

*Telford & Wrekin
Primary Care Trust*








**Primary Care
Guidelines
for
Common
Mental Illnesses**

Primary Care Guidelines for Common Mental Illnesses

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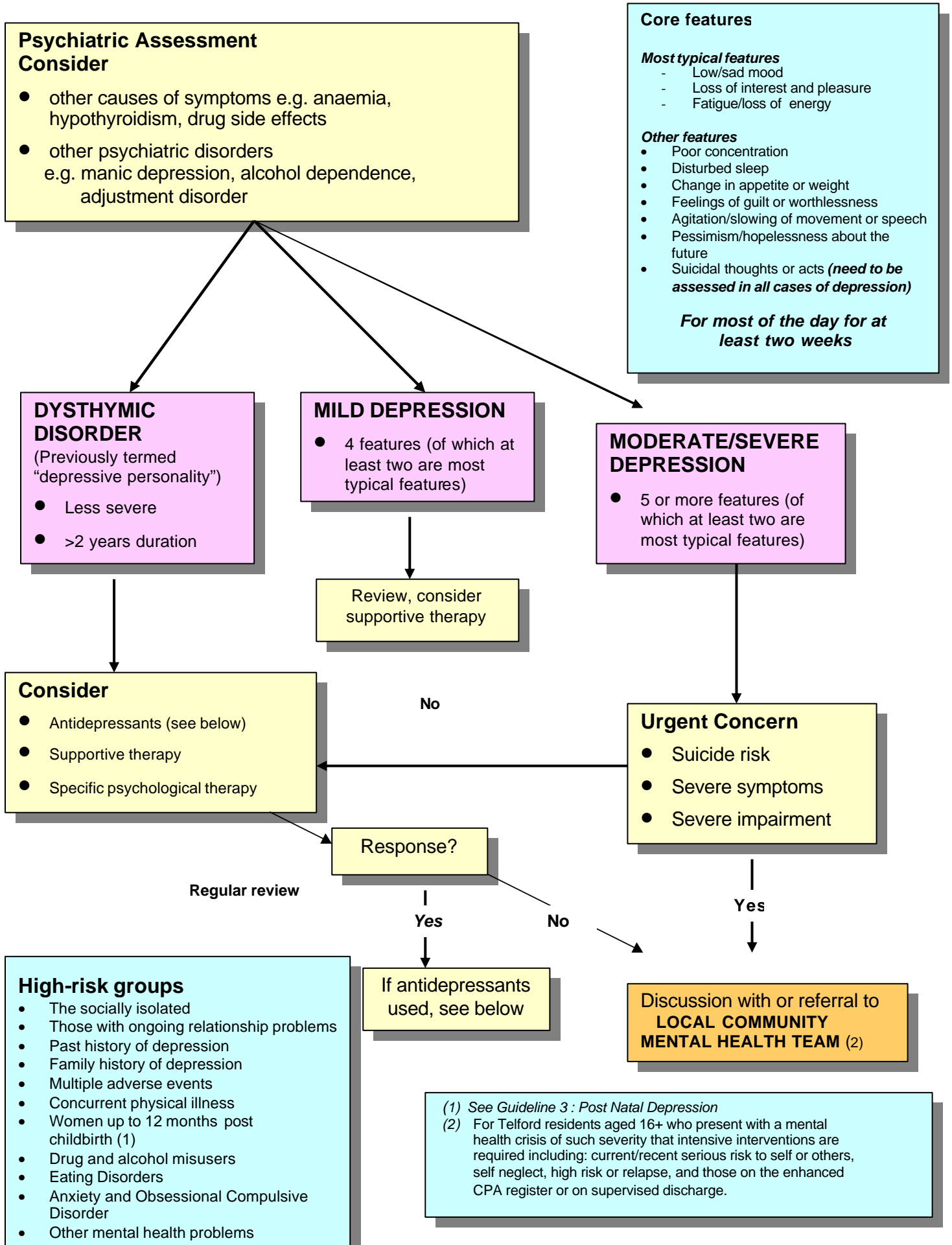
Key to chart colours

	Information		Primary Care - GP		Primary Care – H.V.
	Specialist Services		Diagnosis		Voluntary Organisations
	Police/Accident & Emergency				

The production of the Guidelines has been financially supported, in part, via an Educational Grant from Wyeth Pharmaceuticals. Guidelines adapted from Primary Care Protocols developed by Dr Maggie Bruce, Croydon Health Authority.

