



Specialist workshop on depression and suicidal behaviour for GPs

(National Suicide Research Foundation Ireland, Arensman et al.)

Course content

Session 1:	Attitudes, facts & assessment
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Time: 2-hour session

Sessions objective: Upon completion of this session a GP who attends should be able to

1. Ameliorate skills of assessment of depression and differentiation of depressive disorders and to identify patients with acute suicidal risk.
2. Comprehend the neurobiological and neurochemical basis of depressive disorders

Pre session task: Approximately one hour for review of journals, books, on-line materials

Homework task: Before session 2, it will be required that each participant choose one particularly complex case of a (non-identifiable) patient who they will present with this session's skills in mind (i.e. diagnostic criteria).

Topics covered

A. **Introduction** – To stress the relevance of the specialist workshop for the GPs' practice.

An overview on the main topics of the training course is given. The significance of depression for the global burden of disease is pointed out. Diagnostic and therapeutic deficits as well as issues in relation to treatment of Depressive Disorders are presented. The efficacy of the four-level intervention programme is described referring to intervention effects achieved within the NAAD.

B. **Epidemiology and pathology** – To present and discuss symptoms and signs of different depressive disorders; to facilitate the processes of detection and differentiation of depressive disorders from being in a depressive mood or in mourning.

Statistical data about the occurrence of depressive disorders are given. The public perception of the topic 'depression' is mentioned by presenting & discussing frequent prejudices. The main symptoms of depressive disorders according to ICD-10/DSM IV are illustrated by presenting the example of a depressive patient. In the interactive part an Attitudes Questionnaire is filled out. Participants shall be asked to write down answers to four common attitudes toward suicidal behaviour and personally asked to check their answers against the correct answer.

- C. **Diagnosis of depression by GP** – To discuss frequent problems in diagnosing depression; to present decisive diagnostic criteria and available diagnostic instruments; to facilitate the handling with the patient's fear of being diagnosed as depressive.

Different manifestations and courses of depressive disorders are described and differentiated from being in a depressive mood or in mourning, e.g. after a personal bereavement. Two core messages of the campaign are pointed out: 'Depression can affect everybody' and 'Depression has many faces'. 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 need to be perceived by the GPs as possible indicators for a depressive disease and that they have to be explored actively through additional questions. The 'WHO-5 Well Being Index' and/or The BECK-depression scale is presented as an appropriate instrument for screening the signs of depression with relation to patients being requested to fill out the questionnaire in the GP's waiting room. For a further and more differentiated diagnosis it is recommended to explore the ICD-10/DSM IV criteria by means of direct questions.

In the interaction part role-play are performed to act out a patient (non identifiable) which presented as a particularly complex case they had to deal with or a personal experience with an individual presenting with depressive symptoms. An appropriate dialogue between doctor and patient is proposed to be practiced. Further, each participant fills out a WHO-5 Index and scores their own level or fills in Index with a client in mind.

- D. **Biological approaches** – 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 to be possible pathogenic factors.

Session 2:	Intervention & referral
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Time: 2 hour session

Sessions objective: Upon completion of this session a GP who attends should be able to intervene appropriately with regard to referral and treatment of depressed and suicidal patients

Pre session task: Each participant chooses one particularly complex case of a (non identifiable) patient which they shall present with sessions one's skills in mind i.e. diagnostic criteria

Homework task: To apply skills learned

Topics Covered

A. **Treatment methods** – To impart the third core message of the campaign: 'Depression can be treated'; to point out the relevance of a therapy with antidepressants for the GP; to give recommendations and guidelines enabling GPs to carry out successful treatments of depressive disorders and referral to psychotherapeutic and counselling interventions in their practice.

Different treatment methods which have proven to be effective are presented. Different phases of a pharmacological therapy (such as acute, sustaining and long-time therapy) are mentioned and differentiated from each other. It is indicated that the success of a pharmacological therapy is very much dependant on the patient's compliance which can effectively be supported by education and guidance. The critical phases of the patient's compliance are illustrated by a so-called 'Kupfer's Curve', which describes the progressive course of a depression. Recommendations for supporting the patient's compliance are given.

B. **Handling of acute suicidality** – To impart reliable knowledge concerning the clarification and handling of acute suicidality; to reflect their own attitude towards suicidality; to point out that the exploration and treatment of acute suicidality is an essential aspect to a GP's role.

Empirical data about the occurrence of suicidal acts compared to other causes of death are presented. The relevance of mental disorders (first of all: depression) as main causes of acute suicidality is exemplified by pooling experiences of the participants concerning personal confrontation with suicidal patients. It is stressed that talking about existing suicidality can mean a relief for the patient and that an empathetic dialogue between GP and patient is a crucial instrument for the clarification of acute suicidality and the first step towards treatment. Concerning the handling of acute suicidality concrete recommendations of action are presented comprising e.g. the short-term prescription of benzodiazepines, an anti-suicide pact and the arrangement of appointments. It is stressed that in the case of acute suicidality, especially related to severe, delusional depressions, a stationary hospitalisation – even against the patient's will – should be taken in account.

- C. **Summary** – The participants' feedback is pooled and discussed; prospects and needs for further training courses are collected.