# Depression

## *Executive summary*

## Introduction

## Depression is a common mental disorder which involves low mood and loss of pleasure in most activities. These are more severe and long-lasting than normal mood fluctuations or emotional responses to challenges in daily life. Depression varies in severity and duration and in severe forms can lead to suicide. It is a leading cause of disability worldwide. Effective pharmacological and non-pharmacological treatments are available for depression so identifying and managing the condition is important.

## Target User

* Nurses
* Doctors

## Target area of use

* Gate clinic
* Outpatient department
* Ward

## Key areas of focus / New additions / Changes

This guideline addresses the diagnosis, assessment and locally available management options for depression in adults.

## Limitations

We only have amitriptyline for use by the general public. Staff may be prescribed citalopram. Other patients wanting to use an SSRI (selective serotonin reuptake inhibitor) will need to purchase this at a local pharmacy.

Access to psychological support is also limited especially for patients who do not speak English.

## Background

WHO estimates that around 120,000 people in the Gambia have a mental disorder requiring treatment. Of patients with severe mental disorders, 90% do not have access to treatment.

Depression involves low mood and/or loss of pleasure in most activities. The severity of depression is determined by the number and severity of symptoms and the degree of functional impairment. Biological, psychological and social factors have a significant impact on the course of depression and the response to treatment. So ask about past history and family history of depression when undertaking a diagnostic assessment.

Depression frequently takes a remitting and relapsing course, with symptoms persisting between more severe episodes. The key goal of interventions should be complete relief of symptoms (remission), which is associated with better functioning and a lower likelihood of relapse.

## Presenting symptoms and signs

Be alert to possible depression in all patients, particularly those with a past history of depression or a chronic physical health problem with associated functional impairment.

Ask anyone who may have depression two specific questions:

* During the last month, have you often been bothered by feeling down, depressed or hopeless?
* During the last month, have you often been bothered by having little interest or pleasure in doing things?

(These symptoms should be present for at least 2 weeks and each symptom should be present for most of every day).

If any of the above are present, ask about associated symptoms:

* Depressed mood most of the day
* Reduced interest or pleasure in all or almost all activities
* Significant weight loss or gain (e.g. more than 5% of body weight) which is not due to dieting
* Insomnia or hypersomnia
* Psychomotor agitation or retardation which is observable by others
* Fatigue or loss of energy
* Feelings of worthlessness or guilt
* Reduced ability to concentrate or make decisions
* Recurrent thoughts of death, with or without a plan, or a suicide attempt or plan

Then ask about duration and associated disability, past and family history of mood disorders, and availability of social support.

## Examination findings

Look for evidence of:

* Self-neglect
* Self-harm
* Psychomotor retardation (slowed speech or movements or decreased speech output)
* Agitation (restlessness, handwringing, inability to sit still, pulling on clothing or skin)

You should be able to classify the severity of depression (based on the criteria in DSM-IV):

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| **Diagnosis** | **Criteria** |
| Subthreshold depressive symptoms | Fewer than 5 symptoms of depression |
| Mild depression | Few, if any, symptoms in excess of the 5 required to make the diagnosis, and symptoms result in only minor functional impairment |
| Moderate depression | Symptoms or functional impairment are between 'mild' and 'severe' |
| Severe depression | Most symptoms, and the symptoms markedly interfere with functioning. Can occur with or without psychotic symptoms |

## Management

The first step involves risk stratification for each patient:

Factors that favour general advice and active monitoring:

* Four or fewer of the above symptoms with little associated disability
* Symptoms intermittent, or less than 2 weeks' duration
* Recent onset with identified stressor
* No past or family history of depression
* Social support available
* Lack of suicidal thoughts

Factors that favour more active treatment:

* Five or more symptoms with associated disability
* Persistent, long-standing or recurrent symptoms
* Personal or family history of depression
* History suggestive of bipolar disorder
* Low social support
* Suicidal thoughts

Factors that favour urgent referral to EFSTH for psychiatry review and admission to Tanka Tanka hospital:

* Actively suicidal ideas or plans
* Psychotic symptoms
* Severe agitation accompanying severe symptoms
* Severe self-neglect

### Management of less severe depression

(including subthreshold symptoms, mild depression, and the lower half of moderate depression).

Encourage physical activity (45 minutes aerobic exercise of moderate intensity twice a week).

Offer online cognitive behavioural therapy courses (where patients have sufficient English language and internet access to support this. See **Resources** section below).

If patients can afford this and speak enough English: offer referral for clinical psychology (Silvia Lorenz is a clinical psychologist based near Turntable. She can be contacted by email on [silvialorenzi.psy@gmail.com](mailto:silvialorenzi.psy@gmail.com)).

Offer trial of antidepressant medication if there is no improvement with exercise and psychological interventions:

* 1st line: Amitriptyline (25 mg at night) OR for staff and their immediate relatives Citalopram (20 mg OD)
* 2nd line: SSRIs are available at local pharmacies – sertraline is the most affordable and can be used at a dose of 50 mg OD.

Management of more severe depression

(including the upper half of moderate depression and severe depression).

Offer antidepressant medication:

* 1st line: Amitriptyline (25 mg at night) OR for staff and their immediate relatives Citalopram (20 mg OD)
* 2nd line: SSRIs are available at local pharmacies – sertraline is the most affordable and can be used at a dose of 50 mg OD.
* 3rd line: an SSRI and amitriptyline can be used in combination where necessary.

Offer referral to clinical psychology as above. Alternatively for patients who speak Wolof or French and have enough money to travel to Dakar, offer referral to the psychiatrist there.

If there are psychotic features or active suicidal ideas or plans, refer urgently to Banjul polyclinic for psychiatry assessment.

### Ongoing management

Review after 2 weeks to ensure new medication(s) are tolerated then every 4 weeks once their condition begins to improve. Advise that it usually takes 3-4 weeks before patients will start to feel better on treatment

If an **antidepressant** has been prescribed for 2 months with little or no response, double the dose.

If there is no response to this increase in dose, switch to 2nd or 3rd line treatment.

Once a patient has recovered, continue antidepressants for a further 6 months to reduce the risk of relapse.

Once it is decided to stop antidepressants the dose should be tapered off gradually to avoid withdrawal symptoms.

Withdrawal symptoms can occur if antidepressants are stopped suddenly. These may include:

* Restlessness
* Problems sleeping
* Unsteadiness
* Sweating
* Abdominal symptoms
* Altered sensations
* Irritability, anxiety or confusion

## Resources

Online resources may be offered to patients include:

* NHS patient information on depression: <https://www.nhs.uk/conditions/clinical-depression/>
* Apps for do it yourself cognitive behavioural therapy:
  + <https://www.nhs.uk/apps-library/catch-it/>
  + <https://moodgym.com.au/>
* Apps for managing anxiety: [www.healthline.com/health/anxiety/top-iphone-android-apps](http://www.healthline.com/health/anxiety/top-iphone-android-apps)

## Key Issues for Nursing care

* Encourage adherence to medication
* Monitor inpatients for evidence of self-harm or suicidal behaviour among inpatients and contact medical staff for review

## References

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