

# EPCRC Guidelines for depression

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# What do we know? I: prevalence

	Median sample size(IQR)	Median prevalence
Single item question	115 (90-245)	40.5% (IQR: 29-53.5)
HADS – “definite” depression	70 (46-95)	29% (IQR: 20-29)
Major depressive disorder by diagnostic interview	80 (48-87.5)	15% (range 5-26%)

# Objectives

- To develop evidence-based guidelines on the treatment of depression in palliative care that are clinically based, patient oriented and agreed upon through a European consensus
- To make the guidelines available on the EPCRC website, the EAPC web and other relevant websites
- To update the guidelines on a regular basis
- To disseminate and make guidelines available in relevant European languages

# Expert group - disciplines

- Clinical psychology
- General practice
- Nursing
- Oncology
- Patient representative
- Palliative medicine
- Pharmacy
- Psychiatry
- Psychotherapy
- Social work

# Expert group – nationalities

- Austria
- Canada
- Germany
- Italy
- Netherlands
- Norway
- Spain
- UK
- USA

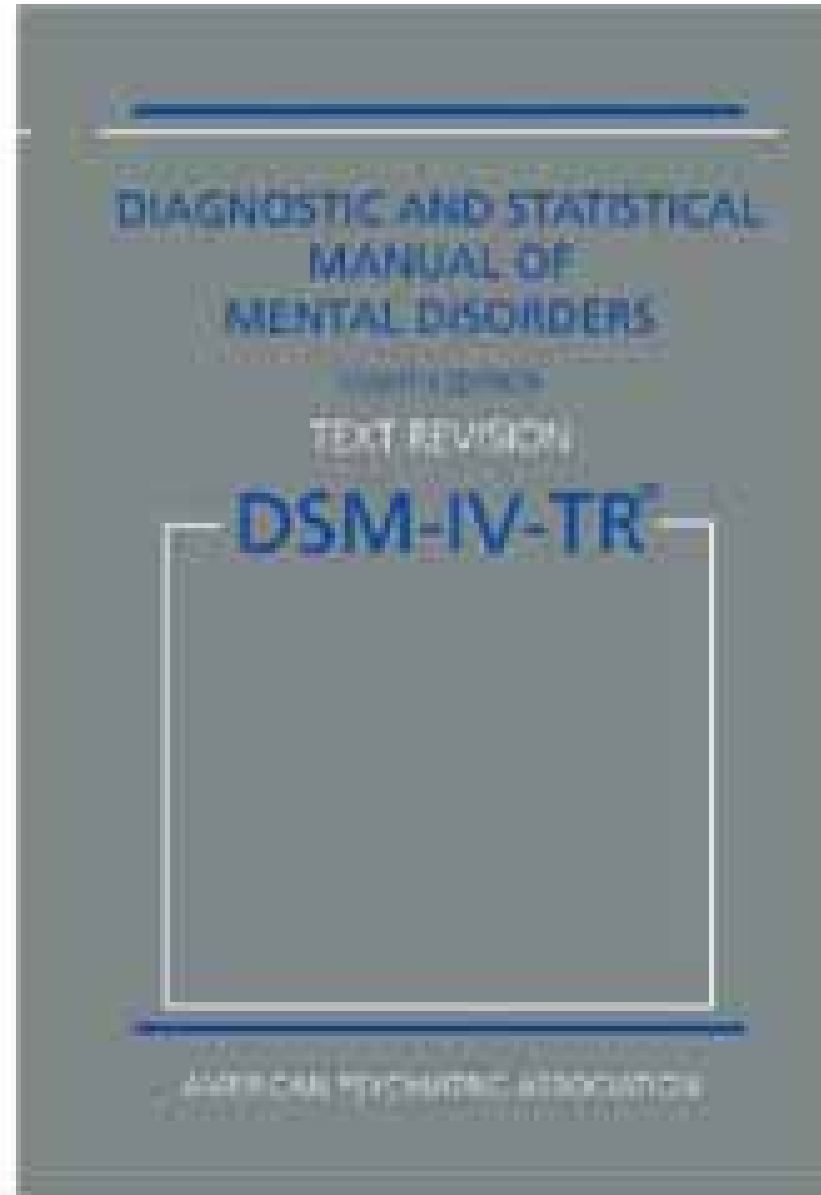
# Strategy 1 – define the problem

**What do you think the most important challenges are in treating depression in patients with advanced disease (list up to 5)?**

# What are the challenges to treating depression in palliative care?

- Defining depression
- When to start an antidepressant and which one to use
- Delivering psychotherapies by non-specialists
- Need for speedy access to interventions which work quickly
- Complexity of care
- Evidence gaps
- Defining suitable outcomes
- “Noise in the system” – changing priorities

