



THE UNIVERSITY OF
AUCKLAND
Te Whare Wānanga o Tāmaki Makaurau
NEW ZEALAND

Are antidepressants effective in primary care?

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Continuing Professional Development

general practice and primary health care



Red whale



The Ottawa SAH rule

The Ottawa SAH rule was developed to pick up anyone who could possibly have a SAH (highly sensitive test), but may actually have a different diagnosis (low specificity). It was developed for use in an A&E setting, not in primary care. A positive score on the Ottawa SAH rule may add weighting to our referral (use as a rule in test). We should NOT be reassured by a score of 0; if we have clinical suspicion of a SAH we should always refer.

Red whale



Ottawa subarachnoid haemorrhage rule

- Use for those over 15y presenting with new, severe, non-traumatic headache reaching maximum intensity within 1h and NO neurological deficit.
- Do NOT use for patients with new neurologic deficits, previous aneurysms, SAH, brain tumours, or history of recurrent headaches (≥ 3 episodes over the course of ≥ 6 m).
- **Score 1 for each feature. Investigate if score ≥ 1 .**

Sensitivity 100% (CI 97–100) and specificity 15% (CI 14–17) when tested on over 2000 adults presenting to A&E departments in Canada with a headache peaking in less than 1h and no neurological deficits (JAMA 2013;310:1248).

Age ≥ 40 y

Neck pain or stiffness

Witnessed loss of consciousness

Onset during exertion

Thunderclap headache (instantly peaking pain)

Limited neck flexion on examination

year 2000 Manurewa

- **many pts on antidepressant**
- **mainly ssri**
- **majority still depressed**
- **SR antidepressants vs placebo**
- **cochrane review**
- **repeated 2016**
 - **Arroll et al j prim health care 2016;8:325-34**

NNT

- amitriptyline 5
- sertraline 6
- escitalopram 8.5

drugs only work for severe?

Level of depression	Active drug effect	Placebo
Mild moderate	6%	47%
Severe	9%	47%
Very severe	25%	30%

