THE MANAGEMENT OF PATIENTS WITH DEPRESSION IN PRIMARY CARE: AN AUDIT REVIEW

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SUMMARY

Aims and methods: The IAPT scheme was introduced in 2007 to implement the recommendations from NICE guidelines regarding psychological therapy for depression. This retrospective audit carried out across two General Practice Surgeries evaluates the care being given in relation to the standards of NICE guidelines.

Results: Initial audit found variable concordance, however after discussion of this at a local audit meeting and the displaying of posters and leaflets detailing the IAPT scheme this was improved on re-audit.

Clinical implications: Training should be provided to General Practitioners regarding the standards of care for patients with low mood or depression. In this training there should be an emphasis on the role of psychological therapy and details given of local resources. Posters and leaflets should be clearly displayed to allow patients to self-refer to IAPT. A close watch must be given to waiting times for the IAPT service as demands increase.

Key words: depression - primary care – IAPT - psychological therapy - NICE guidelines - suicidal ideation - antidepressant medication

INTRODUCTION

“The mental health of the nation was unlikely to be improved by treatment with psychotropic medication alone” concluded a study of mental ill health throughout Great Britain between 1993 and 2000 (Brugha 2004). In addition they suggested that the “potential benefits of structured psychological therapies in primary care have yet to be realised” (Brugha 2004). Resonating this the NICE guidelines published in October 2009 for the “Treatment and Management of Depression in Adults” made clear recommendations that all patients presenting with depressive symptoms, regardless of severity, should be referred for psychological therapy (NICE guidelines 2009). To implement this psychological therapy in England has been co-ordinated via the ‘Improving Access to Psychological Therapies’ (IAPT) initiative since 2007 (Clark 2011). Data collected from nearly 20,000 patients showed that compliance with the IAPT clinical model was associated with enhanced rates of reliable recovery (Gyani 2013). Evaluation of the IAPT scheme suggests that it has been “effective in increasing access to evidence-based psychological therapies and facilitating the NICE guidelines for depression” (Gyani 2012). General Practitioners (GPs) who have read the NICE guidelines for depression (NICE guidelines 2009) are more likely to offer their patients access to psychological therapies (Gyani 2012). Furthermore, GPs are less likely to prescribe antidepressants to depressed patients if they have access to IAPT. In conclusion, it seems that GPs who have access to IAPT services were more likely to treat their patients in line with NICE guidelines (Gyani 2012).

METHOD

The standards used in this audit have been taken from the NICE guidelines “The Treatment and Management of Depression in Adults” published in October 2009 (NICE guidelines 2009).

- All patients presenting with depression should be asked directly about suicidal ideation and intent.
- All patients presenting with depression, regardless of severity, should be offered psychological interventions.
- All patients presenting with depressive symptoms and started on an antidepressant should be reviewed within two weeks.
- All patients presenting with depressive symptoms under the age of 30 and started on antidepressants should be reviewed within one week.

Setting

The audit was undertaken in two General Practice surgeries. The practices covered a population of approximately 12,030 patients at the time of audit.

Data collection

For the purpose of this audit ‘system one’ (general practice computerised record system) was used to identify patients. The records were examined retrospectively. Only patients over the age of 18 were included. No search criteria were specified for ethnicity, language or marital status. The initial audit data was collected from the 8th to the 12th of September 2014. The re-audit data was collected from 6th October 2014 to 10th October 2014.
Inclusion criteria

Patients were included in the audit if they fulfilled the following criteria:
- New episode of low mood / depression (defined as not having been seen in the last 6 months by a GP presenting with symptoms of low mood/depression)
- Seen by GP either in practice or at home (prescriptions without being seen were not included)

The results of the initial audit, as described in the results section, showed variable concordance with the standards set out in the NICE guidelines of 2009 (NICE guidelines 2009). Recommendations were therefore made in the following areas:
- All patients should be asked about suicidal ideation regardless of the severity of their illness.
- All patients should be offered psychological therapy regardless of the severity of their illness.
- All patients should be reviewed after two weeks, after one week if under the age of 30.

To enact these recommendations the following actions were taken:
- The findings and recommendations of the initial audit were presented to clinical staff at the local practice audit meeting.
- A notice was sent to clinical staff via ‘intradoc’ (online information platform) detailing the audit findings and recommendations.
- Posters were displayed in practice consultation rooms and patient areas at both surgeries relating to psychological therapies available locally and the ability to self-refer.
- Patient information leaflets were made available in patient areas in both surgeries and the self-help room at one of the surgeries detailing the psychological therapies available locally and the ability to self-refer.