# Definition of depression





## DSM IV Major Depressive Episode

- A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure. **Note:** Do not include symptoms that are clearly due to a general medical condition, or mood-incongruent delusions or hallucinations.
- (1) depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful). **Note:** In children and adolescents, can be irritable mood.
  - (2) markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others)
  - (3) significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. **Note:** In children, consider failure to make expected weight gains.
  - (4) insomnia or hypersomnia nearly every day
  - (5) psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)
  - (6) fatigue or loss of energy nearly every day
  - (7) feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)
  - (8) diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)
  - (9) recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide
- B. The symptoms do not meet criteria for a Mixed Episode.
- C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- D. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).
- E. The symptoms are not better accounted for by Bereavement, i.e., after the loss of a loved one, the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation.

# HOME STYLE ENTREES (with Steamed Rice) 家常菜

T03 韭菜花炒肉	Pork w/Leek Stem & Pressed Bean Curd	7.95
V04 清炒洋芋絲	Sauteed Shredded Potato	6.95
V11 椒鹽脆皮茄	Salty & Crispy Eggplant	7.50
V13 九層塔茄子	Eggplant w/Basil in Garlic Sauce	7.50
V18 香干中芹	Chinese Celery w/Shredded Pressed Bean Curd	7.95
F01 筍尖牛肉絲	Beef w/Shredded Bamboo Shoot	8.95
F02 蠔油牛肉	Beef w/Oyster Sauce	8.95
F04 糖醋排骨	Sweet & Sour Pork Chop	7.95
F05 椒鹽排骨	Spiced Pork Chop	7.95
F06 芝麻排骨	Sesame Pork Chop	7.95
F07 香干肉絲	Pork w/Pressed Bean Curd	7.95
F08 酸菜肚絲	Sour Cabbage w/Pork Tripe	7.95
F09 尖椒醬肉絲	Shredded Pork w/Hot Pepper	7.95
F10 媽上樹	Cellophane Noodles w/or w/o Ground Pork	7.50
F14 乾扁四季豆	String Beans Szechuan Style w/or w/o Pork	7.50
F16 魚香茄子	Yu-Shiang Eggplant w/or w/o Pork	7.95
F17 雪菜毛豆百頁	Bean Curd Noodle, Mustard Greens & Edamame Beans	7.50
F34 醋溜尖椒皮蛋	Sauteed Hot Pepper w/Preserved Eggs	7.50
F18 蝦仁豆腐	Shrimp w/Bean Curd	8.50
F20 家常豆腐	Home Style Fried Bean Curd w/or w/o Pork	7.95
F21 冬菇豆腐	Bean Curd w/Black Mushroom	7.50
F27 蝦仁炒蛋	Shrimp w/Scramble Eggs	8.50
F30 脆皮茄子	Crispy Eggplant w/Tasty Brown Sauce	7.50
F31 鼓椒雞丁	Chicken in Black Bean Sauce (white meat \$1 extra)	7.95
F40 炒時菜	Vegetable of the Season	(See Board)
F26 毛豆蝦仁	Tender Shrimp Sauteed w/Edamame Beans	8.95
F23 酸菜墨魚	Calamari w/Sour Cabbage	8.95
F24 野味墨魚	Calamari in Basil Sauce	8.95
T06 韭菜花炒墨魚	Calamari Sauteed w/Leek Stem	8.95
T11 椒鹽花枝	Large Salty & Crispy Squid	9.95
H02 青椒牛	Pepper Steak	8.95
H09 左公雞	General Tso's Chicken	8.95
H10 芝麻雞	Sesame Chicken	8.95
H11 檸檬雞	Lemon Chicken	8.95
H12 陳皮雞	Orange Chicken	8.95
H13 炒三鮮	Triple Delight (Shrimp, Beef & Chicken)	9.95
H15 乾扁牛肉絲	Crispy Shredded Beef	10.95
H16 陳皮牛	Orange Beef	11.50
T14 松子魚片	Fish Fillet w/Pine Nuts	10.95
T05 苦瓜炒牛肉	Bitter Melon w/Beef	8.95
T01 蕃茄牛肉	Beef w/Tomato	8.95
T21 家鄉炒臘肉	Home-made Bacon w/Leek	8.95
T22 鼓椒牛百葉	Beef Tripe in Black Bean Sauce	8.95

## BEVERAGE

Sodas or Spring Water	1.19
Juice or Lemonade	1.50
<b>啤酒 BEER</b>	
Domestic	2.85
Budweiser, Miller Lite, Coors Lite	
Imported	3.75
Tsingtao, Kirin, Heineken, Corona	

