current thinking on...

Managing depression

Welcome to our CPD module series for community pharmacy technicians. Written in conjunction with the *Pharmacy Magazine* CPD series, it will mirror the magazine's programme throughout the year. The series has been designed for you to use as part of your continuing professional development. Reflection exercises have been included to help start you off in the CPD learning cycle.

Contributing author: Maria Bell, regional manager, CPPE and acting programme manager at the University of Manchester.

MODULE NUMBER: 54

Aim: To provide an overview of depression and explain how pharmacy teams can support customers during their treatment.

Objectives: After reading this module, pharmacy technicians will:

- Understand the burden of depression
- Know the medicinal and non-medicinal treatment options available
- Understand the role of pharmacy in supporting patients.

Depression is extremely common, with one in 10 men and one in four women developing clinical depression during their lifetime. The World Health Organization lists depression as the second greatest cause of disability in the world. Depression can affect physical health, with sufferers often experiencing greater complications from pre-existing chronic health conditions, as well as having an increased risk of osteoporosis and heart disease. There is undoubtedly a huge unmet need to support patients with this disorder.

Depression can take many forms, from sadness, grief and disappointment to self-criticism and guilt. However, the term 'depression' is often overused in daily life. A clinical diagnosis can only be made by identifying a cluster of symptoms listed in the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders – fifth edition). There are no blood tests or scans involved in the diagnosis.

Depression varies in severity, and is classed as mild, moderate or severe. In order to receive a diagnosis of a major depressive disorder, an individual must exhibit at least five symptoms that have been present for at least two weeks – but what does this mean in reality? Reflect on what patients experience during a depressive episode. Individuals often find it difficult to enjoy anything and may alienate themselves from their loved ones, which heightens their loneliness.

In addition, they can feel worthless and that life is not worth living. These thoughts can be so severe that people will often contemplate suicide and, sadly, some do take their own lives.

What causes depression?

The exact cause of depression is not fully understood, but it is likely to be a complex interaction of genetics and environmental triggers. It is certainly not due to a weak character or a lack of trying. Depression can develop following a loss, whether that be redundancy, divorce or deteriorating health. It can also occur following a traumatic childhood or life experience.

Extreme stress, such as bereavement, can trigger depression. However, not everyone who experiences trauma will suffer depression.

The 'stress bucket' is a commonly drawn analogy that describes people having a bucket that can hold their stress. When the bucket brims and overflows, depression emerges. People with hard lives – for instance, those who have been abused – have smaller buckets and cannot

absorb as much stress as someone who did not experience adverse situations.

From a neurochemical point of view, depression could be explained by chemical changes that occur in the brain. It is currently believed that a deficiency in serotonin (5-HT) and noradrenaline are key contributors to mood disorders. Like all theories that relate to the brain, however, the reality is likely to be far more complex.

Some prescribed medications can cause depression as a side effect, while many women claim to feel 'out of sorts' while taking combined oral contraceptives. Suffering from a chronic disease, such as anaemia, can also cause depression.

Physical health problems should be ruled out before a patient is treated.

reflection exercise

How good is your signposting information for people with depression? Check whether it includes local self-help groups, exercise activities, relevant websites and local community mental health teams.

How is depression treated?

NICE (National Institute for Health and Care Excellence), SIGN (Scottish Intercollegiate Guidelines Network) and BAP (British Association for Psychopharmacology) all offer guidelines on treating depression. All bodies recommend that the initial treatment for moderate to severe depression should include a trial of an antidepressant. For mild depression, NICE recommends a physiological or 'talking' therapy known as cognitive behavioural therapy (CBT).

In practice, access to CBT is difficult and waiting lists can be up to one year long. Therefore, prescribers may offer antidepressants to mildly depressed patients despite it not being in line with guidelines.

There are various groups of antidepressants, the most commonly used being selective serotonin re-uptake inhibitors (SSRIs). In some cases when an SSRI has already been tried, venlafaxine or mirtazapine will be offered. The older groups of drugs, known as the monoamine oxidase inhibitors (MAOIs) and tricyclic antidepressants (TCAs), are not routinely offered due to their low tolerance and potential side effects. Amitriptyline may be dispensed in the pharmacy unless the dose is 200mg or above. Such doses are for another disorder (e.g. neuropathic pain).

reflection exercise

Use your PMR to find out how many patients you currently dispense a SSRI, venlafaxine or mirtazapine for. How many of these patients have been invited to have an MUR?

