

Continuation and relapse prevention for adults with depression

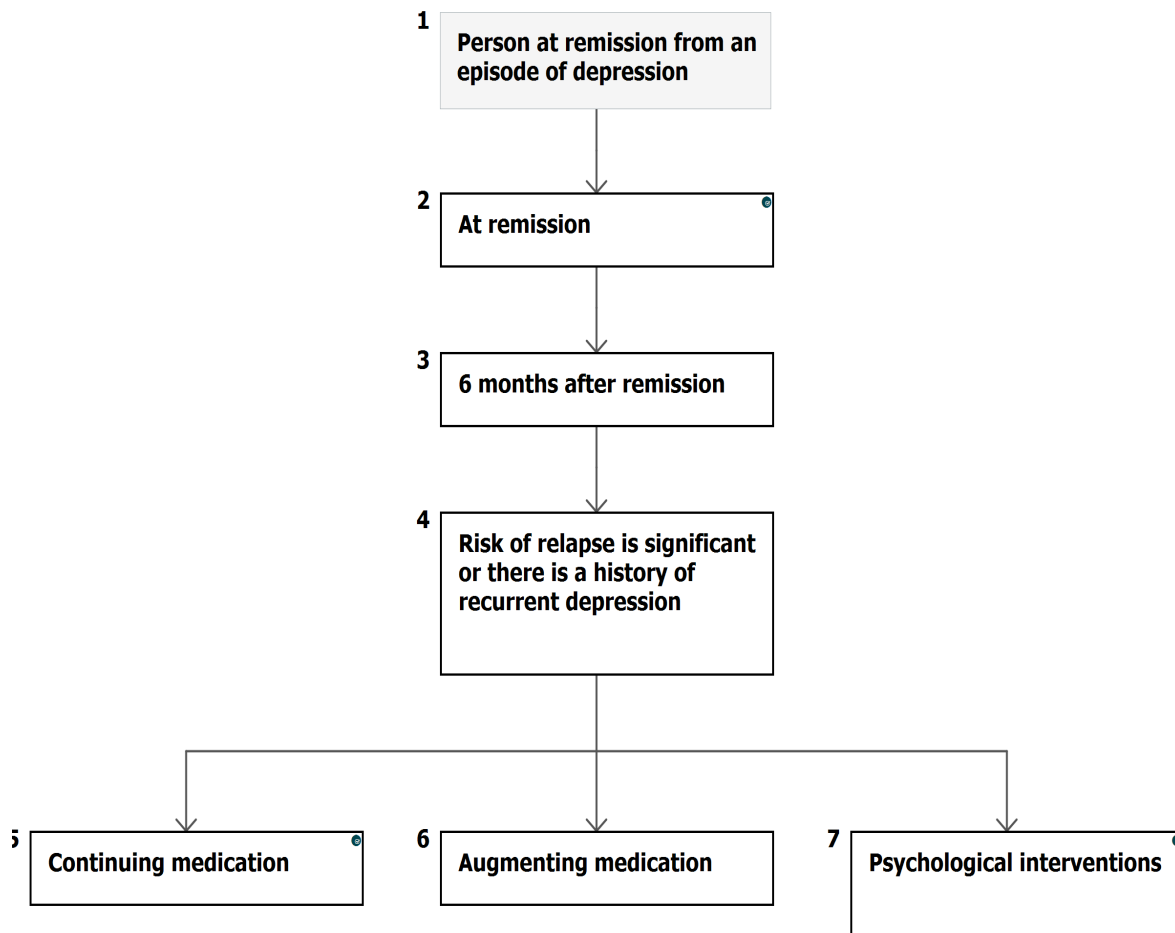
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

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 at remission from an episode of depression

No additional information

2 At remission

Encourage a person who has benefited from taking an antidepressant to continue medication for at least 6 months and inform them that:

- this greatly reduces the risk of relapse
- antidepressants are not associated with addiction.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Depression in adults

10. Continuing antidepressants

3 6 months after remission

Review with the person the need for continued medication, taking into account:

- number of previous episodes
- residual symptoms
- concurrent physical health problems and psychosocial difficulties.

4 Risk of relapse is significant or there is a history of recurrent depression

Discuss the choice of treatment with the person, and base choice on previous treatment history and the person's preference.

5 Continuing medication

Advise use of antidepressants for at least 2 years.

Maintain level of medication at which acute treatment was effective (unless there are adverse effects) if:

- the person has had two or more recent episodes of depression which caused significant functional impairment
- they have other risk factors for relapse
- the consequences of relapse are likely to be severe.

After 2 years, re-evaluate treatment with the person, taking into account age, comorbidities, and other risk factors; thereafter re-evaluate as regularly as needed.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Depression in adults

10. Continuing antidepressants

6 Augmenting medication

People who have had multiple episodes of depression and who have a good response to augmentation should remain on this treatment if side effects are acceptable. If one medication is stopped, it should usually be the augmenting agent.

Do not use lithium alone to prevent recurrence.

7 Psychological interventions

Provide individual CBT for people who have relapsed despite antidepressants and for people with a significant history of depression and residual symptoms despite treatment.

- Typically deliver 16–20 sessions over 3–4 months.
- If more are needed to achieve remission, deliver 2 sessions per week for the first 2–3

- weeks; also include 4–6 follow-up sessions in the next 6 months.

or

Provide mindfulness-based cognitive therapy for people who are currently well but have had 3 or more episodes of depression. Deliver in groups of 8–15 people in weekly 2-hour meetings over 8 weeks. Also offer 4 follow-up sessions in the next 12 months.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Depression in adults

13. Residual symptoms or risk of relapse

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.