

# Depression

## 7 A's model



### Be AWARE that people with diabetes may experience depressive symptoms

- Depression is a diagnosable mental condition characterised by a persistent state of low mood and lack of interest or pleasure in activities (for minimum two weeks).
- Look for signs: lowered mood (e.g. sadness, hopelessness, teariness), loss of interest or pleasure in usual activities, irritability, feelings of worthlessness or excessive/inappropriate guilt, difficulties concentrating, lack of energy, changes in weight and sleep patterns, psychomotor changes (e.g. moving or speaking more slowly than usual or being fidgety or restless), withdrawal from social and professional supports, reduced engagement in diabetes self-care tasks, recurrent thoughts about death or suicide.

### ASK about depressive symptoms

- When to ask:
  - in line with clinical practice guidelines (e.g. on a routine or annual basis)
  - when the person reports symptoms or when you have noted signs (see **AWARE**)
  - in periods of significant diabetes-related challenge or adjustment (e.g. following diagnosis of diabetes or complications, hospitalisation, or significant changes to the treatment regimen)
  - during or after stressful life events
  - if the individual has a history of depression or other mental health problems.
- Use open-ended questions or the Patient Health Questionnaire Two (PHQ-2):
  - ‘Over the last two weeks, how often have you been bothered by having little interest or pleasure in doing things?’
  - ‘Over the last two weeks, how often have you been bothered by feeling down, depressed, or hopeless?’
  - Response options are scored: ‘Not at all’ (0), ‘Several days’ (1), ‘More than half the days’ (2), ‘Nearly every day’ (3). Sum the responses to form a total score.
- If the PHQ-2 total score is:
  - 3 or more – check whether the person has a current diagnosis of, or is currently receiving treatment for, depression; if neither, then further assessment is warranted (see **ASSESS**)
  - less than 3 but you suspect a problem – consider whether the person may be experiencing diabetes distress, elevated anxiety symptoms, or another psychological problem.

## ASSESS for depressive symptoms using a validated questionnaire

- When to assess:
  - in line with clinical practice guidelines (e.g. on a routine or annual basis)
  - if **AWARE** or **ASK** indicates depressive symptoms.
- Use a brief, validated questionnaire, such as the Patient Health Questionnaire Nine (PHQ-9).
- PHQ-9 total score 10 or more – moderate-to-severe depressive symptoms are indicated:
  - enquire about any past history of depression and other mental health problems
  - consider the possibility of co-existing conditions (e.g. anxiety disorder)
  - explore physiological, psychological, and behavioural causes for the depressive symptoms (including diabetes-related factors)
  - continue to **ADVISE**.
- PHQ-9 total score less than 10 – depressive symptoms are not indicated. Consider another psychological problem (e.g. diabetes distress, elevated anxiety symptoms).

**NB:** A clinical interview must be conducted (e.g. by a GP or mental health professional) to diagnose major depression – see **ASSIGN**.

**NB:** It is essential that you conduct a suicide risk assessment if the person's PHQ-9 total score is 10 or more, or they score 1 or more on item 9 of the PHQ-9.

## ADVISE about depressive symptoms

- Explain that their questionnaire responses indicate they are experiencing depressive symptoms; they may have major depression, which will need to be confirmed with a clinical interview.
- Describe what depression is, and how it might impact on their life overall and their diabetes management.
- Advise that depression is common, treatable, and can be managed effectively.
- Advise that treating depression can help to improve their life overall and their diabetes management.
- Make a joint plan about the 'next steps' (e.g. what needs to be achieved and who can help).

## ASSIST with developing an achievable action plan

- If mild or major depression has been confirmed by clinical interview, assist the person to:
  - make an informed choice about a suitable treatment for depression – discuss the pros and cons for each option
  - set measurable goals to reduce depressive symptoms and adapt their diabetes management plan if needed
  - identify sources of advice and support
  - start the preferred treatment (e.g. write a Mental Health Treatment Plan, a referral to a specialist for psychological support, or a prescription for medication).

## ASSIGN to another health professional

- If you do not feel comfortable or equipped to **ASSESS** or **ASSIST**, arrange a referral to a relevant health professional.
- Maintain ongoing communication with the health professional to whom you made the referral.

## ARRANGE follow-up care

- Arrange a follow-up appointment to:
  - ask about the person's progress
  - assess the potential need for revising the action plan.
- Be prepared to offer more support (e.g. through telephone reviews or more/extended consultations) during this time.