RESULTS

In the initial audit fifty-three patients were identified. Of those fifty-three, eight patients met the inclusion criteria. The ages of the patients ranged between 19 and 77 years, the mean average was 51.4 years. Of the eight patients, seven were female and one was male. None of the patients had a previously recorded READ code for depression.

In the re-audit fifty-six patients were identified. Of those fifty-six, five patients met the inclusion criteria. The ages of the patients ranged between 41 and 81 years, the mean average was 50.8 years. Of the five patients, four were female and one was male. One of the patients had a previously recorded READ code for depression (Table 1).

On evaluation of the data an improvement in concordance with all standards was observed upon re-audit. In the re-audit a bigger proportion of patients were asked about suicidal ideation and more accordance was observed in terms of time to review of patients started on antidepressant medication. Noticeably the percentage of patients offered psychological therapy increased from 12.5 to 60%.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Initial audit (%)</th>
<th>Re-audit (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All patients presenting with depression should be asked directly about suicidal ideation</td>
<td>50.0</td>
<td>60</td>
</tr>
<tr>
<td>All patients presenting with depression regardless of severity should be offered psychological interventions</td>
<td>12.5</td>
<td>60</td>
</tr>
<tr>
<td>All patients presenting with depressive symptoms and started on an antidepressant should be reviewed after 2 weeks</td>
<td>57.1</td>
<td>75</td>
</tr>
<tr>
<td>All patients presenting with depressive symptoms under the age of 30 and started on antidepressants should be reviewed after one week</td>
<td>0.0</td>
<td>n/a</td>
</tr>
</tbody>
</table>

DISCUSSION

The NICE guidelines for the management of adults with depression (NICE guidelines 2009) set out the gold standards of care. It is the author’s opinion that the improvements seen in terms of concordance with those standards were in part due to increasing the awareness of the clinical staff of these standards. Other factors are discussed below.

Perhaps the most striking difference between the NICE standards and clinical practice as found in the initial audit was the numbers of patients being offered psychological interventions. According to NICE guidelines all patients presenting with depressive symptoms, regardless of severity of symptoms, should be offered psychological interventions (NICE guidelines 2009). The concept and inception of the IAPT initiative were discussed in the introduction. Further investigation into the IAPT service showed that higher recovery rates occurred with higher average numbers of therapy sessions, larger services and larger proportions of experienced staff within the IAPT service (Gyani 2013). The key question therefore is why IAPT was not being accessed by some patients in the initial audit. Access to treatment has traditionally been cited as a barrier to the implementation of NICE guidelines in primary care in terms of psychological therapy (Gyani 2012). The Annual Report on the use of IAPT services in England 2013-2014 showed 3,395 patients accessing services in the CCG local to the audit location (Psychological therapies 2013/2014).
The IAPT initiative continues to grow in size and stature within the NHS and has certainly made improvements in the referral structure for psychological therapy from primary care. In the future it is important to emphasise the role of psychological therapy to GPs in their training and to ensure they are aware of local resources. It has been shown that self-referral to IAPT is a more equitable in terms of age, gender, ethnicity and benefit status (Brown 2014) and so more should be done to educate patients and encourage them to refer themselves. A sobering thought is that if the initial audit is representative of other practitioners clinical work then there could potentially be 7 times more people requiring IAPT services than are currently being referred. If the NICE guidelines are to be followed and standards met then only time would tell the effects of the true burden on IAPT services.

**RECOMMENDATIONS**

In light of this the final recommendations from this audit are as follows:

- During a consultation with patients relating to depression/low mood all patients should be asked about suicidal ideation, offered psychological therapy and reviewed within two weeks (one week if less than 30 years of age) if started on antidepressant medication. All these actions should be undertaken regardless of the severity of their illness.
- Clinical staff should have teaching on a regular basis about the gold standard recommendations for the management of patients with depression.
- Posters and patient information leaflets should be displayed in clinical areas relating to local sources of help such as the IAPT service.

**Limitations**

Both the initial audit and the re-audit have significant limitations in terms of its small sample size (only 13 patients in total meeting the inclusion criteria). In addition it is possible that discussions took place, for example relating to psychological therapy, but these were not documented on the System one computer record. In addition the short time from initial to re-audit may artificially enhance the results, it would be useful to re-audit again after 6 months to ensure the improvement was lasting.

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**Conflict of interest:** None to declare.

**References**


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