## 冷飲、酒類

<b>葡萄酒 WINE - (Glen Ellen 187ml)</b>	
	\$3.75
Chardonnay, Merlot, Cabernet Sauvignon	
<b>Sake (日本清酒)</b>	3.75
<b>Plum Wine (glass) (梅酒)</b>	2.95

# HOUSE SPECIALTIES

## 招牌菜

### 小菜 - Appetizers

A37 四川豆花	★ Soft Bean Curd w/Tasty Spicy Sauce	4.95
A02 紅油鴨掌	★ Duck Feet w/Red Hot Sauce	5.95
A21 椒麻鴨掌	★ Duck Feet w/Spicy Paper Corn Sauce	5.95
A22 川蒜泥白肉	★ Sliced Pork w/Garlic Sauce	5.50
A23 九層塔鴨舌	★ Duck Tongue w/Basil	6.95
A24 泡江豆炒肉末	★ Minced Pork w/Pickled Long Beans	5.50
A28 鹽酥花枝	★ Salty & Crispy Squid	5.50
A29 夫妻肺片	★ Sliced Roast Beef & Tendon w/Hot Sauce	6.95
A46 麻辣怪味雞	★ Spicy & Tasty Cold Chicken	5.95
A47 麻辣兔丁	★ Szechuan Style Rabbit	6.95
A52 麻辣牛肉干	★ Szechuan Beef Jerky	4.95
A54 薑汁四季豆	★ Cold String Bean w/Ginger Sauce	5.50
A56 蒼蠅頭	★ Chopped Leek Stem w/Pork Garlic & Black Bean	5.50

### 主菜 - Main Course (with Steamed Rice)

F03 粉蒸排骨	★ Steamed Pork Ribs w/Rice Powder	7.95
F11 中式回鍋肉	★ Double Cooked Pork -Traditional Style	7.95
F19 麻婆豆腐	★ Bean Curd Szechuan Style w or w/o Pork	7.50
F22 中式魚香肉絲	★ Yu-Shiang Pork-Home Style	8.50
T07 摩芋燒鴨	★ Spicy Duck w/Konjack Stew (w/Bone)	8.95
T08 中式魚香豬肝	★ Yu-Shiang Pork Liver	7.95
T09 中式魚香腰花	★ Yu-Shiang Pork Kidney	8.95
T10 中式魚香雙樣	★ Yu-Shiang Two-Kinds (Liver & Kidney)	8.95
T13 九層塔螺肉	★ Baby Conch w/Basil	9.95
T20 成都辣子雞	★ Triple Pepper Chicken Dry Sautee	8.95
F28 中式宮保雞	★ Kung Pao Chicken Home Style	8.95
F29 泡菜雞絲	★ Shredded Chicken w/Pickled Cabbage	7.95
F32 香辣豆腐	★ Spicy & Tasty Fried Tofu w/or w/o Pork	7.95
F13 南乳扣肉	★ Sliced Pork & Taro Root in Tofu Cheese Sauce	8.50
H23 雞蝦鬆	★ Chicken & Shrimp w/Crispy Lettuce	8.50
H19 三杯雞片	★ Sliced Chicken w/Basil in Hot Pot	8.95
H20 水煮魚片	★ Fish Fillet Over Vegetable-Szechuan Style	10.95
H21 川味水煮牛	★ Sliced Beef or Chicken Over Veg.-Szechuan Style	10.95
H03 酸菜魚	★ Steamed Whole Fish w/Sour Cabbage Sauce	10.95
H04 四川泡菜魚	★ Steamed Whole Fish w/Pickled Cabbage Sauce	10.95
H05 清蒸魚	★ Steamed Whole Fish w/Shredded Scallion & Ginger	10.95
H06 涼粉豆瓣魚	★ Steamed Whole Fish Szechuan Style	10.95
H08 中式乾扁牛	★ Szechuan Spicy & Dry Beef Saute	10.95
H17 鹽酥帶頭蝦	★ Salty & Crispy Shrimp (Head & Shell on)	10.95
H18 泡椒雙蝦	★ Shrimp & Calamari in Pickled Pepper Sauce	10.95
H25 酸辣泡椒魚片	★ Hot & Sour Fish Fillet (w/Cellophane Noodle & Soup)	10.95
T04 泡椒麻花蝦	★ Red Pepper Shrimp w/Crunch Twist (Head & Shell on)	10.95
H01 水煮毛血旺	★ Beef Tripe, Pork Blood & Soy Bean Sprout in Spicy Sauce	9.95