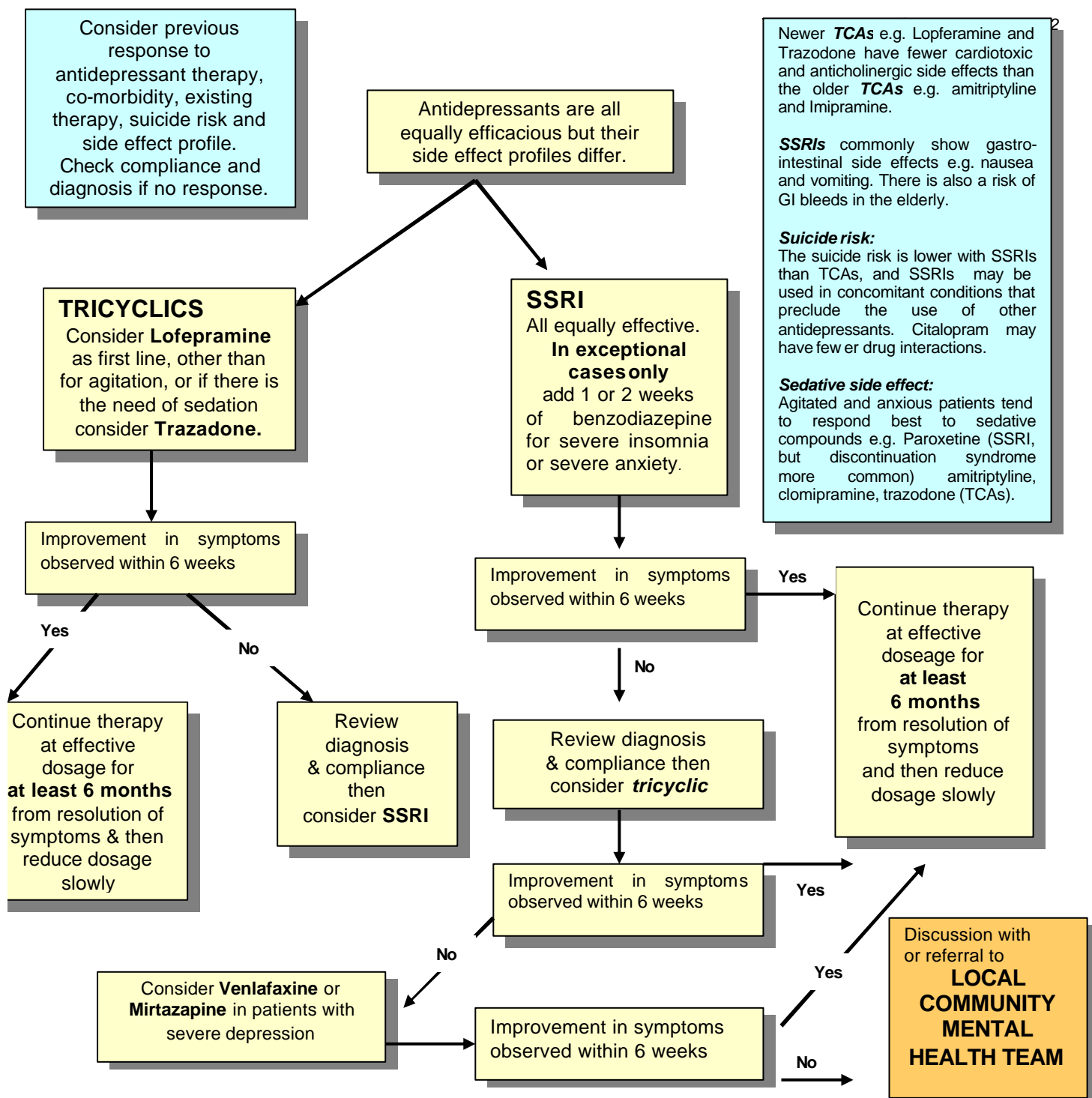
Primary Care Guidelines for Common Mental Illnesses

