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IMPLEMENTATION OF A "STEPPED CARE" SERVICE FOR DEPRESSION SERVICE 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 fifteen years to 2007/8. The incidence and prevalence of depression has not changed over that period. It is not known whether this rise represents appropriate practice.

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

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

Doing Well offered prompt assessment and access to guided self-help or brief CBT or IPT. Antidepressants were not recommended for patients with a PHQ score < 15, though patient preference and clinical judgement were used to guide prescribing decisions.

Results: Antidepressant use followed a "rational" profile, increasing with depression severity: PHQ score at referral antidepressant use

0-5 0%

6-10 24%

11-15 37%

16-20 59%

21-27 70%

total 53%

Average annual DDDs of antidepressants increased by 3.8% in the Doing Well practices, 11.8% in the control practices and 12.9% in Scotland during the four years to June 08. This represents a relative reduction in DDDs in the intervention 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.