Pharmacists can help make choice a reality for people with depression

Interventions from pharmacists have been shown to improve adherence to antidepressant therapy and reduce consumption of NHS resources. In this article, John Donoghue, Sheila Baldwin, Karebor Ngwerume, Michael Marven and Emer O’Neill explain how pharmacists can help make choice a reality for people with depression.
Depression is a life course disorder. The piecemeal approach to treatment, which has too often focused on the ad hoc management of isolated acute episodes, could then be replaced with a systematic sequence of acute, continuation, and maintenance phase interventions. Pharmacists could support the development of this joined-up care by taking on important roles in educating patients and carers, managing antidepressant therapy and therapeutic outcomes monitoring, and there is evidence that doing this works.6,7

The importance of choice

However, achieving long-term continuity of care is dependent on patients being engaged as partners who take responsibility for at least some self-management, and this should be encouraged; success in this depends on the importance placed on the ad hoc management of isolated acute episodes, could then be replaced with a systematic sequence of acute, continuation, and maintenance phase interventions. Pharmacists could support the development of this joined-up care by taking on important roles in educating patients and carers, managing antidepressant therapy and therapeutic outcomes monitoring, and there is evidence that doing this works.6,7

Get involved in depression awareness

To mark Depression Awareness Week, which took place from 20 to 26 April 2009, Depression Alliance, an English charity for people suffering from depression and anxiety, launched the report "Daring to choose", which contains recommendations to improve the treatment, care and experiences of service users.

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In the UK nearly 10 per cent of adults suffer from depression, anxiety or a combination of both. By 2020, it is estimated that depression and anxiety will rank second only to coronary heart disease as measured by the World Health Organization's global burden of disease. "Daring to choose" attempts to reduce this burden by introducing recommendations to improve sufferers' choice about their treatment and care, hoping to ensure a personalised health service. The report is based on a survey of more than 500 people with depression and anxiety, coupled with thoughts from experts in the field.

The report makes a number of recommendations, including the following:

- Ensure a diverse range of services is available
- Provide accessible high-quality information
- Improve training in depression and anxiety

Ensuring a range of services

Considering the substantial burden of depression and anxiety in society it is somewhat surprising there is no specific public health drive. While this may change with the new mental health commissioning strategy being developed by the Department of Health, to be called "New horizons", currently there are few primary care trusts that have locally enhanced services for depression or anxiety. This could be a good opportunity for community pharmacists to enhance the treatment of depression sufferers in the local population.

Through a locally enhanced service, community pharmacists could engage in screening the general population for signs and symptoms of depression. They could provide medicines use reviews to help improve adherence with treatment and identify barriers to adherence. Therapeutic monitoring could be undertaken to review the success or failure of treatment with recommendations made for future choices. Larger pharmacies could offer in-house psychological support and move towards a holistic treatment plan — one that could be supported by the Government's IAPT (improving access to psychological therapies) programme.

Providing accessible information

In the survey conducted by Depression Alliance, only 40 per cent of responders believed they were involved in their choice of treatment and few responders thought they were able to choose their antidepressant. Pharmacists are ideally placed to become an information hub not only on medication but on non-drug treatments, such as cognitive behavioural therapy, and sign-posting to local mental health services. Self-help literature or interactive sources could also be accessed at the pharmacy with the aim to educate and empower service users.

The website www.choiceandmedication.org.uk provides peer-reviewed and patient-centred information on medicines used in mental health and the British Association for Counselling and Psychotherapy website (www.bapc.co.uk) can be accessed for information on talking therapies.

Depression Alliance and Rethink (a national charity for those with a severe mental illness) support a network of local self help groups which can be found at the websites www.depressionalliance.org and at www.rethink.org. Depression Alliance is also developing a detailed internet-based information source on all treatments available for depression and anxiety.

Improving training

All pharmacy staff have a professional duty to ensure adequate training and competency in depression and anxiety. Specialist mental health pharmacists, such as those who are members of the College of Mental Health Pharmacists, can provide expert, user-centred training to pharmacy staff and other healthcare professionals on depression and its management.

Members of the college are accredited by their peers to ensure a high level of knowledge and working practice. Pharmacists can find out who their local mental health specialist pharmacist is by contacting their nearest mental health provider. Training and education should also extend beyond professionals through to patients, carers and the general public. Pharmacists, by leading educational groups or through one-to-one discussions, can empower service users to choose the correct treatment to suit their lifestyles and help reduce the stigma associated with mental illness.

Conclusion

Symptoms of depression and anxiety are likely to be encountered daily in community and hospital pharmacy. Improving the choice of treatment and care available to sufferers is likely to support self-care and recovery and reduce the societal burden of these common illnesses.

Full details of the report can be found at www.depressionalliance.org
Depression, choice, and pharmacists

Over 90 per cent of people with depression who seek treatment are seen in primary care, and N.I.C.E. has recommended a stepped-care approach for them, starting in primary care, with psychological therapies for mild to moderate depression, antidepressant medicines for moderate depression and psychological treatment in combination with antidepressants for severe depression. However, access to psychological therapies is often limited and people are rarely informed that it may be an option or even the recommended treatment. Within a stepped-care approach, in order to make choices patients need information on the range of options available to them in terms of treatments, services, support from voluntary agencies and other aspects of their lives, such as debt advice. This information needs to be clear, appropriate and accessible. The N.I.C.E. clinical guideline for depression makes recommendations regarding the information about treatment that should be available to service users. Enough information should be given to enable a patient to give properly informed consent to treatment and should include information about the nature, course and treatment of depression, enough information about a range of treatment options for the user to make an informed decision about which one he or she would prefer, and specific information about antidepressant medicines, including the delay in onset of effect, the need for extended periods of treatment (six months minimum) and common side effects.

Key roles for pharmacists could include providing information as recommended by N.I.C.E., educating patients and carers, and therapeutic outcomes monitoring, engaging patients and guiding them towards self-care, but there is precious little evidence that this is happening. In 2008, working with medical colleagues and Depression Alliance (the leading depression charity in the UK), we developed a tool to enable individual practitioners or primary care organisations to audit whether the N.I.C.E. recommendations on information and choice were being followed. (Copies of the tool may be requested by e-mail from JD.) An audit is currently being carried out at a number of sites across the UK to obtain a national picture (and readers who would like to take part should contact JD). The rewards for getting involved in supporting patients with depression in the ways described above are potentially great: interventions from community pharmacists have been shown to improve adherence to antidepressant therapy and reduce consumption of NHS resources.

Engagement

A number of conditions need to be fulfilled before choice for people with depression and the engagement of patients that is likely to follow — can be achieved. Services must generate the capacity to offer a wide range of treatment and care options, otherwise choice is meaningless. For pharmacists, this means that local enhanced services will need to be commissioned. The second issue is information, which needs to be available about the available treatments, including medicines and their side effects, and psychological and social treatments. The development of this information is essential, and Depression Alliance is already working with health professionals to produce a national information resource about depression and its treatment. Support for choice among health professionals is crucial: a culture change is needed if choice for people with depression is to succeed. Health professionals need training about depression, how choice is a core value in healthcare, and how to offer and support choice for people with depression including how to provide information on the range of treatment options available.

Depression is a condition that has been woefully neglected. In the current economic downturn, this calls for urgent attention. There is clearly much more that needs to be done. We believe that choice for people with depression will lead to patient empowerment and engagement, improve services and outcomes, change individual professional practice for the better, and, in this vulnerable group of patients, help to prevent discrimination and support social inclusion. To help this come about, Depression Alliance stands ready to work in partnership with any professional bodies that are serious about delivering choice for people with depression.

References