
HOW ARE YOU FEELING?



Thinking about the mental health toll of the
pandemic...

Welcome to the seventh of twelve newsletters, highlighting research that
addresses the top challenges currently facing general practice...

Care for depression remains very variable, hence the need for a new NICE Guideline, the first since 2009, which is being published this year.

In the new guideline, depression is classified as 'less severe' and 'more severe' depression, because GPs were confused by 2009 recommendations split into 'mild to moderate' and 'moderate to severe' leaving ambiguity for moderate depression. 'More severe' includes moderate and severe, and 'less severe' includes mild, but also sub-threshold depression with fewer than five symptoms but nevertheless significant illness.

Self-help, exercise, and psychological treatments are recommended before drugs. There is greater emphasis on eliciting and discussing patient treatment preferences and shared decision-making. There are tables of options for less severe depression ordered by clinical and cost-effectiveness, which are: Group cognitive behavioural therapy (CBT), Group behavioural activation (BA), Individual CBT, Individual BA, Self-help with support, Group exercise, Group mindfulness or meditation, Interpersonal therapy (IPT), Selective serotonin re-uptake inhibitors (SSRIs), Counselling for depression, and Short-term psychodynamic psychotherapy (STPP). For more severe depression combined CBT and antidepressant medication is the preferred option.

Guidance on withdrawing antidepressants has been updated as it is now recognised that many patients get withdrawal symptoms and can take months to come off them rather than weeks.

The new guideline is considerably improved from 2009, emphasising informed patient choice where possible. We hope it will stimulate provision of more therapies, so patients and GPs are not forced into antidepressant treatment by default.

Editorial by Dr Tony Kendrick, GP and Professor of Primary Care

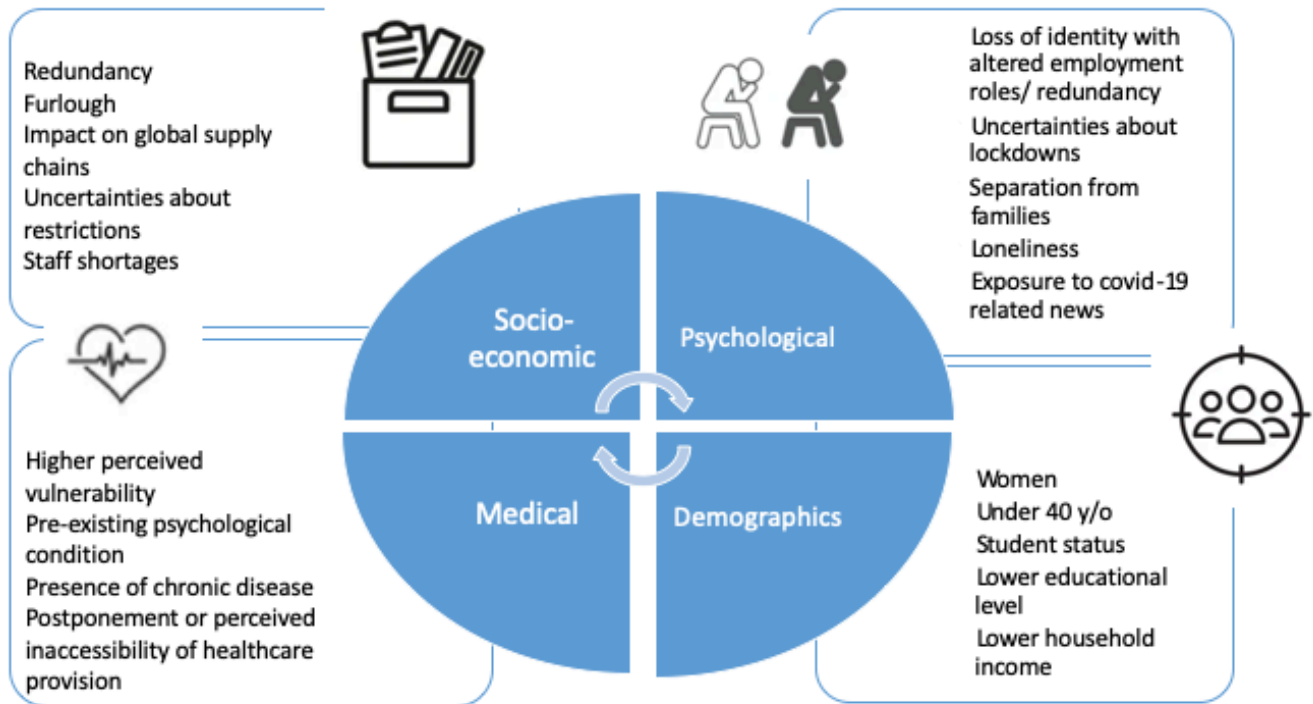
Draft documents for the new NICE guidance consultation are available here: <https://www.nice.org.uk/guidance/>

Primary care has been the foundation of support for the mental health and wellbeing of our communities throughout the pandemic (1). One of the wider impacts of COVID-19 has been a rise in mental health presentations to primary care. Alongside a recognised increase in psychological distress in the general population (2), increased suicide rates have also been predicted, provoked by uncertainties surrounding restriction rule changes, redundancies and the economic recession (1).

