




Depression

Depression is a very common presentation in general practice. It is the 5th most common problem managed by GP registrars (2.5 per cent of all problems) and an area that registrars often struggle with early on in training. Depression commonly coexists with other morbidities and not infrequently 'masquerades' as another condition. Ideally, registrars should complete their Level 1 Mental Health Training during their first training term.

TEACHING AND LEARNING AREAS 	<ul style="list-style-type: none"> Clinical features – assessing severity, 'masked' depression, comorbidities (anxiety etc.) Assessing suicidality (see excellent section in eTG) Depression scales – K10, DAS21 Non-pharmacological treatment of depression and psychology/mental health service referral (including local providers) eMH tools - RACGP Guideline on e-Mental health Medications – use, side effects, Switching and stopping antidepressant medication, withdrawal symptoms and serotonin syndrome Development of Mental Health Care Plans and other Medicare Treatment items Treatment resistant depression Challenges in the elderly, adolescents and in the perinatal period Indications for psychiatry referral and local providers 						
PRE- SESSION ACTIVITIES	<ul style="list-style-type: none"> Read the Therapeutics Guidelines section on depression as an overview Ask the registrar to reflect on a couple of patients that they have recently seen with depression 						
TEACHING TIPS AND TRAPS 	<ul style="list-style-type: none"> The 4 Ps of assessment – Predisposing (e.g. FHx), Precipitating (e.g. bereavement), Perpetuating (e.g. ETOH) and Protective (e.g. family support) factors Always consider the differential diagnosis of Bipolar Disorder Non-pharmacological strategies are appropriate first-line treatment for mild depression Non-pharmacological options are as effective as antidepressants in moderate depression Non-pharmacological strategies should always be considered in combination with medication The medications with the optimal balance of efficacy, tolerability and acceptability are sertraline, paroxetine, escitalopram, mirtazapine, agomelatine A patient is unlikely to respond if there has been no improvement after 3-4 weeks on an adequate dose of antidepressant There is no evidence that switching between classes of antidepressants is more effective than switching within a class The usual recommended period for antidepressant dose reduction is a minimum of four weeks 						
RESOURCES 	<table border="1"> <tr> <td data-bbox="240 1648 347 1890">Read</td><td data-bbox="347 1648 1528 1890"> <ul style="list-style-type: none"> Royal Australian and New Zealand College of Psychiatrists 2020 Clinical practice guidelines for the treatment of mood disorders The Psychological Toolkit. This is an excellent resource from Black Dog E mental Health Summary Excellent resource for those who don't have easy access to a psychologist or mental health specialist RACGP Suicide Prevention and First Aid Treating depression in young people: Guidance, resources and tools for assessment and management. </td></tr> <tr> <td data-bbox="240 1890 347 1973">Listen</td><td data-bbox="347 1890 1528 1973"> <ul style="list-style-type: none"> Podcast on depression from Oxford University. 2018 MJA podcast Depression and bipolar disorder </td></tr> <tr> <td data-bbox="240 1973 347 2029">Watch</td><td data-bbox="347 1973 1528 2029"> <ul style="list-style-type: none"> TED Talks - Confessions of a depressed comic </td></tr> </table>	Read	<ul style="list-style-type: none"> Royal Australian and New Zealand College of Psychiatrists 2020 Clinical practice guidelines for the treatment of mood disorders The Psychological Toolkit. This is an excellent resource from Black Dog E mental Health Summary Excellent resource for those who don't have easy access to a psychologist or mental health specialist RACGP Suicide Prevention and First Aid Treating depression in young people: Guidance, resources and tools for assessment and management. 	Listen	<ul style="list-style-type: none"> Podcast on depression from Oxford University. 2018 MJA podcast Depression and bipolar disorder 	Watch	<ul style="list-style-type: none"> TED Talks - Confessions of a depressed comic
Read	<ul style="list-style-type: none"> Royal Australian and New Zealand College of Psychiatrists 2020 Clinical practice guidelines for the treatment of mood disorders The Psychological Toolkit. This is an excellent resource from Black Dog E mental Health Summary Excellent resource for those who don't have easy access to a psychologist or mental health specialist RACGP Suicide Prevention and First Aid Treating depression in young people: Guidance, resources and tools for assessment and management. 						
Listen	<ul style="list-style-type: none"> Podcast on depression from Oxford University. 2018 MJA podcast Depression and bipolar disorder 						
Watch	<ul style="list-style-type: none"> TED Talks - Confessions of a depressed comic 						
FOLLOW UP & EXTENSION ACTIVITIES	<ul style="list-style-type: none"> Role play the Clinical Reasoning Challenge Registrar to complete the RACGP CHECK Depression Resource Role play challenging scenarios e.g. new mother with suicidal ideation, young adult with first presentation of BPD Registrar to sit in on a consultation with a psychologist or MH nurse 						

Depression

Clinical Reasoning Challenge

INSTRUCTIONS FOR SUPERVISOR

You are Ray, a 77-year-old man who has been sent to see the registrar by his concerned daughter, Sally. Sally works as a local pharmacist and called the registrar yesterday (with your permission) with concerns that you are depressed. You are a long-term patient of the practice but you have not met the registrar before.

Story

- You have been feeling increasing depressed over the past few months.
- You felt very low when your wife died 7 years previously but never sought help.
- You improved a little after a year or so, but have never felt happy since then.
- There is no clear precipitant to a worsening of your mood, except for increased pain in your knees from OA.
- You are getting out much less than before due to the pain and 'not interested in seeing anyone'.
- You live alone and have not been cooking as much recently as your appetite has disappeared.
- Your sleep is poor with early morning waking.
- You cannot concentrate on the paper.
- You have felt that 'it would be better off if I wasn't here' but have no plans, and don't think you could go through with anything.
- Your daughter is your only real support but 'she is busy with her own life'.
- You have no significant medical problems and only take Panadol Osteo for your knees.
- You don't smoke or drink.

Assess

- Communication skills – patient centredness, empathy

- Assessment – symptoms, 4Ps, safety

- Treatment options – non-pharma Rx, medication

- Follow-up and safety netting

INSTRUCTIONS TO CANDIDATE

have not met him before.

- Take a focused history
- Outline your diagnostic impressions and discuss your management.

- PMHx: 2009: OA both knees
- Medications: Panadol Osteo
- Social History: Widower for 7 yrs