– **Fournier JC, Jama 2010;303(1):47-53**

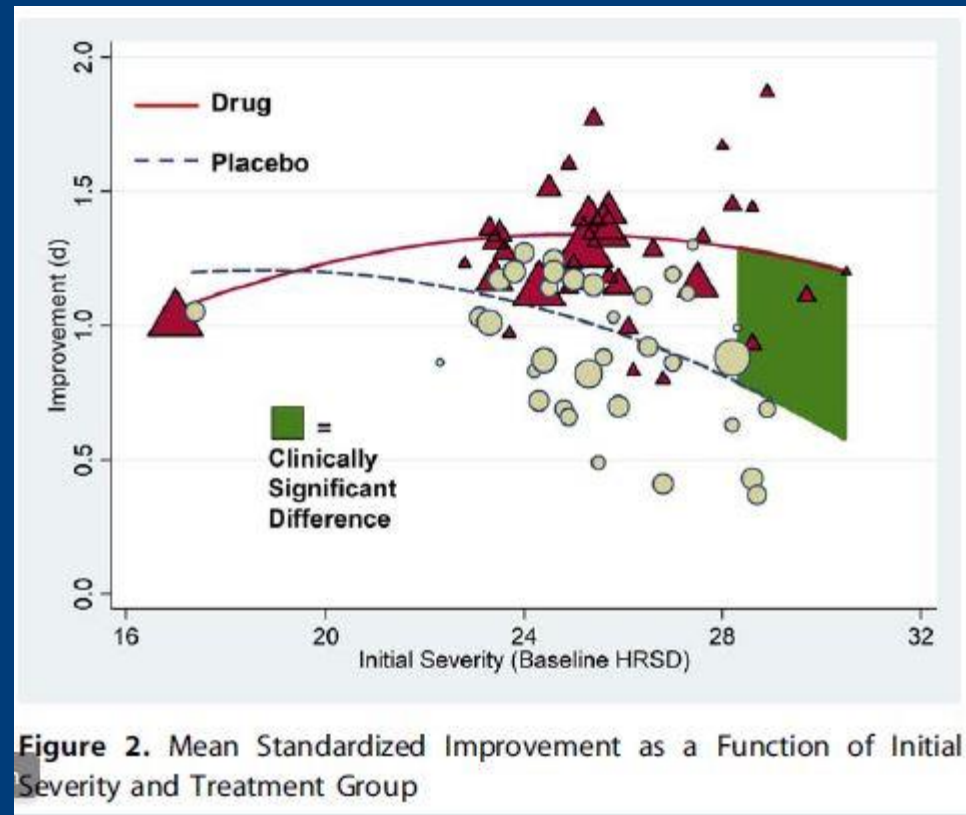
– **Most effect is placebo**

severity

- moderate 6 papers
- severe 13 papers
- very severe 3 papers

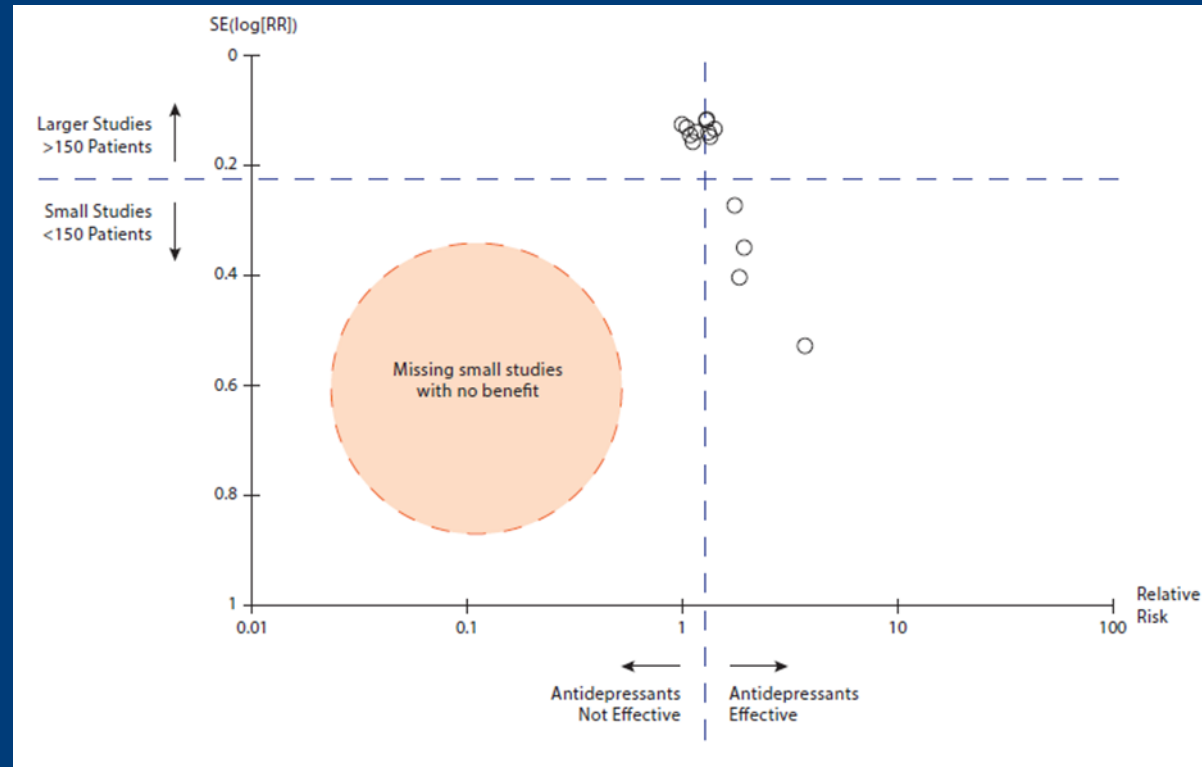
- 27% moderate
- 73% severe or very
- PC sees about 10% severe

publication bias



- Kirsch I, et al PLoS medicine 2008;**5**(2):e45.

publication bias



- Arroll B, et al J prim health care 2016;8(4):325-34.

