, offer an alternative SSRI or a serotonin–noradrenaline reuptake inhibitor (SNRI), taking into account the following factors:

- tendency to produce a withdrawal syndrome (especially with paroxetine and venlafaxine)
- the side-effect profile and the potential for drug interactions
- the risk of suicide and likelihood of toxicity in overdose (especially with venlafaxine)
- the person's prior experience of treatment with individual drugs (particularly adherence, effectiveness, side effects, experience of withdrawal syndrome and the person's preference).

If the person cannot tolerate SSRIs or SNRIs, consider offering pregabalin.

# Pregabalin

- ▶ As of 1 April 2019, pregabalin is a Class C controlled substance (under the Misuse of Drugs Act 1971) and scheduled under the Misuse of Drugs Regulations 2001 as Schedule 3.
- ▶ Evaluate patients carefully for a history of drug abuse before prescribing and observe patients for development of signs of abuse and dependence ([MHRA, Drug Safety Update April 2019](#)).
- ▶ Follow the [MHRA safety advice on pregabalin in pregnancy](#).

[For a better life](#)

## Pregabalin (Lyrica): findings of safety study on risks during pregnancy

A new study has suggested pregabalin may slightly increase the risk of major congenital malformations if used in pregnancy. Patients should continue to use effective contraception during treatment and avoid use in pregnancy unless clearly necessary.

From: [Medicines and Healthcare products Regulatory Agency](#)

Published 19 April 2022

Therapeutic area: [Dispensing GP practices](#), [Neurology](#), [Pain management and palliation](#) and [Psychiatry](#)

## Part 4: Monitoring of pharmacological treatments

## Learning Outcomes

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State the monitoring requirements for medication review in depression and anxiety



Ensure those who need review are recalled as part of annual health check



## Ardens Template: Review – Diagnosis/Management Page

### Starting antidepressants

**Do not routinely offer antidepressants as a first-line treatment, unless that is the person's preference. (NICE, 2022)**

☐ Antidepressant medication recommended and advice given regarding this *Text*

☐ Advised antidepressant may take 2-4 weeks to work, and discussed possible side effects *Text*

☐ Advised that antidepressants are not addictive, but discontinuation symptoms can occur if they are stopped suddenly or doses missed *Text*

☐ Advised they may need to continue antidepressant for up to 6 months after improvement to reduce risk of relapse *Text*

☐ Safe storage and disposal of medications discussed *Text*

This part of the template which we discussed earlier is helpful prompt to give patients right expectations of how long treatment may be for and how long before they see benefit.

# Ardens Template: Depression: Safety Netting

Safety netting and advice		
<input type="checkbox"/> Advice to return if problem persists or deteriorates	Text	<input type="text"/>
<input type="checkbox"/> Advised to seek emergency medical help if patient feels actively suicidal	Text	<input type="text"/>
<input type="checkbox"/> Discussed sources of support in times of mental health crisis - such as NHS helplines, and charitable organisations	Text	<input type="text"/>
<input type="checkbox"/> Provision of written information	Text	<input type="text"/>

[Find a local mental health helpline for urgent help \(NHS\)](#)  
[Planning for a mental health crisis \(Mind\)](#)  
[Staying safe - from suicidal thoughts](#)

# Ardens Template: Review Completion and Recall

## Record that a review has been done

Use one of the codes below to record completion of the review.

\*Depression review

No previous

## Follow-up / Diary entry

Consider arranging an initial review usually 2-4 weeks after starting treatment (NICE, 2022).

☐ Follow-up arranged

Text

21-May-20

Consider adding a diary entry below if your organisation utilises the Ardens Diary Recall System.

