

P01-99 - IMPLEMENTATION OF A “STEPPED CARE” SERVICE FOR DEPRESSION LIMITED RISING ANTIDEPRESSANT USE: A POPULATION-BASED STUDY

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Introduction: Like other European countries, the Defined Daily Dose (DDD) of antidepressants prescribed in Scotland increased almost fivefold in the 15y to 2007/8.

Aims: To assess the impact of stepped, collaborative care for depression on population antidepressant use.

Methods: A depression service (“Doing Well”) was implemented in 15/30 primary care practices in Renfrewshire, Scotland from July 2004 (population 76,013). Prescribing was compared with the remaining 15 “control” practices in Renfrewshire and Scotland nationally.

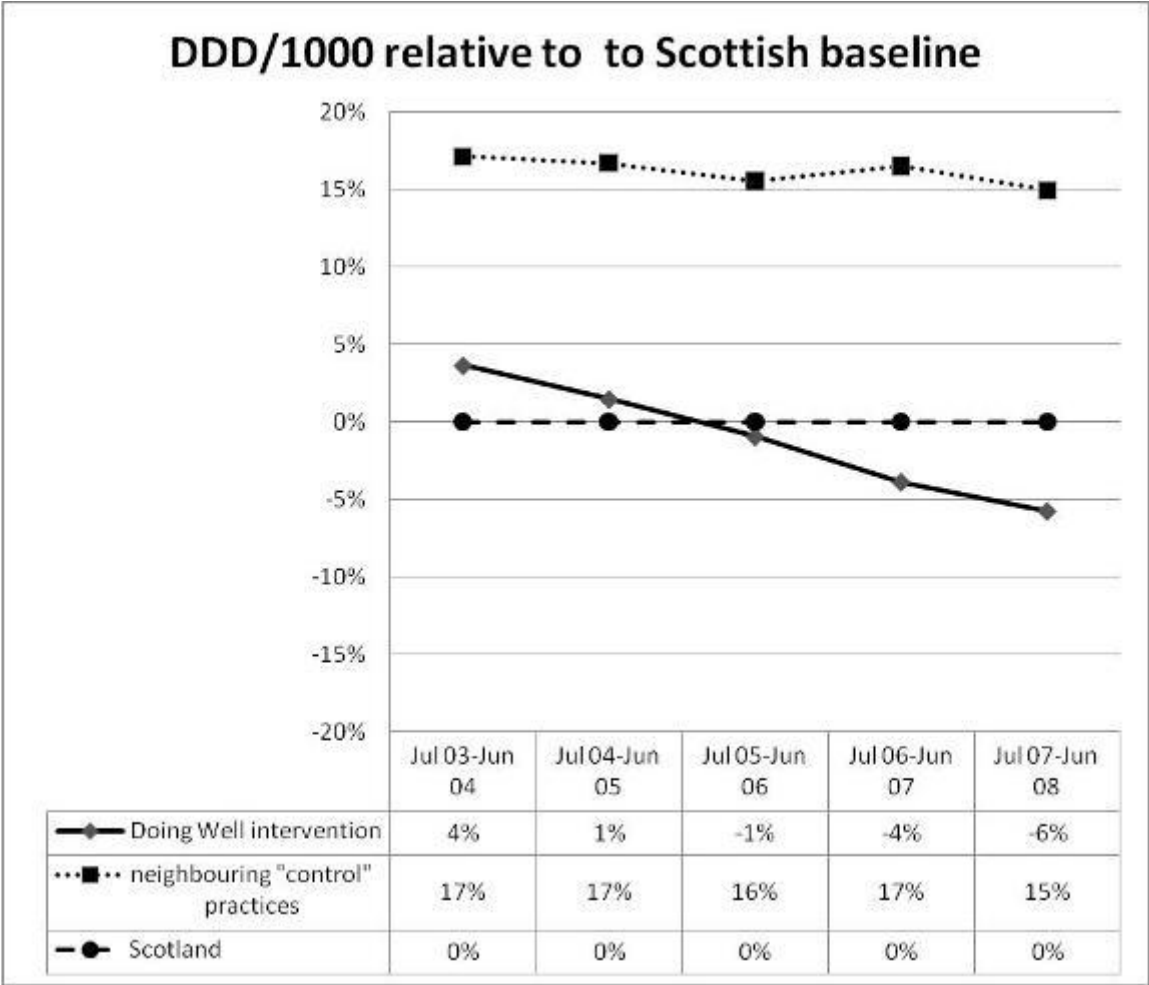
Doing Well offered prompt assessment and access to guided self-help or brief CBT or IPT. Clinical judgement guided antidepressant recommendations but drugs were not usually recommended for patients with a PHQ score < 15.

Results: Antidepressant use followed a “rational” profile, increasing with depression severity:

PHQ score at referral	0-5	6-10	11-15	16-20	21-27	total
antidepressant use	0%	24%	37%	59%	70%	53%

[Antidepressant use by depression severity]

Antidepressant use increased by 3.8% in Doing Well practices, 11.8% in control practices and 12.9% in Scotland . This represents a relative reduction in DDDs in the intervention area.



[Antidepressant use over time by area]

Conclusions: Providing rapid, local access to brief psychological therapies and rational prescribing support was associated with a relative reduction in the rise of antidepressant use, but a modest increase in prescribing overall.