## SOUP

## 湯

S01 蛋花湯	Egg Drop	S. 1.50	L. 3.95
S02 酸辣湯	Hot & Sour	S. 1.75	L. 4.95
S03 餛飩湯	Wonton	S. 1.75	L. 4.95
S04 雞蓉玉米湯	Chicken & Corn		L. 4.95
S05 菠菜豆腐湯	Spinach & Bean Curd		L. 4.95
S06 酸菜肚絲湯	Sour Cabbage w/Pork Tripe		L. 5.95
S09 蕃茄豆腐湯	Tomato & Bean Curd Soup		L. 4.95
S07 龍鳳湯	Minced Shrimp & Chicken Soup		L. 5.95
S08 海鮮湯	Seafood Soup		L. 7.95
S10 酸菜魚片湯	Fish Fillet w/Sour Cabbage Soup		L. 7.95

# The Loss of Sadness

How Psychiatry  
Transformed Normal Sorrow  
into Depressive Disorder

ALLAN V. HERWITZ - JEROME C. WARTFIELD

With a Foreword by Robert L. Spitzer, MD



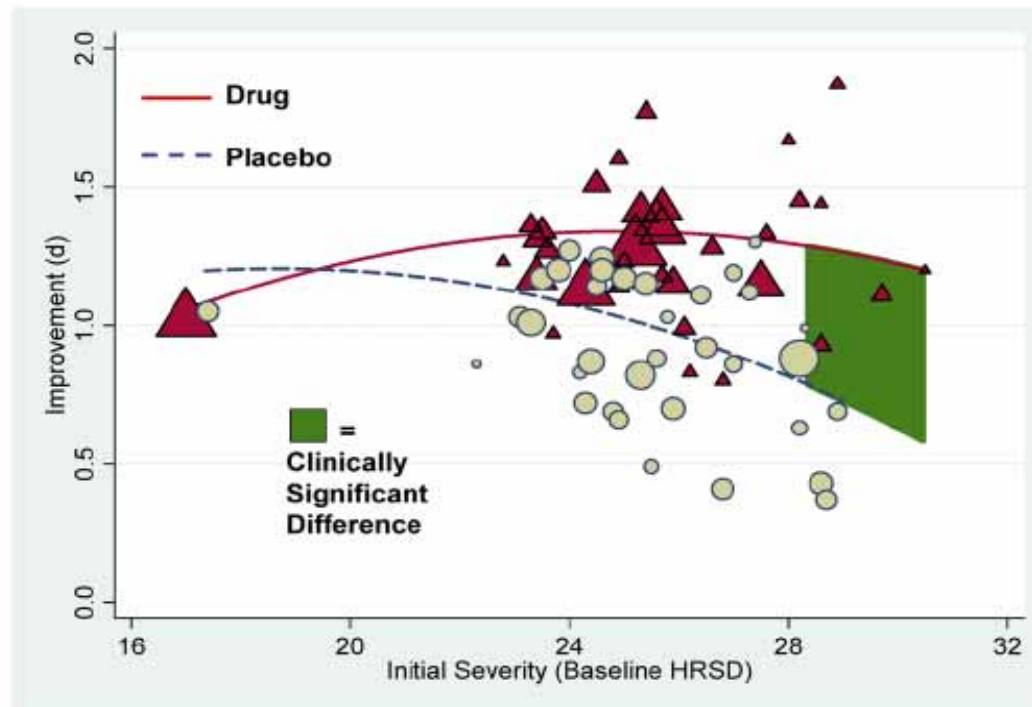


# Severity of depression worthy of treatment

## Initial Severity and Antidepressant Benefits: A Meta-Analysis of Data Submitted to the Food and Drug Administration

Irving Kirsch<sup>1\*</sup>, Brett J. Deacon<sup>2</sup>, Tania B. Huedo-Medina<sup>3</sup>, Alan Scoboria<sup>4</sup>, Thomas J. Moore<sup>5</sup>, Blair T. Johnson<sup>3</sup>

1 Department of Psychology, University of Hull, Hull, United Kingdom, 2 University of Wyoming, Laramie, Wyoming, United States of America, 3 Center for Health, Intervention, and Prevention, University of Connecticut, Storrs, Connecticut, United States of America, 4 Department of Psychology, University of Windsor, Windsor, Ontario, Canada, 5 Institute for Safe Medication Practices, Huntingdon Valley, Pennsylvania, United States of America



**Figure 2.** Mean Standardized Improvement as a Function of Initial Severity and Treatment Group

# Time is short



Sir Anthony van Dyck - 'Venetia Stanley, Lady Digby, on her Death-bed'

# Time is short

Lloyd-Williams et al, Palliative Medicine,  
1999

Of patients prescribed antidepressants  
whilst under palliative care team, 76% of  
prescriptions were started within 2 weeks  
of death.