[Ardens Diary Recall System](#)

☐ Depression interim review diary entry

Follow Up

03-Feb-2025



No previous entry

Text

For new antidepressants prescribing it is recommended to follow the patient up in 2 to 4 weeks time

This part of the template is used not only for recording a follow up review has been arranged, but also a code to state review had been done

# Driving and Antidepressants

- Advise that some antidepressant drugs may affect alertness and concentration, affecting the person's ability to drive. This is particularly relevant when starting treatment or after increasing the dose.
- Assessing fitness to drive: a guide for medical professionals

## Anxiety or depression – mild to moderate

	Group 1 car and motorcycle	Group 2 bus and lorry
<b>Without significant memory or concentration problems, agitation, behavioural disturbance or suicidal thoughts</b>	<p>■ May drive and need not notify DVLA. See <a href="#">Appendix E</a> for medication considerations relevant to driving.</p>	<p>■ May drive and need not notify DVLA. For other cases, refer to 'severe' below. See <a href="#">Appendix E</a> for medication considerations relevant to driving.</p>

[For a better life](#)

## Severe anxiety or depression

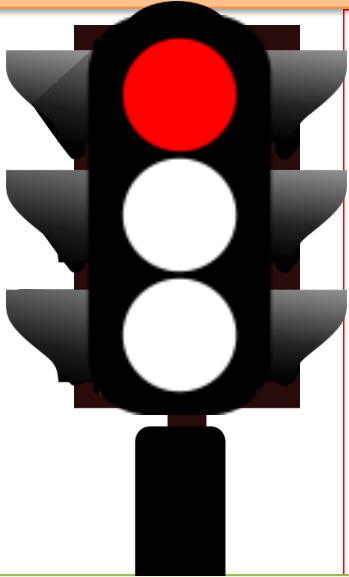
**Note:** effects of severe illness are of greater importance for their relevance to driving than medication – but see [Appendix E](#), for additional considerations, on medication.

	Group 1 car and motorcycle	Group 2 bus and lorry
<b>Significant memory or concentration problems, agitation, behavioural disturbance or suicidal thoughts</b>	<p>● Must not drive and must notify DVLA. Particular danger would be posed by those who may attempt suicide at the wheel. Licensing may be granted after 3 months if:</p> <ul style="list-style-type: none"> <li>■ the person has been well and stable</li> <li>■ the person has adhered to previously agreed treatment programmes and</li> <li>■ is not suffering from medicinal side effects that would affect alertness or concentration</li> </ul>	<p>● Must not drive and must notify DVLA. Particular danger would be posed by those who may attempt suicide at the wheel. Licensing may be granted after 6 months if:</p> <ul style="list-style-type: none"> <li>■ the person has been well and stable and</li> <li>■ the person has adhered to previously agreed treatment programmes and</li> <li>■ is not suffering from medicinal side effects that would affect alertness or concentration</li> </ul>

## Assessing fitness to drive: a guide for medical professionals

Effects of severe illness are of greater importance for their relevance to driving than medication. However, in the guide in Appendix E it states the below

**TCA have greater impairment on driving than the newer antidepressants**



### **Medications**

Section 4 of the Road Traffic Act 1988 does not differentiate between illicit and prescribed drugs.

Any person driving or attempting to drive on a public highway or other public place while unfit due to any drug is liable for prosecution.

- All drugs with an action on the central nervous system can impair alertness, concentration and driving performance.
- This is of particular relevance at the initiation of treatment, or soon after, and also when dosage is being increased. Anyone who is adversely affected must not drive.
- It should be taken into account when planning the treatment of a patient who is a professional driver that the older tricyclic antidepressants can have pronounced anticholinergic and antihistaminic effects, which may impair driving, whereas the more recently developed antidepressants may have fewer such effects.

**Informing DVLA – Patients Responsibility by Law. However if they refuse then you have a professional responsibility to do so (although it is not a legal one)**

## Review the person 2 weeks after starting the medication

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- To check if symptoms improving
- To check if experiencing any side effects
- Check in and ask if any thoughts, plans, or intent to self-harm or commit suicide and any other risks to others or risk of self-neglect.
- Consider using a validated depression questionnaire to monitor response to treatment, such as PHQ-9.
- Ensure the person has adequate social support and is aware of sources of help if symptoms worsen.
- Ask if Any ongoing [symptoms](#) of depression, impact on daily functioning including work, relationships, and any carer role for a child or vulnerable adult(s).

