

INFORMATION AROUND MEDICATION FOR THE MANAGEMENT OF DEPRESSION IN ADULTS IN PRIMARY CARE

Aims of this leaflet:

To assist Barnsley GPs with concise and practical information that is easy to use in a busy primary care setting.

This leaflet is not intended to supersede national guidance from organisations such as NICE, which is comprehensive or to serve as a substitute for the BNF / local formulary or shared care protocols.

This leaflet has been developed at the request of the Barnsley Area Prescribing Committee for use locally in Barnsley.

Antidepressant Medication:

- Antidepressant medication is not recommended for the management of mild depression.
- Antidepressant medication should be offered to patients with moderate or severe depression and/or psychological interventions and appropriate monitoring should be implemented as per NICE guidelines⁵.
- A generic SSRI (common examples in this category include fluoxetine, citalopram and sertraline) should be used first line unless contraindicated. Second line options include a different generic SSRI or an alternative antidepressant (see algorithm). Venlafaxine (SNRI) can be considered where SSRIs have not been effective. Duloxetine should be reserved for patients in whom venlafaxine is not suitable.
- In patients with sleep disturbance, anxiety and depression, Mirtazapine may be a useful drug to consider. Possible weight gain is an issue.
- Venlafaxine is a useful antidepressant, but patients may experience a number of side effects including excessive sweating and symptoms of discontinuation, if stopped abruptly. It can also cause an increase or variation of blood pressure and hence this is something that needs to be monitored. Immediate release tablets (as opposed to extended release XL capsules) are more cost effective. If a once daily extended release preparation is indicated, XL tablets are more cost effective than XL capsules.
- Citalopram and escitalopram, are contraindicated in combination with either TCAs or antipsychotics and all drugs that cause QT prolongation. In the elderly (>65 years) the maximum daily dose of citalopram is 20mg and escitalopram 10mg.
- Post Myocardial Infarction and in patients with heart failure, Sertraline is the drug of choice for the treatment of depression.¹
- In diabetics, use SSRIs as a first line antidepressant.

¹ Taylor, D et al: Maudsley Prescribing Guidelines, 12th edition, Page 309

- In post stroke depression, SSRIs like Fluoxetine, Sertraline are widely recommended as is Mirtazapine.²
- The combination of Aspirin / NSAIDs with SSRIs increases rates of upper GI bleeding several fold.³ Consider prescribing a gastroprotective proton pump inhibitor drug in people who are taking NSAIDs or aspirin and a SSRI.
- Tricyclic antidepressants (TCAs) such as amitriptyline, **dosulepin**, **trimipramine** imipramine, clomipramine have a higher number of adverse cardiovascular effects like arrhythmia, hypotension, tachycardia and QTc prolongation and more toxic in overdose. Avoid in cardiac disease.
- The NHS England guidance 'Items which should not routinely be prescribed in primary care: Guidance for CCGs' recommends that prescribers in primary care should not initiate trimipramine for any new patient as the price of trimipramine is significantly more expensive than other antidepressants.⁴ Deprescribing of trimipramine is also recommended and the patient should be switched to an alternative antidepressant where appropriate.*
- Dosulepin is also included within the NHS England guidance.⁴ It is no longer recommended as an antidepressant and should not be initiated in new patients^{4,5}. Evidence to support its tolerability relative to other antidepressants is outweighed by the increased cardiac risk and toxicity in overdose⁵. Existing patients should be reviewed to assess their ongoing need and suitability for dosulepin, in view of the associated safety concerns. Patients at risk of suicide should be reviewed as a matter of urgency. Deprescribing of dosulepin is recommended and the patient should be switched to an alternative antidepressant where appropriate.*
- If antidepressants are needed in pregnancy, SSRIs do not appear to be major teratogens with most data supporting the safety of fluoxetine.⁶
- In breast feeding, sertraline may be a reasonable option according to NICE guidelines.⁷

* Trimipramine and dosulepin should not be stopped suddenly and the dose should be reduced gradually. Further information is available from the Medicines Management Team at Barnsley CCG.

² Taylor, D et al: Maudsley Prescribing Guidelines, 12th edition, Page 308-9

³ Taylor, D et al: Maudsley Prescribing Guidelines, 12th edition, Page 313

⁴ Items which should not routinely be prescribed in primary care: Guidance for CCGs. Available at : <https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-prescribed-in-pc-ccg-guidance.pdf>

⁵ NICE CG90: Depression in Adults. Available at: <https://www.nice.org.uk/guidance/CG90>

⁶ Taylor, D et al: Maudsley Prescribing Guidelines, 12th edition, Page 328-9

⁷ Taylor, D et al: Maudsley Prescribing Guidelines, 12th edition, Page 547

⁸ National Institute of Clinical Excellence. Antenatal and postnatal mental health. Clinical management and service guidance (reissued April 2007).2007