# Evidence gaps

- 3 randomised controlled trials assessed pharmacological treatments.
- 2 were placebo controlled (active treatments mianserin and thioridazine)
- 1 comparative (desipramine and fluoxetine) with serious flaws in reporting

# “Noise”

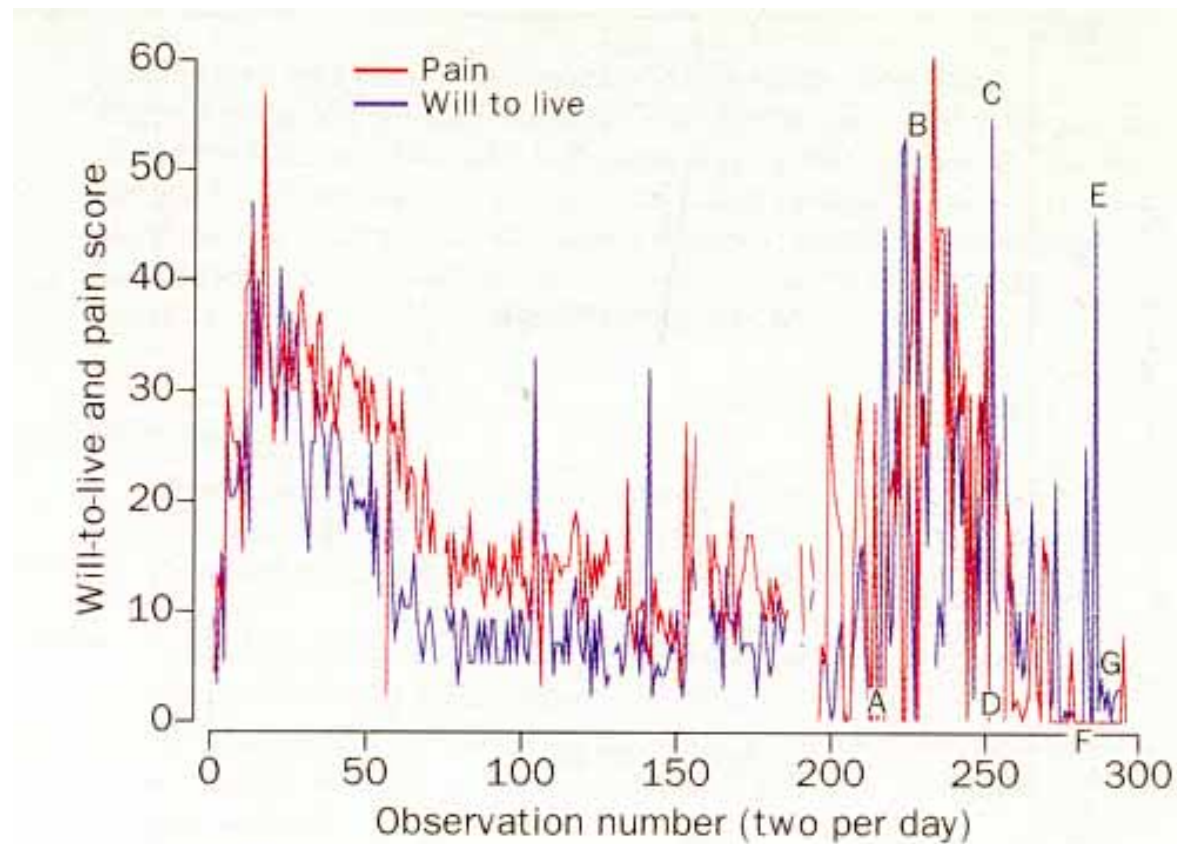
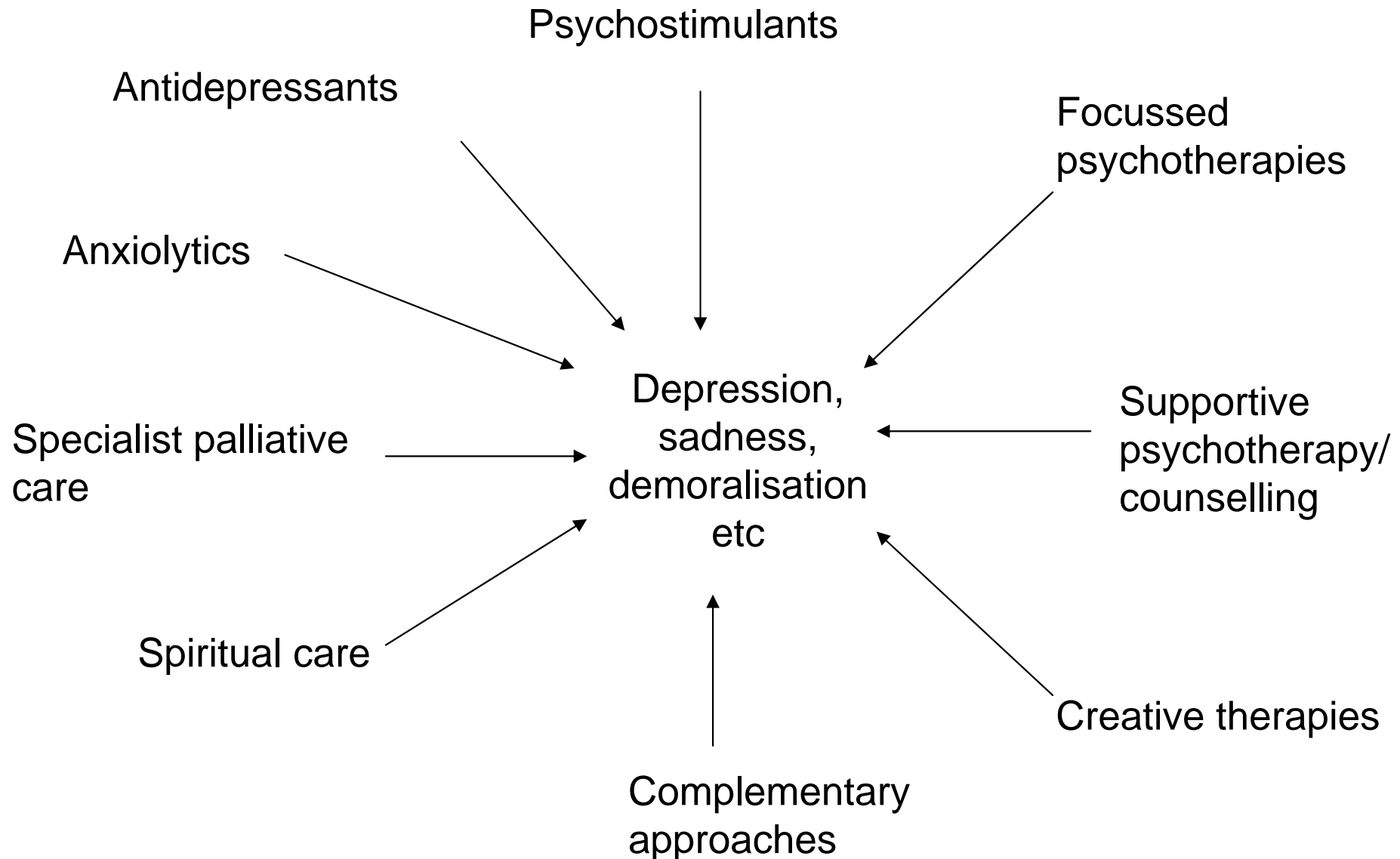