## Review Patient in 1 Week if Aged 18-25 years old or Suicidal

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- As per review at 2 weeks
- Consider limiting the amount of medication available, depending on clinical judgement.
- Arrange subsequent reviews as needed and within 4 weeks of starting antidepressant treatment.

## Check If Patient Symptoms Have Improved or Not After 4 Weeks?

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- ▶ **If there is no improvement in symptoms after four weeks of antidepressant medication** at a recognized therapeutic dose:
- ▶ Check concordance with treatment and assess for any adverse effects, harms of treatment, or suicidal ideas.



## Review Patient at 6 Months

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- ▶ NICE recommend a review every 6 months ,
- ▶ Remember to check for any new drug interactions or side effects
  - dyspepsia/ stomach ulcer/ bleed
  - Sexual dysfunction

# How Long Should Patient Stay on Treatment For?

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- ▶ The Maudsley guidelines<sup>4</sup> suggest 6-9 months after remission
  
- ▶ Discuss with the person that:
  - This greatly reduces the risk of relapse.
  - Antidepressants are not associated with addiction.

# Review with the person with depression the need for continued antidepressant treatment beyond six months after remission

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- ▶ Taking into account:
  - The number of previous episodes of depression.
  - The presence of residual symptoms.
- ▶ Concurrent physical health problems and psychosocial difficulties

50- 80% of patients will have second episode of depression

From this 80 -90% will have a third episode

## Review at 2 Years if Treatment Should Continue?

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- People with depression on long-term maintenance treatment should be regularly re-evaluated, with frequency of contact determined by:
  - • Comorbid conditions.
  - • Risk factors for relapse.
  - • Severity and frequency of episodes of depression.

## Which Patients Should Continue Treatment for 2 Years?

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- NICE recommends to advise people with depression to continue antidepressants for at least two years if they are at risk of relapse.
- Maintain the level of medication at which acute treatment was effective
  - They have had two or more episodes of depression in the recent past, during which they experienced significant functional impairment.
  - They have other risk factors for relapse such as residual symptoms, multiple previous episodes, or a history of severe or prolonged episodes or of inadequate response.
  - The consequences of relapse are likely to be severe (for example, suicide attempts, loss of functioning, severe life disruption, and inability to work).

# Remind Patient on Lifestyle Interventions Frequently

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- Exercise
- Nutrition and Hydration
- Sleep
- Alcohol
- Social Interaction

## Q&A session

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# Feedback

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Please complete the  
evaluation form for this  
session  
6<sup>th</sup> March 2025  
Thank you 😊

Scan the QR or use  
link to join



[https://forms.office.co  
m/e/nB3FSPP5Jb](https://forms.office.co<br/>m/e/nB3FSPP5Jb)



# DEPRESSION & ANXIETY

## LUNCH AND LEARN

3 x 1-hour sessions designed for primary care prescribers  
Delivered by specialists from SABP and Surrey Heartlands

### Session Dates & Topics

**Thursday 13th February | 1-2 PM**

**Part 1** - Identifying and Documenting

**Part 2** - Pharmacological treatments

**Thursday 6th March | 1-2 PM**

**Part 3:** How clinicians can support patients in  
deciding if medicine is appropriate and which one?

**Part 4:** Monitoring of Pharmacological Treatments

**Thursday 13th March | 1-2 PM**

**Part 5:** Swapping or Stopping

**Part 6:** Resources and Referrals

### Who Should Attend?

Primary care prescribers and healthcare professionals  
interested in improving care pathways and outcomes for  
patients with depression and anxiety.



# Thank you