Evaluation of Antidepressant Prescribing in Treatment-Resistant Depression: A Clinical Audit on Adherence to NICE Guidelines and Its Impact on Patient Outcomes

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Aims: Treatment-Resistant Depression (TRD) is diagnosed when patients fail to respond to at least two adequate trials of antidepressant medication. Patients with TRD are often referred for Transcranial Magnetic Stimulation (TMS) as a next-line treatment. However, delays in recognizing TRD and inappropriate medication management may prolong suffering and consume unnecessary resources.

Hypothesis: Patients with TRD experience prolonged delays in receiving effective treatment due to non-adherence to NICE guidelines, leading to extended suffering and increased healthcare resource consumption.

Methods: A retrospective audit was conducted on 50 patients referred for TMS with a confirmed diagnosis of TRD. Patients were classified as meeting criteria for TRD if they had received at least two different antidepressants at an appropriate dose for a minimum of four weeks during the current depressive episode. We analysed whether medication management adhered to the National Institute for Health and Care Excellence (NICE) guidelines for depression treatment.

Results: Among the 50 patients, 70% didn't follow NICE guidelines for depression management, with a significant proportion remaining on ineffective antidepressant regimens beyond the recommended duration. This resulted in delays in initiating alternative treatments, prolonging the duration of depressive episodes, and leading to unnecessary resource consumption.

Additionally, the mean duration between the first and second antidepressant was found to be 46 days (approximately 1.5 months), while the mean duration between the second antidepressant and the initiation of TMS was approximately 751 days (almost 2 years). Furthermore, 21 out of 50 patients (42%) had comorbid psychiatric disorders alongside depression.

Conclusion: Both primary and secondary care patients remained on antidepressants for a prolonged duration beyond NICE recommendations. This delay increased the time patients struggled with depression without receiving effective treatment. The prolonged ineffective medication use led to unnecessary consumption of healthcare resources. Delays in adjusting treatment plans postponed further treatment approaches, such as augmentation strategies or referral for TMS.

To optimize TRD management, early identification and adherence to NICE guidelines are essential. Regular reviews help discontinue ineffective treatments and ensure timely referrals to TMS. Enhanced clinical training and integrated mental health pathways improve treatment access and outcomes.

Length of Detention Under the Mental Health Act at Farnham Road Hospital, Surrey (SABP)

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Aims: This audit aimed to evaluate the length of detention (LOD) for patients admitted to Farnham Road Hospital under the Mental Health Act (MHA), 1983. The objectives were to compare local LOD data with national figures and explore variations across age, gender, and ethnicity. This work aligns with the MHA Code of Practice's focus on reducing restrictive practices and promoting equitable care.

Methods: This retrospective audit included 242 patients initially detained under the MHA across Surrey and Borders NHS Trust between 1 June and 30 November 2023. Local data was obtained from the trust MHA office. After applying inclusion criteria, 91 patients from four working-age adult wards at Farnham Road Hospital, Surrey were analysed. Patients detained under Sections 2 and 3 with lapsed, rescinded, or Community Treatment Order (CTO) outcomes were included. Data on age, gender, and ethnicity were analysed using ANOVA and t-tests for local comparisons, while national data from NHS Digital (2021–2022) were used to compare median LOD and interquartile ranges (IQR).

Results: The mean LOD for the local cohort was 38.4 days (SD=33.8). Of the 91 patients, 18–34-year-olds had a mean LOD of 34.9 days (SD=26.7), 35–49-year-olds 37.6 days (SD=35.4), and 50–64-year-olds 48.1 days (SD=46.4), with no significant differences across age groups (p=0.359). Male and female patients showed no significant differences in LOD locally (median = 27 days for both, IQR = 21–49 for males and 23–42 for females). Ethnicity comparisons showed disparities, with Black patients having a median LOD of 24 days and Asian patients 32.5 days locally, but limited sample sizes precluded statistical significance.

Nationally, the median LOD was shorter (18–34 years: 21 days, IQR = 6–38), increasing with age. Local figures were slightly higher for younger and middle-aged adults but similar for older adults. Ethnicity comparisons revealed greater variability locally, reflecting small sample sizes in minority groups. COVID-19 likely impacted national data more significantly, given the earlier timeframe (2021–2022).

Conclusion: This audit found no statistically significant differences in the length of detention (LOD) across age, gender, or ethnicity locally, suggesting equitable application of the Mental Health Act at Farnham Road Hospital. Median LODs were slightly higher locally compared with national data, but differences may reflect sample size, data collection periods, and local population characteristics. Expanding future audits to cover extended periods, aligning local and national data collection timelines, and obtaining detailed national datasets could enable more robust statistical analysis. Additionally, comparing pre- and post-COVID data and assessing other restrictive practices, such as physical and chemical restraints or seclusion, could provide a more comprehensive understanding of restrictive interventions and their impact on patient care.