Figure 1: **Will-to-live and pain scores in an 82-year-old woman with colorectal cancer**

Maximum 12 h change=C-D; maximum 24 h change=E-F; maximum 7-day change=A-B; maximum 30-day change=B-G.



# Complexity of care



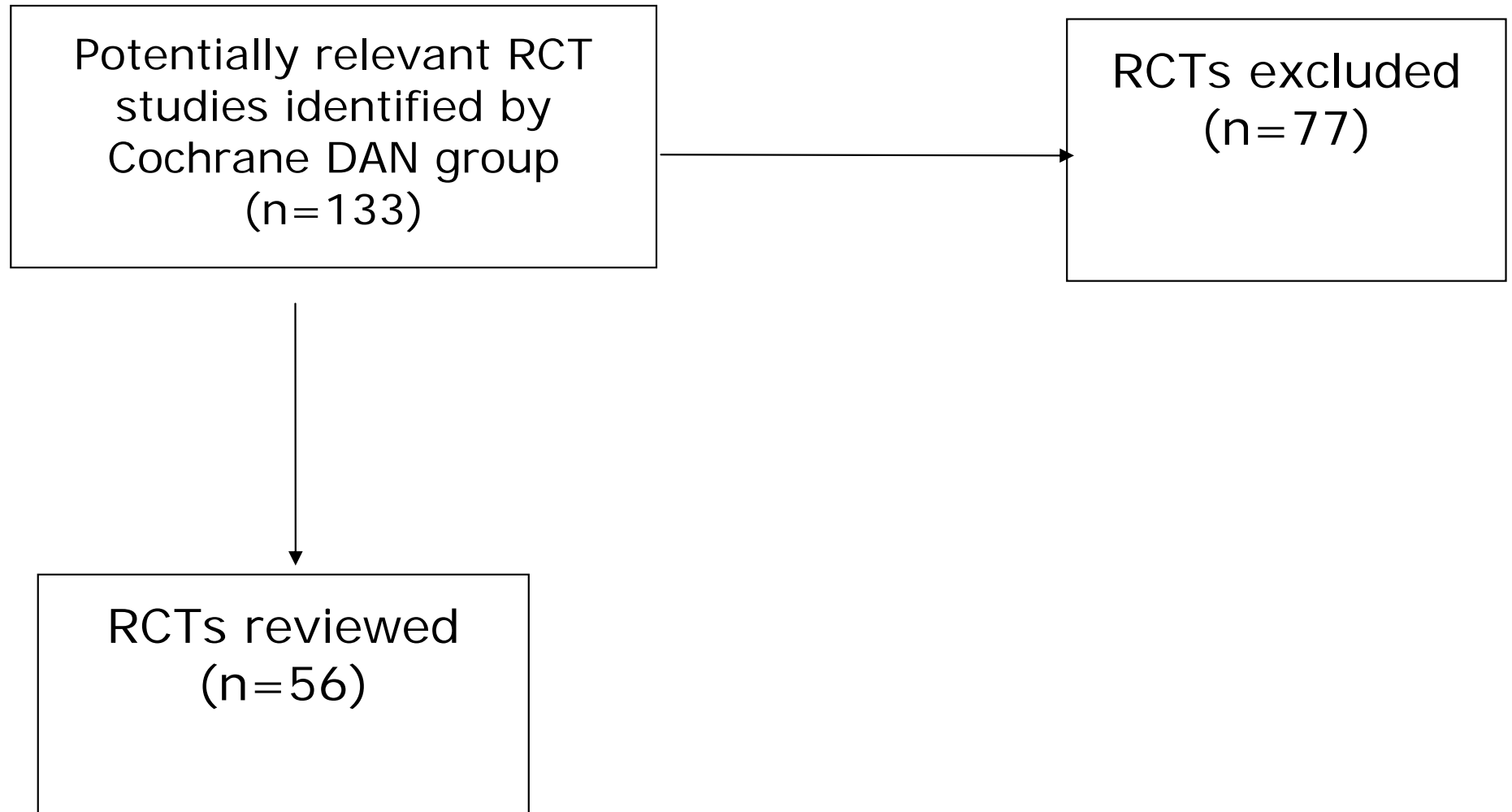
# Strategy II: borrow evidence from elsewhere

- Existing guidelines
- Systematic review of treatments for depression in people with physical diseases