who has MDD severe

- **multiple city practices 2240 pts**
- **GP says 399 (18%) major/minor dep**
- **of 399 – 232 have MDD (12%)**
- **of those 80 (3.6%) mod-severe dep**
 - **PHQ 9 score \geq 15 (out of 27)**

stuck – trans-diagnostic

The scans don't match

DSM-IV-

major depressive disorder

panic disorder

PTSD

Jama 2018;75(2): 201-9

dsm 6 – trans-diagnostic

anxiety, fearfulness, depression

will become

a bottom up network disorder

the value of a diagnosis

- **in primary care overlap dep/anxiety**
- **move to common mental disorder**
- **or mixed anxiety/depression**
- **ACT use transdiagnostic “stuck”**

the value of a diagnosis

- **treatments the same**
- **? time on diagnosis vs therapy**

treat depress/distress

- **60% of patients resolve in one year¹**
- **PHQ 9 scores are lower at next visit**
 - **having had a discussion of symptoms**
 - **the “doctor as the drug” (Balint)**
 - **reframing-normalisation-hope-support**
 - **regression to mean**
- **1 Chin WY et al Fam pract 2015;32:288**

treat depress/distress

- **NICE 2016**
- **lower levels of severity**
- **non-drug therapies**
 - **CBT and computerised CBT**
 - **exercise (incl. yoga and stretching)**
 - **behavioural activation**
 - **problem solving**
 - **sleep hygiene**

drugs at first visit

- **absence of evidence**
- **majority PC patients mild-moderate**
- **many severe will become mild/mod**
- **try non drug first**
- **drug only if**
 - **past mod-severe depression persisting**
 - **lower symptoms duration 2 years**

when do drugs work

- **severe end of depression**
- **how to recognise this**
- **a persisting high PHQ-9**
- **? patient not getting better**
- **previous episodes**
- **12% of kiwis on antidepressants**

life constriction

- **life constriction accompanies mental health issues**
- **expand life**
 - **get back in the river of life**
- **if cannot expand ? medication**

work love play- answer here

brucearroll.com – all free

work 3/10*

love friends 8/10

love intimates 1/10

love family 8/10

play 3/10*

spiritual Al Anon meetings

interventions call out



harms of drugs

- medicalise the condition
- placebo effect 8 to 3 times greater
- patient credits drug not themselves
- risk of adverse effects
- risk of overdose
- ? increase suicidality in teenagers
- difficult to stop- withdrawal sx¹

– Warner C et al. Am Fam phys 2006;74:449

what else helps

- **nurse phone call 1 to 2 phone calls/week in first 2 weeks of enrolment, decreasing to week 16**
- **NNT = 5 at 6 months**
 - **Hunkeler E et al. Arch fam med 2000;9:700**

take home

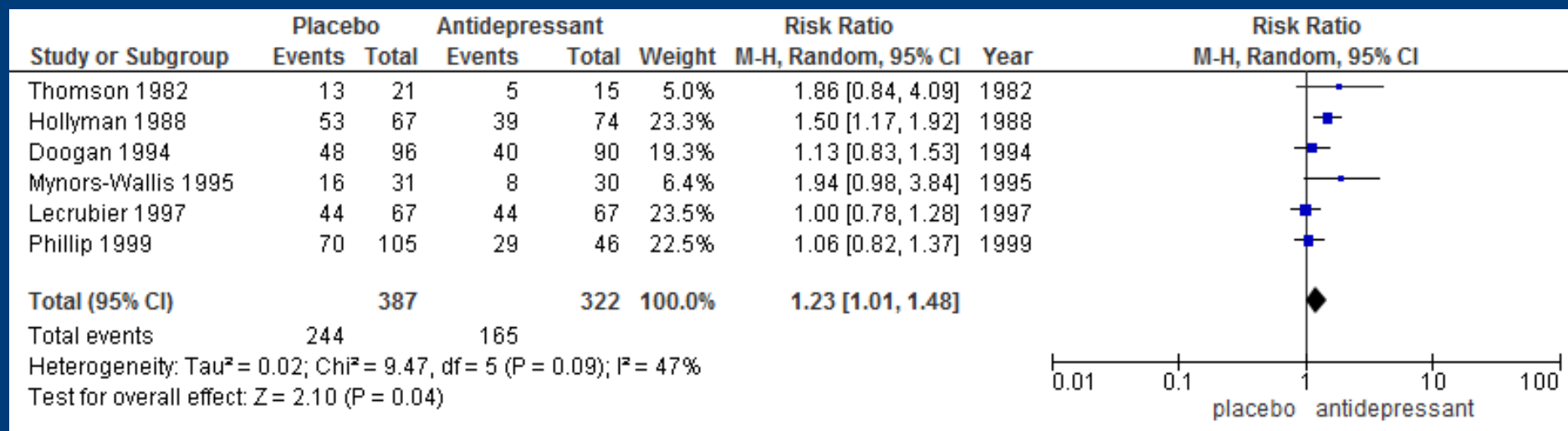
- **first visit – measure distress PHQ?**
- **work love play**
- **expand life**
- **non drug therapies**
- **if symptoms persist consider medication**
- **4-6 weeks check if responding if not try another ? Class**