Adults were three times more likely to screen positive for anxiety and depression symptoms in 2020 compared to 2019 (3).

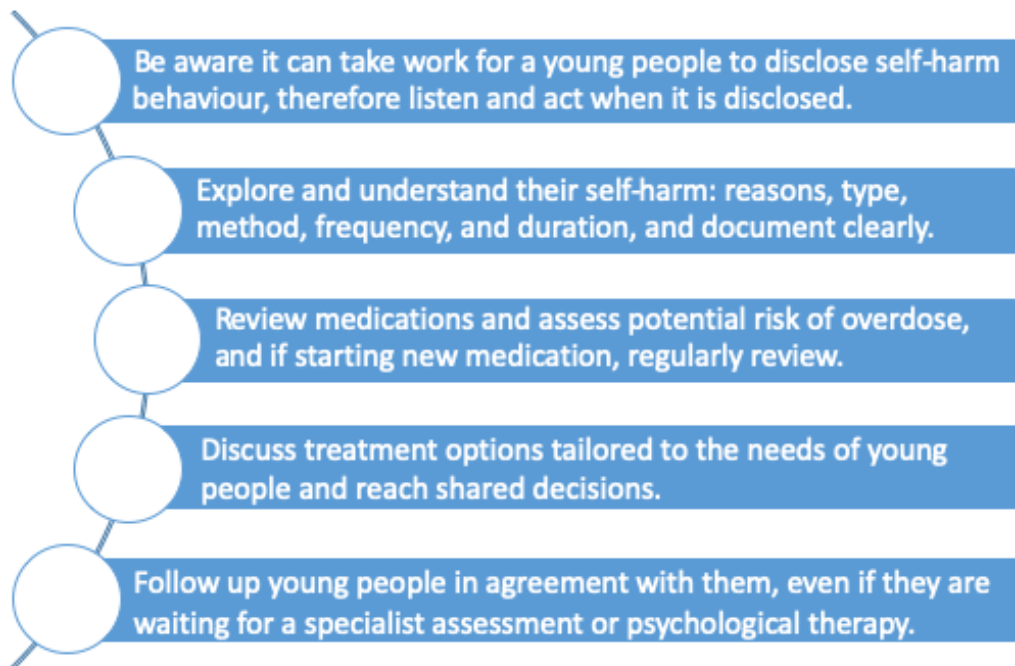
A recent systematic review examining the impact of Covid-19 on mental health outlined a number of factors causing this increase in presentation. Being aged under 40 years or being a student were found to be a significant risk factors for developing more depressive symptoms compared to other occupations. Women were also more likely to suffer from psychological distress as they represented a higher percentage of the workforce negatively affected by the pandemic in the retail and hospitality sectors (2).

Frequent exposure to social media and news relating to Covid-19 can also provoke anxiety and stress symptoms. The unpredictable situation and risk of fake news being easily spread via media routes has created unnecessary fears. GPs have a role in validating accurate information from media reports to prevent panic and false information. Correct, up to date and consistent information should be communicated to patients to reassure those anxious about infection risk (2).



Factors leading to increased mental health presentations to primary care during the pandemic.

Children and young people have particularly suffered during the pandemic with the added uncertainty around vaccination, home schooling, missed educational opportunities and the impact on future prospects. England’s Children and Young People Survey have identified an increase in mental health conditions across all age, sex and ethnic minorities from 10.8% in 2017 to 16% in July 2020 and national referrals for eating disorders in England have doubled during 2020 (4). Whilst rates of suicide amongst young people are thankfully low, self-harm is prevalent (26% lifetime prevalence in 10-24 y/o). 50% of young people who die by suicide have a history of self-harming. A fear of negative reaction prevents young people presenting to their GP so a recent primary care led study explored the help-seeking experiences of young people who self-harm (5). The authors have given WiseGP some useful tips on how we can best support young people who may be self-harming.



Primary care is the first point of access for mental health and we play a key role in providing care for patients struggling with common mental health conditions such as anxiety and depression. Patients should be encouraged in self-management of psychological distress including regular exercise, healthy dietary patterns and appropriate sleep hygiene. Keeping in touch with friends and family via remote means if safer can also ease distress from social isolation (2). Antidepressants may also be part of the first line approach to management. Antidepressant prescriptions have risen dramatically in recent years; now around 1 in 10 adults take them in England (6). Some require long term antidepressants, but 30-50% could possibly stop them. However, stopping is not always straightforward due to withdrawal effects and risks of relapse.

