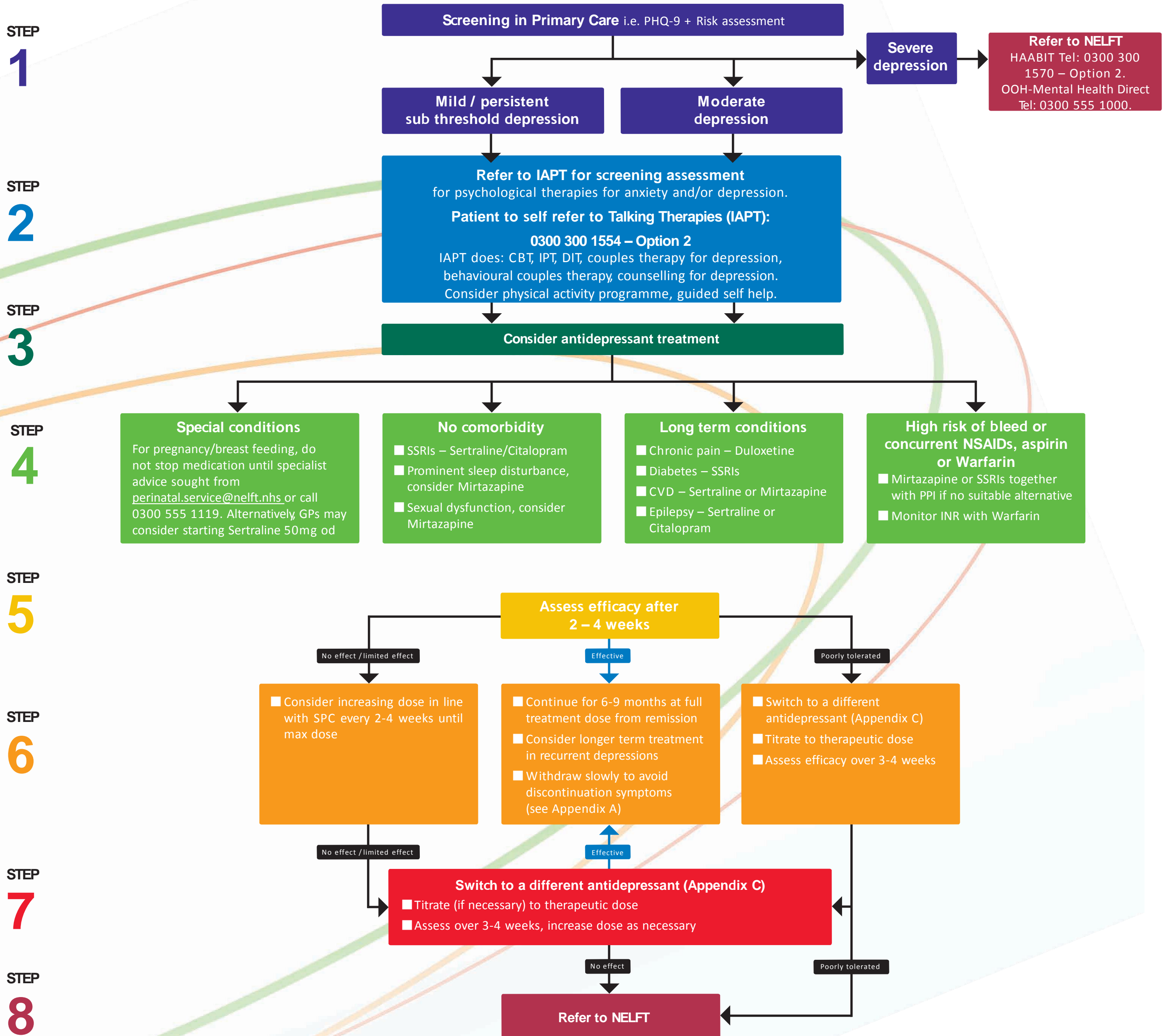


Primary Care Depression Pathway



Risk Assessment to be carried out at each patient visit

Refer at any stage if:

- Severe self-neglect
- Significant risk of self-harm
- Have psychotic symptoms
- Require complex multi professional care
- Expert opinion on treatment and management is needed.

Discuss choice of antidepressants covering:

- Therapeutic effects
- Adverse effects
- Discontinuation effects
- Provide information on medicines
- Likely time to respond
- Potential side effects

(See Appendix A)

Consider potential interactions with concomitant medication and physical illness (Appendix B, BNF appendix 1)

Diabetes

Monitor blood glucose and HbA1c carefully when antidepressant treatment is initiated, when the dose is changed and after discontinuation of antidepressant.

Epilepsy

All antidepressants:
 Have been associated with hyponatraemia and seizures may occur if this is severe.
 Can reduce seizure threshold and the risk is dose related.

Monitoring treatment

Undertake PHQ-9 at every patient visit.

Low risk of suicide

See them after 2 weeks and regularly for 2-4 weeks in the first 3 months and then at longer intervals if response is good.

High risk of suicide or are younger than 30 years

See them after one week and then frequently until the risk is no longer clinically important.

Monitor closely:

- If experience side effects
- Stopping or changing to a different antidepressant.
- Short term treatment with a benzodiazepine (usually no longer than 2 weeks) and use with caution in people at risk of falls.