Guideline 1: Depression – identification and referral



Primary Care Guidelines for Common Mental Illnesses

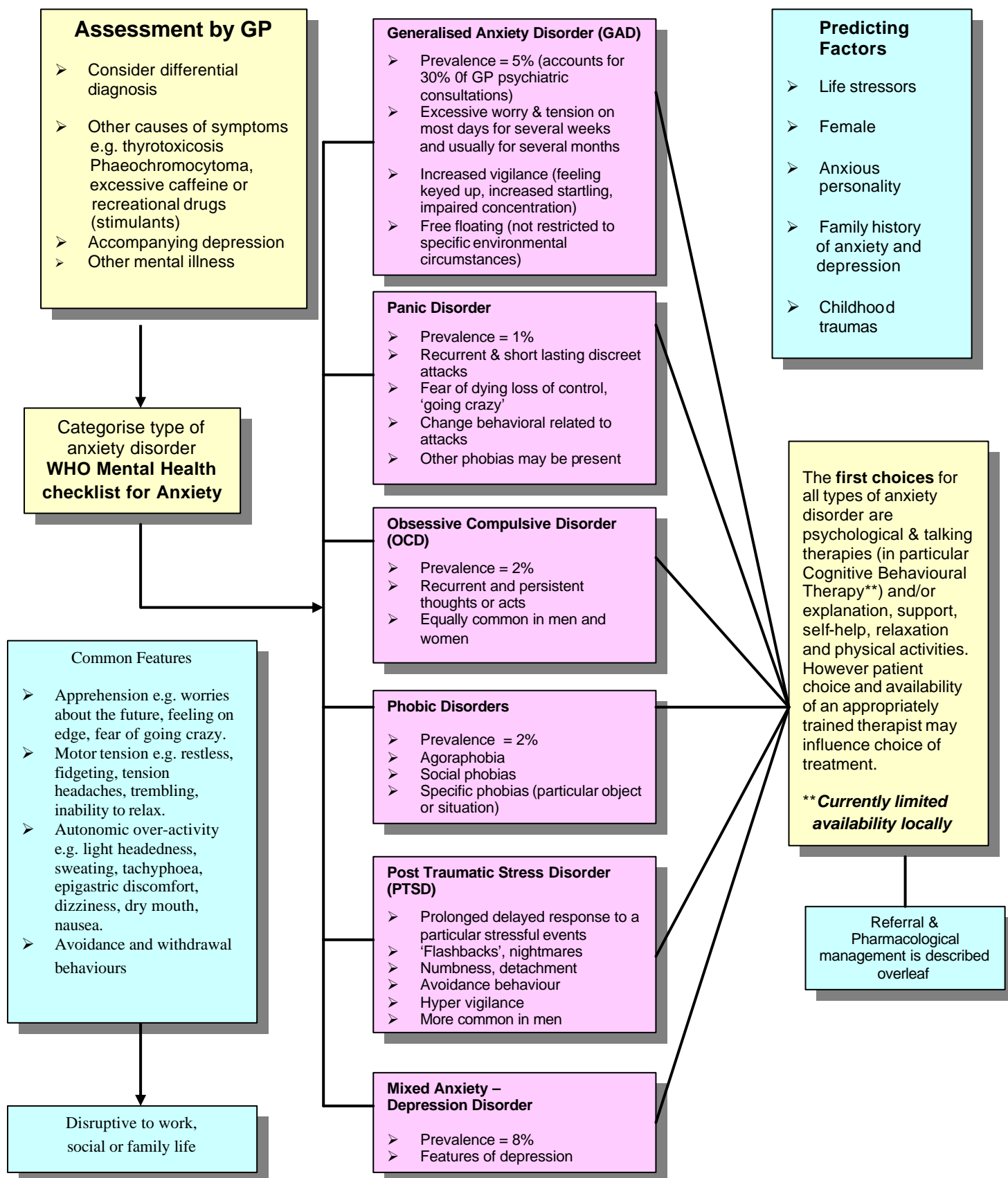
Guideline 1: Depression – pharmacological treatment



<p>Pregnancy & Lactation No good evidence linking antidepressants and birth defects. Lactation – avoid doxepin, fluoxetine, citalopram Preferred choice :- imipramine, lofepramine, amitriptyline, sertraline, possibly paroxetine.</p>	<p>Epilepsy SSRIs preferred choice but avoid fluoxetine, fluvoxamine & sertraline TCAs raise risk of seizures</p>	<p>Interaction with anti-coagulants SSRIs may increase anti-coagulant effect of warfarin. TCAs cause unpredictable +/- in prothrombin times.</p>	<p>Ischaemic Heart Disease Advisable to avoid TCAs NSF for the Elderly recommends that TCAs are not used in people over 65 years.</p>
<p>Pregnancy – avoid imipramine (BNF vol 43) Preferred choice: - fluoxetine, amitriptyline.</p>	<p>Interactions with NSAIDs SSRIs and NSAIDs dramatically increase the risk of upper GI bleed and ulcer perforation</p>	<p>Interactions with Analgesics Risk of increased CNS toxicity with SSRIs and Tramadol.</p>	<p>Interaction with Sibutramine Increased risk of CNS toxicity with SSRIs and Sibutramine</p>