Individual considerations

When considering which treatment is most effective, it is important to remember that all medication has advantages and disadvantages, so each patient should be viewed as an individual. It may also be trial and error before a patient finds a treatment that works for them.

Pharmacies are well placed to help support patients with depression. However, in order to do so effectively, the focus needs to shift from only offering help to those that ask, to proactively intervening with at-risk patients.

All medication carries the risk of side effects. To support adherence and minimise risks, it is important that pharmacists clearly explain the risks and how to cope if they do occur. Patients signed up to the NMS will be able to discuss this in detail.

The most common side effects of SSRIs are gastrointestinal upsets and nausea, which generally pass within a week or so. Initially, the patient may become restless or feel increasingly anxious, and should be referred to the pharmacist. If a patient has suicidal thoughts, they must be referred immediately to the pharmacist as evidence suggests that there is an increased risk of suicide within the first week of treatment. Antidepressants improve a patient's energy levels before they improve their mood. This is a concern if it provides enough drive to commit suicide.

Non-medicinal treatments

Antidepressants are not the only treatment option. Non-medicinal therapies are recommended for all types of depression. Psychological therapies such as CBT help people to change how they feel by firstly changing how they think. For instance, if someone was looking at you, you might not think anything of it, but a depressed person might think: "He must be looking at me because he knows I'm a terrible person and a failure". Many talking therapies enable individuals to cope better with these thoughts and emotions.

People often talk of the 'runner's high' and regular exercise has been shown to improve mental health. Additionally, some evidence suggests that there are 'good mood foods', e.g. avocado, bananas and oily fish. Improvements in diet and smoking cessation can go a long way to improving mood.

St John's Wort

St John's Wort is a plant that has been used since ancient Greece to relieve mild depression. It is the most widely prescribed class of antidepressant in Germany. It is not currently recommended by NICE as evidence reveals it only benefits mild depression and NICE does not recommend drug therapy for this group. It can also cause side effects, such as nausea and headaches, and can interact with other medication, including oral contraceptives, sleeping pills and anaesthetics.

reflection exercise

Do all members of the pharmacy team use the same approach when dealing with customer requests for St John's Wort? Discuss.

Continuing medication

Antidepressants can take a week to have any impact, while the full effect can take up to four weeks. It is vital to warn patients of this as many will expect the effect to be instantaneous, so may become disillusioned about their medication and stop taking it.

Once a patient is in remission, medication should normally be continued for a further six months to prevent relapse. However, for some patients, it may take longer. Those who are at a high risk of relapse may take antidepressants as prophylaxis against future episodes.

Patients may wish to stop their medication early for a variety of reasons. This is a decision that should be made with their GP. Ideally, the dose should be reduced gradually over a period of around four weeks. Stopping too quickly can lead to discontinuation reactions, which patients often confuse with addiction. However, antidepressants are not generally considered to be addictive.

reflection exercise

Invite a patient taking antidepressants to have an MUR using the 'MUR Checklist'. Ask the patient how useful they found it and which information was most helpful to them.

The role of pharmacy

Patients with mental health problems often face significant stigma from society. Many patients are reluctant to discuss their symptoms due to embarrassment. By improving your knowledge of depression, you may be able to help address ignorance and assist in early detection through referral.

Adherence to treatment is one of the key features that can help improve depressive symptoms and keep sufferers mentally well. Correctly identifying patients who may be suitable for an MUR can help to improve the way people use their medication, while identifying patients who have been newly prescribed antidepressants can enable you to address any concerns they may have before they start the course. Ensuring that patients are aware of any potential side effects can also help to improve adherence.

Record your learning

Once you have read this article, use the following CPD questions to help you reflect on what you have learned and how it might affect your everyday work. Remember to record your learning on the GPhC website if you are registered (www.uptodate.org.uk). Otherwise, it is good practice to record it in your ongoing learning and development folder.

- What did I learn that was new? ***(Evaluate)***
- How have I put this into practice? (Provide examples of how learning has been applied.) ***(Evaluate)***
- Do I need to learn anything else in this area? ***(Reflect)***