

Depression is a common presentation in general practice. It is the 5th most common problem managed by GP registrars (2.5% of all problems) and an area that registrars often struggle with early on in training. Ideally, registrars should complete their Level 1 Mental Health Training during their first term.

# TEACHING AND LEARNING AREAS



- Clinical features assessing severity, 'masked' depression, comorbidities (anxiety etc.), suicidality
- Depression scales K10, DAS21
- Development of Mental Health Care Plans
- Non-pharmacological treatment and psychology/mental health service referral (including local providers), MHCPs
- Medications use and S/E see <u>NPS Challenges in Primary Care</u>
- Challenges in the elderly, adolescents and in the post-partum period
- Indications for psychiatry referral and local providers

# PRE- SESSION ACTIVITIES



- Read the following article on depression as an overview NPS Depression Prescribing Practice Review
- Ask the registrar to reflect on a couple of patients that they have recently seen with depression

#### TEACHING TIPS AND TRAPS



- The 4 Ps of assessment Predisposing (e.g. FHx), Precipitating (e.g. bereavement), Perpetuating (e.g. ETOH) and Protective (e.g. family support) factors
- Consider the diagnosis of Bipolar Disorder
- Try not to start an antidepressant at the first visit, patients may often improve significantly with nonpharmacological treatment
- Registrar to sit in on a consultation with a psychologist or MH nurse

### **RESOURCES**



- **Read** The Psychological Toolkit. This is an excellent resource from BlackDog.
  - <u>E mental Health Summary</u> Excellent resource for those who don't have easy access to a psychologist or mental health specialist

#### Listen

Podcast on depression from Oxford University.

### Watch

TED Talks - Confessions of a depressed comic

# FOLLOW UP & EXTENSION ACTIVITIES



- Registrar to reflect on how their assessment and treatment has changed for depression after teaching session
- Role play the OSCE case under exam conditions
- Registrar to complete the RACGP <u>Check Depression</u> Resource
- Role play challenging scenarios e.g. new mother with suicidal ideation, young adult with first presentation of BPD





## **Clinical Reasoning Challenge**

### INSTRUCTIONS FOR SUPERVISOR

You are Ray, a 77 yr 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.

#### Storv

- 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 wakening.
- 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

Commu	nication skill	ls – patier	nt centre	dness, er	mpathy
Assessm	ent – sympt	toms, 4Ps	, safety		
Treatme medicati	nt options – on	non-pha	rma Rx, t	alking th	erapies,
Follow-u	p and safet	y netting			



# **OSCE Case**

You have eight (8) minutes to:

### INSTRUCTIONS TO CANDIDATE

Ray is a 77 yr old man who has been sent to see you by his concerned daughter, Sally. Sally works as a local pharmacist and called you yesterday (with Ray's permission) with concerns that Ray is depressed. He is a long term patient of the practice but you have not met him before.

Health summary

<ul> <li>Take a focused history</li> <li>Outline your diagnostic impressions and discuss your management.</li> </ul>	<ul> <li>PMHx: 2009: OA both knees</li> <li>Medications: Panadol Osteo</li> <li>Social History: Widower for 7 yrs</li> </ul>			