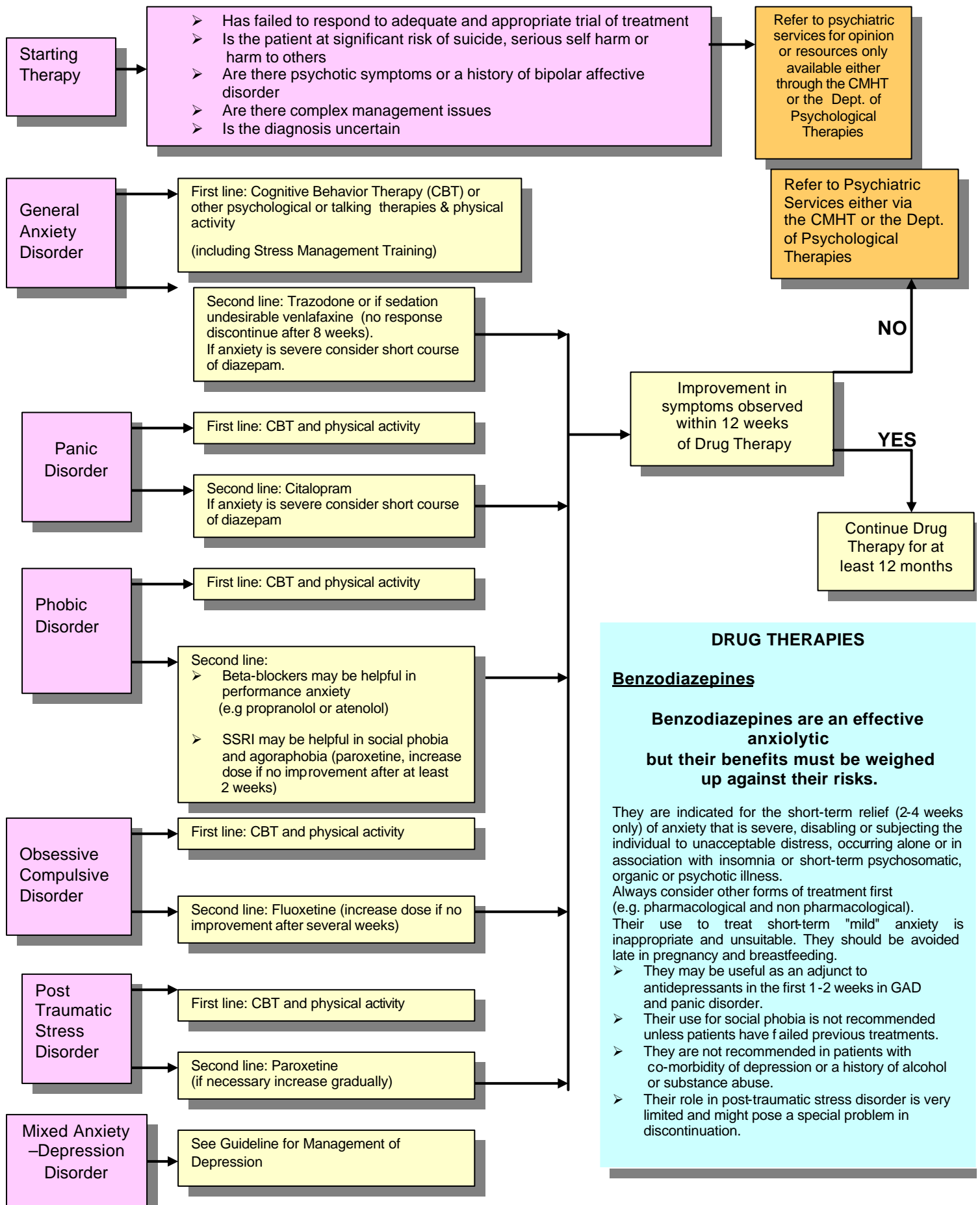
Primary Care Guidelines for Common Mental Illnesses

