

### **“Recognising Depression and Improving Treatment at the GP Practice” An interactive workshop for General Practitioners**

#### *Basic concept*

The training aims to enhance primary care doctors’ knowledge concerning the processes of detection, diagnosis and treatment of depressive disorders, as well as their ability to handle acute suicidality. The didactical concept of the training course is mainly based on lectures. In addition, interactive elements like discussions and role plays in small groups are provided for a more comprehensive understanding and for improving the transfer into practice. Essential elements to GP training standards are information on deliberate self harm and the principles of specific psychotherapy (e.g. CBT) as well as combined pharmaco- and psychotherapy.

Experts participating at the workshops are supposed to possess profound theoretical knowledge on depression and suicidality as well as competences in diagnosis and therapy. The workshops intend to transport the theory behind the developed concepts as well as practical active elements - like demonstrations in the plenum and role-play in groups of three or four - that shall serve to implement and to delve into the topic.

The workshops have been designed as half day trainings (approx. 4 hours). As for the very practical orientation of the workshop, the maximum number of attendants should not exceed 12 to 14 persons.

#### *Course content*

##### **Introduction**

*Aim:* To stress the relevance of the training course for the GPs’ practice

An overview on the main topics of the training course is given. The significance of depression within the global burden of disease is pointed out. Diagnostic and therapeutic deficits as well as the range of optimisation concerning the treatment of depressive disorders are presented. The efficacy of the 4-level intervention programme is described referring to intervention effects achieved within the NAAD.

##### **Epidemiology & Pathology**

*Aim:* To present and discuss symptoms and signs of different depressive disorders; to improve the processes of detection and differentiation of depressive disorders from being in a depressed mood or in mourning

Statistical data about the occurrence of depressive disorders are given. The public perception of the topic “depression” is raised and commonly held misconceptions are

discussed. The main symptoms of depressive disorders according to the ICD-10 are illustrated via a case example of a depressed patient (on video tape). Different manifestations and courses of depressive disorders are described and the distinction is drawn between depression and mourning (e.g. bereavement following a death). Two core messages of the campaign are pointed out: "*Depression can affect everybody*" and "*Depression has many faces*".

### Diagnosis of depression by GP

*Aim:* To discuss frequent problems in diagnosing depression; to present decisive diagnostic criteria and available diagnostic instruments; to help GPs addressing patient's fears of being diagnosed as depressed

Frequent problems in diagnosing depressive disorders are presented and discussed referring to physical complaints which often conceal the depressive pathology. It is pointed out that these physical symptoms should be considered by the GP as a possible indicator for a depressive disorder and that they should be explored actively through additional questions. An appropriate dialogue between doctor and patient is proposed and afterwards practiced in a role play. The "WHO-5 Well Being Index" is presented as an appropriate instrument for the screening of the signs of depression and can be administered in the GP's waiting room. For a further and more differentiated diagnosis, it is recommended that the GP explore the criteria according to ICD-10 by means of direct questioning.

### Biological approaches

*Aim:* To impart knowledge concerning the neurobiological and neurochemical basis of depressive disorders

It is pointed out that the origin of depression is seen both in psychosocial and organic-somatic causes. Different neurobiological, neurochemical and genetic approaches are imparted. The functioning of the serotonin neurotransmission and the effect of antidepressants as serotonin reuptake inhibitors is described. Beside the adrenal cortical hormones, further hormonal systems (e.g. sex hormones) are mentioned as possible pathogenous factors.

### Treatment methods

*Aim:* To impart the third core message of the campaign: "*Depression can be treated*"; to point out the relevance of antidepressant therapy; to give recommendations and guidelines enabling GPs to carry out successful treatments of depressive disorders in their practice

Different treatment methods, which have proven to be effective, are presented. It is pointed out that for GPs pharmacotherapy is the most relevant method of treatment. Information about the effects of available substances and products being of use for the

treatment of depression are given. Different phases of a medical therapy (such as acute, continuation and maintenance) are mentioned and differentiated from each other. It is indicated that the success of a pharmacological therapy very much depends on the patient's compliance which can effectively be supported by education and guidance. Recommendations for supporting compliance are given.

### Handling of acute suicidality

*Aim:* To impart reliable knowledge concerning the clarification and handling of acute suicidality; to reflect GPs personal attitudes towards suicidality; to point out that the exploration and treatment of acute suicidality is a GP's indispensable duty

Statistical data about the occurrence of suicidal acts compared to other causes of death are presented. The relevance of mental disorders (especially depression) as main causes of acute suicidality is pointed out. Indicators and warning signs of acute suicidality are described and examples from participants concerning personal experiences with suicidal patients are discussed. The group also discusses the question if asking about suicidal thoughts and former suicidal acts enforces suicidality.

It is stressed that talking about existing suicidality can be a relief for the patient and that an empathetic dialogue between GP and patient is a crucial tool for clarifying acute suicidality. An appropriate dialogue is proposed and then practiced in a role play. Concerning the handling of acute suicidality, concrete recommendations are presented including the following measures: the short-term prescription of benzodiazepines, the creation of a no-self-harm contract and the arrangement of closely coordinated appointments. It is stressed that in the case of acute suicidality, especially related to severe, delusional depression, hospitalisation - even against the patient's will - should be considered.

### Summary

The participants feedback is pooled and discussed; prospects and needs for further training courses are collected.