⁹ Drug Tariff April 2018

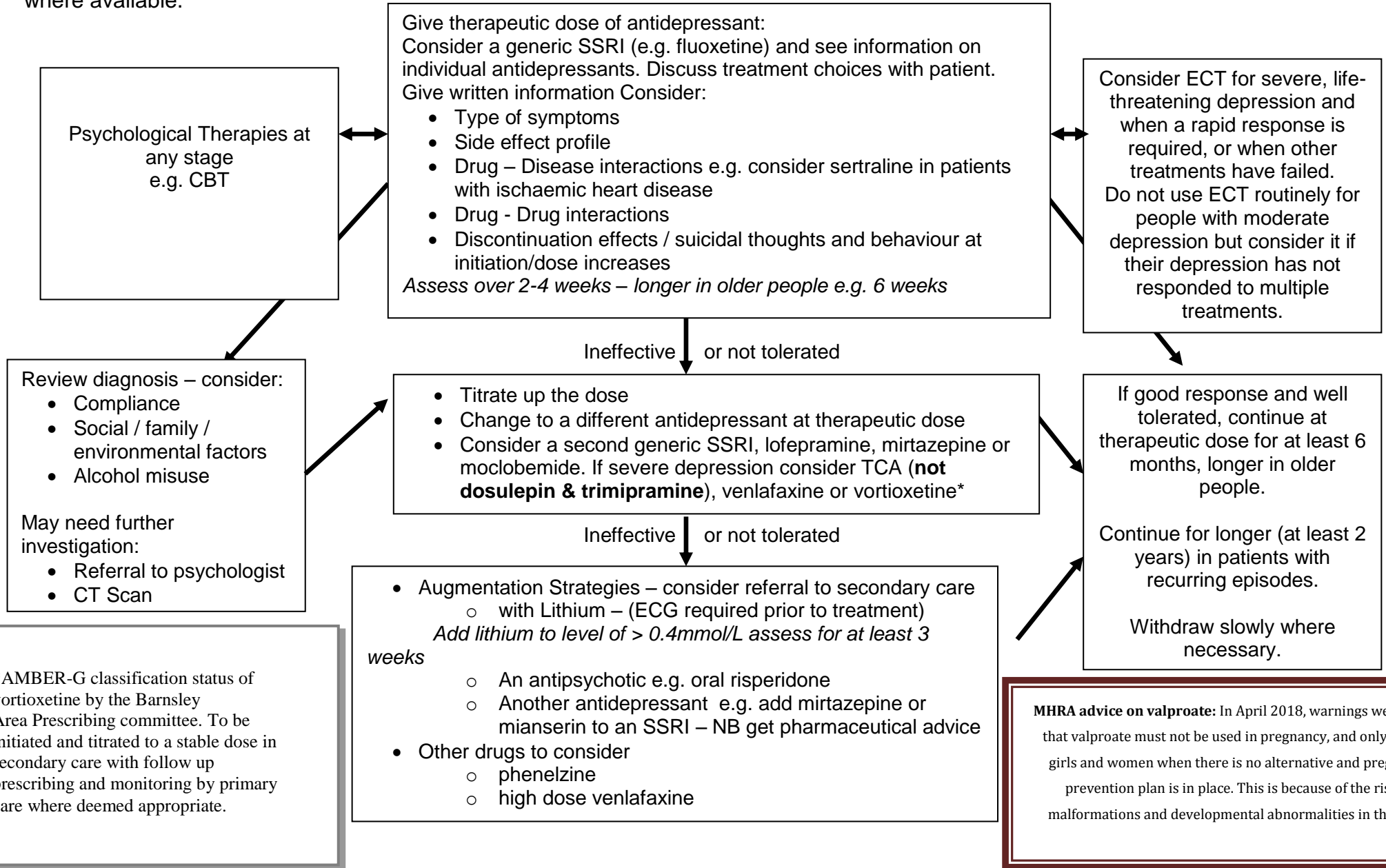
The following table indicates the costs⁹ of commonly prescribed antidepressants:

Drug	28 day cost (dose cost based on)
Fluoxetine 20mg capsules	£0.58 (20mg daily)
Citalopram 20mg tablets	£2.34 (20mg daily)
Escitalopram 10mg tablets	£1.00 (10mg daily)
Sertraline 50mg tablets	£0.67 (50mg daily)
Sertraline 100mg tablets	£0.91 (100mg daily)
Mirtazapine 30mg tablets	£1.04 (30mg daily)
Venlafaxine 75mg tablets	£1.94 (75mg twice daily)
Venlafaxine 150mg XL tablets	£18.70 (150mg daily)
Venlafaxine 150mg XL capsules	£36.81 (150mg daily)
Duloxetine 30mg capsules	£7.74 (30mg daily)
Trimipramine 50mg capsules	£570.00 (150mg daily)

This guideline was ratified by the Area Prescribing Committee in July 2018. Next review date May 2021.

Algorithm for Treatment of Depression with Antidepressants for Moderate or Severe Depression (Augmentation, ECT and amber drugs to be started in secondary care)

For full prescribing information please refer to full Summary of Product Characteristics, the current BNF and local shared care guidelines where available.



*AMBER-G classification status of vortioxetine by the Barnsley Area Prescribing committee. To be initiated and titrated to a stable dose in secondary care with follow up prescribing and monitoring by primary care where deemed appropriate.