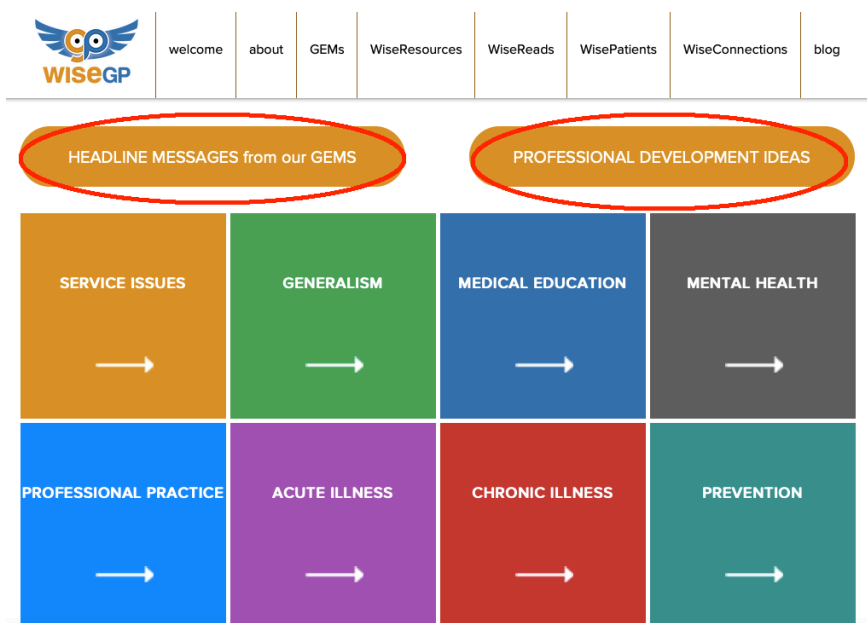
Patients can be supported to decide whether they want to continue their long-term antidepressant knowing that this may reduce the risk of symptom relapse, however, they can be reassured it is safe to try discontinuing long-term antidepressant treatment, as long as it is done slowly, under supervision, with monitoring of withdrawal symptoms and mental state.

A recent randomised, double-blind placebo-controlled trial in 150 UK general practices examined what happened when people discontinued antidepressants after a minimum of 2 years. 56% experienced depressive relapse within a year compared to 36% who continued their antidepressant but by the end of the year 59% of the discontinuation group remained off their antidepressant. Patients should therefore be fully informed about long-term antidepressant use including the risks of side effects but slightly reduced risk of relapse. This study, however, also recommends that supporting patients who want to stop their antidepressant with close monitoring is an acceptable thing to do as long as it is done slowly, under supervision with monitoring of withdrawal symptoms and their mental state (7). This GP led study has informed the updated NICE guidance as Professor Kendrick has explained in his editorial. The REDUCE trial is another primary care randomised controlled trial currently examining the use of a digital intervention to support antidepressant withdrawal in primary care - read all about it referenced below (8).

HIGHLIGHTS FROM WISEGP

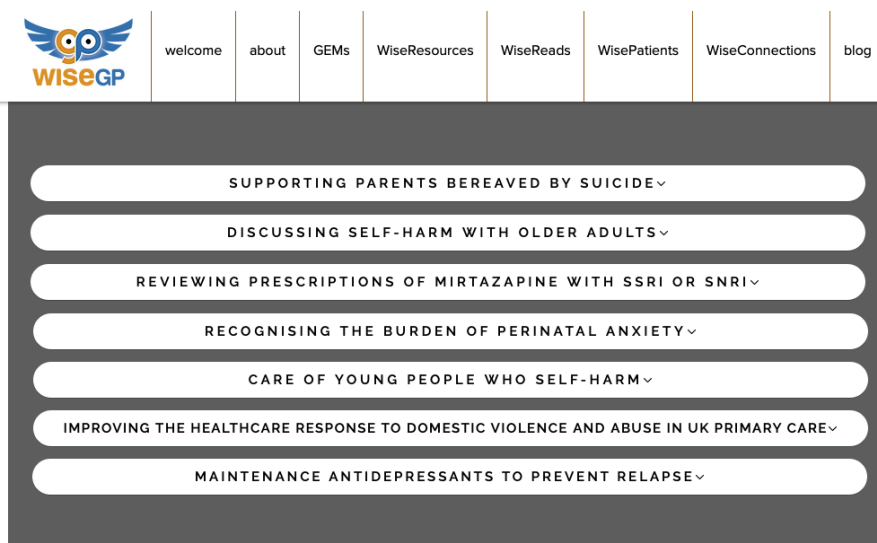
WiseGEMs...

What is a GEM? **G**eneral practice **E**vidence for **M**odern day practice. Our WiseGP GEM library is growing all the time and offers easy access to knowledge for everyday practice and ideas for professional development. GEMs focus on research that address the real-world challenges of daily practice. This is research carried out by GPs and researchers who specialise in primary care.



Browse all the GEMs by taking a look at the HEADLINE MESSAGES tab or get ideas of QIP and professional development by clicking on the PROFESSIONAL DEVELOPMENT IDEAS tabs.

We recommend you take a look at the mental health section of the GEMs library for more recent research to help us manage mental health conditions presenting to primary care. If you have carried out, or know about a piece of evidence you think would make a great GEM you can submit on via the SUBMIT A GEM tab.



Over a series of twelve newsletters we will be focussing on research addressing the top challenges currently facing general practice. If you haven't already, please sign up to receive regular WiseGP newsletters at <https://www.wisegp.co.uk/>.

In our next newsletter we will be focusing on Going Greener:
A healthier planet supports healthy people.....

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