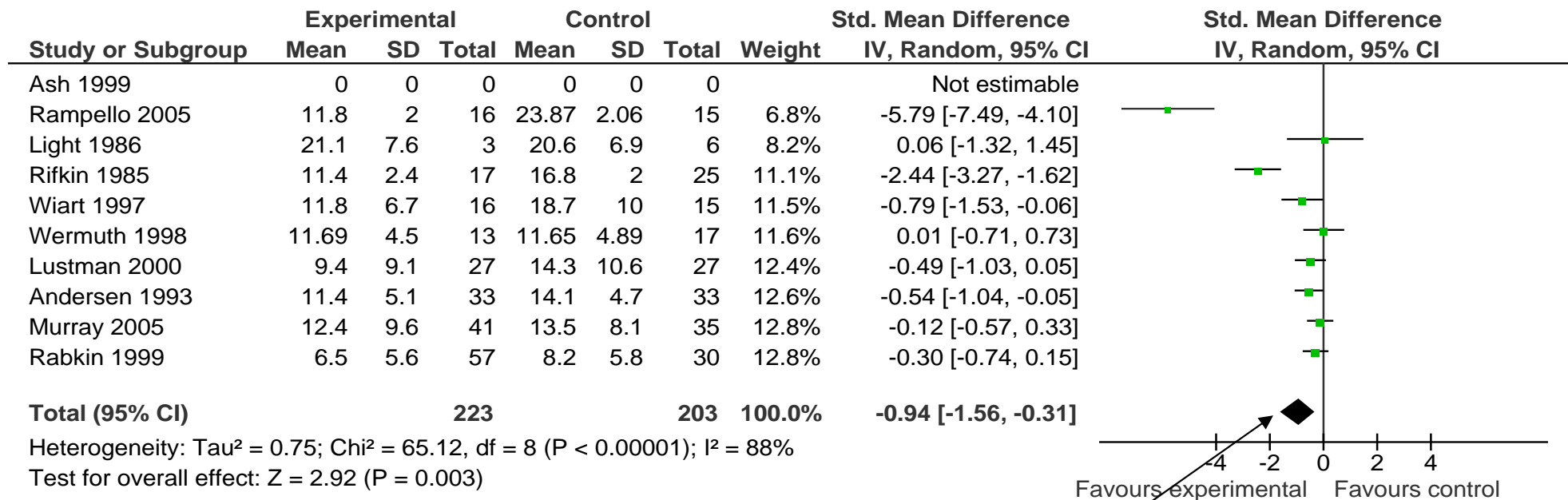
# NICE guidance for depression

Step 5:	Inpatient care, crisis teams	Risk to life, severe self-neglect	Medication, combined treatments, ECT
Step 4:	Mental health specialists, including crisis teams	Treatment-resistant, recurrent, atypical and psychotic depression, and those at significant risk	Medication, complex psychological interventions, combined treatments
Step 3:	Primary care team, primary care mental health worker	Moderate or severe depression	Medication, psychological interventions, social support
Step 2:	Primary care team, primary care mental health worker	Mild depression	Watchful waiting, guided self-help, computerised CBT, exercise, brief psychological interventions
Step 1:	GP, practice nurse	Recognition	Assessment

# Systematic review of antidepressants vs placebo in treatment of depression associated with physical disease

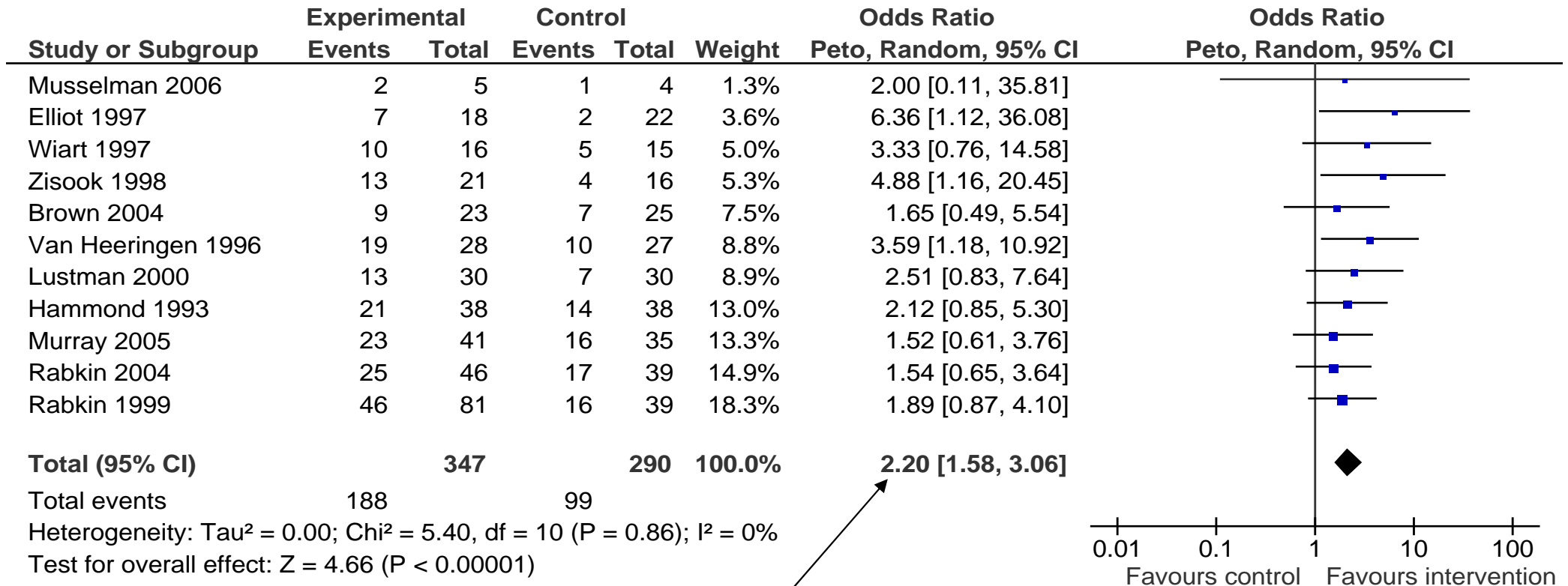


# Antidepressants vs placebo in treatment of depression in physical disease: continuous measures of outcome at 6 weeks



Effect size 0.9 (0.3, 1.6)

# Antidepressants vs placebo in treatment of depression in physical disease: binary measures of outcome at 6 weeks



Odds ratio 2.2 (1.6, 3.1)

# Future...

- Further systematic review of non drug treatments in physical disease
- Development of consensus in guidelines.

# Evidence gaps

Systematic reviews of existing literature are unlikely to tell us:

- The severity of depression worth treating
- Whether to use ADs, psychotherapy in combination or alone, and if alone which one first.
- How to predict who will most benefit from treatments
- What the natural history of depression is in this population.



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