



Defeat Depression

New guidance in recognising and managing depression in general practice: a consensus statement

In October and November 1991, the Defeat Depression Campaign organised two consensus conferences on the Diagnosis, Recognition and Management of Depression in General Practice, with experts on depression from psychiatry and general practice, to formulate guidelines which have now been published in the 14 November 1992 issue of the *British Medical Journal*.

Depression is a very common disorder (about 5% of people are depressed in any 6 month period) and most depression is treated by general practitioners.

"General practitioners have a very difficult task in diagnosing a very wide range of patients' problems", says Professor E. S. Paykel, Chairman of the Defeat Depression Scientific Advisory Committee. "Patients who come to the surgery may have anything from a psychological disorder such as anxiety, a severe physical disorder such as cancer or a less severe illness such as the common cold, as well as depression. It is hoped that this statement will provide useful guidance for psychiatrists, general practitioners and other health care professionals working in primary care in recognising and managing depression, which can often be masked by physical symptoms. It is also hoped that it will improve the ways in which doctors recognise and treat depression".

The Consensus Statement provides guidance on:

the effective methods of recognising depression and it makes recommendations as to how best to interview patients for this purpose

the stigma of depression which often makes patients reluctant to reveal their symptoms to the doctor because of fear and shame

the management of depression, which involves a range of treatments. Antidepressant medications are effective even when the depression is sufficiently severe to reach the level of what has been called "major depression". They should not be used in isolation and the consensus statement also recognises the value of counselling. Both forms of treatment are often indicated together: the drugs for the depression, the counselling for the problems

patient relapse: it is important that patients on medication take their medication regularly for a few months after recovery; in a small number of depressive episodes which are liable to recur frequently, long-term medication can be of considerable help

counselling and similar approaches are particularly valuable where there are problems which underly the depression such as relationship difficulties

cognitive therapy: this is a newer psychological approach which focuses on identifying and controlling negative thoughts of low self esteem, self blame and hopelessness about the future which accompany depression. It may also help to cut down rates of relapse, particularly for the milder depressions

facilitating the establishment of support groups run by suitably trained professionals and providing information on self-help groups.

Many of these issues are to be addressed in much more detail by the educational materials which are being devised jointly by general practitioners and psychiatrists to assist in the recognition of depression. These initiatives will be launched by the Campaign in the first half of 1993.

Copies of the Royal College of Psychiatrists Help is at Hand Leaflet on *Depression* are available from the Royal College of Psychiatrists free of charge; please send a stamped addressed envelope to the Public Education Department.

For copies of the statement, contact Deborah Hart, Public Education Officer on 071-235 2351.

For further information on the contents of the Consensus Statement, please contact Professor E. S. Paykel on 0223 336968, or Professor R. G. Priest on 071-725 1648.