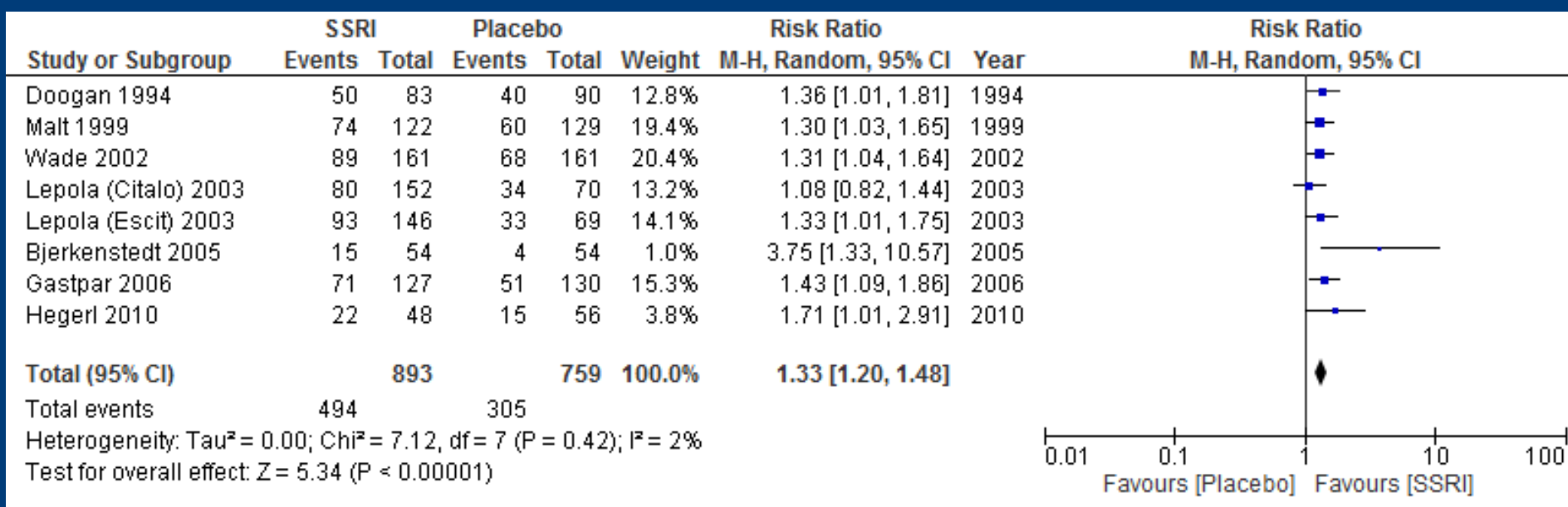
the end

PHQ 9 and depression

Severity N= 2642	Depressed DSM 4 % all patients	Not depressed DSM 4
Mild 5 - 9	156 (6%)	402 (15.2%)
Moderate 10 - 14	102 (3.9%)	102 (3.9%)
Mod-severe 15-19	66 (2.5%)	24 (0.9%)
Severe 20-27	37 (1.4%)	10 (0.4%)

- a high PHQ 9 \neq depression





the depression diagnosis

- a good rule out is a “no” to 2Q
- have you felt depressed down or hopeless most of past month
- have you lost interest, pleasure in all or most activities past month
- high sensitivity so a good rule out

– Arroll et al BMJ 2005;331:884