Guideline 2: Anxiety – identification



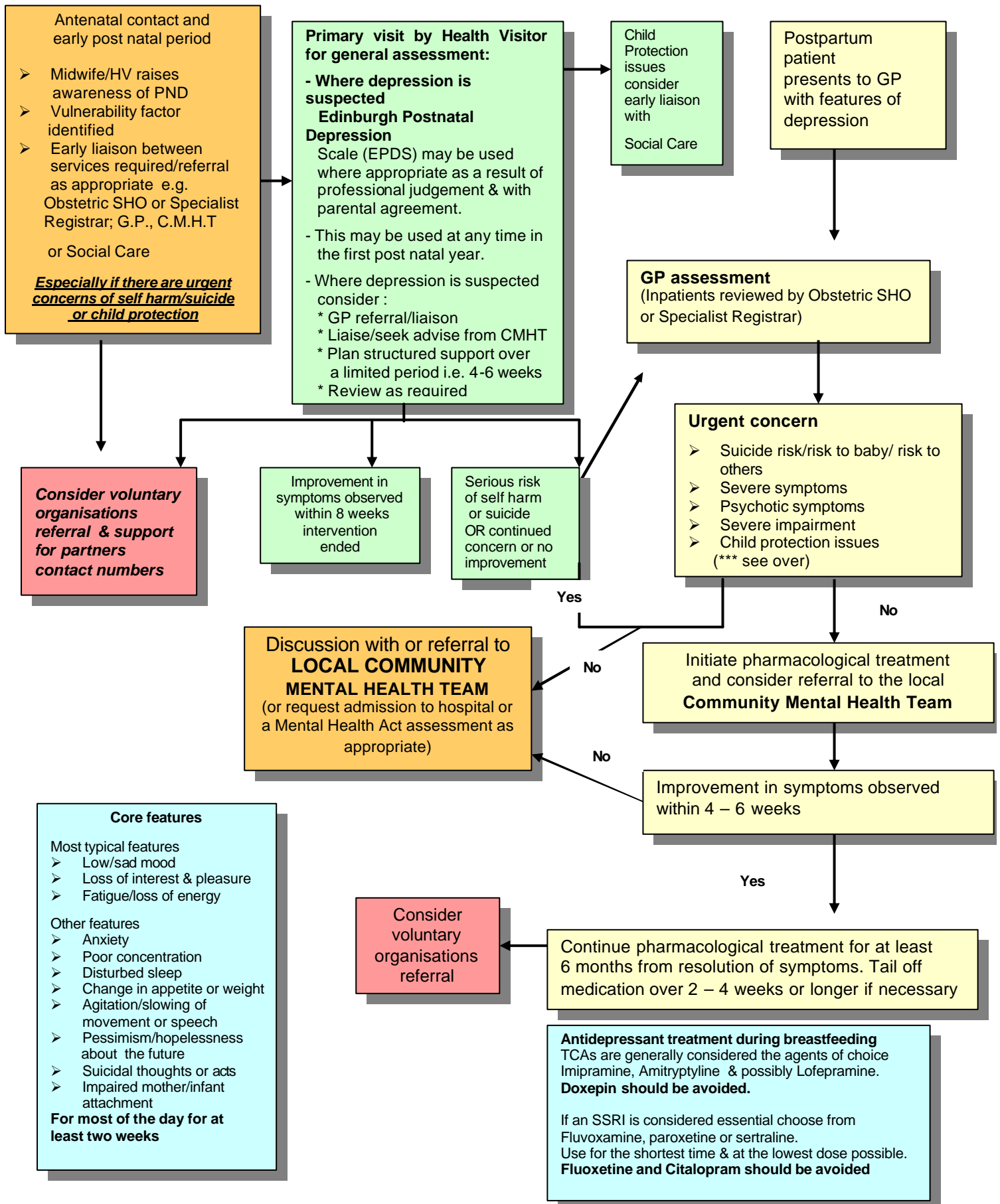
Primary Care Guidelines for Common Mental Illnesses

Guideline 2: Anxiety – referral and pharmacology



Primary Care Guidelines for Common Mental Illnesses

Guideline 3: Post Natal Depression – identification and referral



Primary Care Guidelines for Common Mental Illnesses

Guideline 3: Post Natal Depression – additional information

Screening & detection of Post Natal Depression

- Identification of women at risk via Midwifery ante-natal history booking visit.
- In early post natal period assessment of maternal mental health & relationship with baby: (Midwife, Obstetric SHO or Specialist Registrar).
- Raising awareness with women by describing Post Natal Depression and the 'blues', supported by written information.
Key professionals:
Midwives, Health Visitors, GP & Obstetricians.
- Early identification, liaison between professionals regarding precipitating and vulnerability factors.
- Screening for PND by use of the Edinburgh Postnatal Depression Scale (EPDS) by Health Visitor trained in their use at: any time during the first year where depression is suspected.
- Observation of mother/infant attachment and adjustment to parenthood.

Contacts

- **Health Visitors:**
Telford & Wrekin 01952 217400
(or contact local GP surgery)
- **Midwives:**
Telford & Wrekin
and Market Drayton 01952 641222
- **Local CMHTs:**
Central Wrekin 01952 617862
North Wrekin 01952 222725
South Wrekin 01952 680104
- **Social Care:**
Children & Families 01952 246810
Emergency Duty Team 01952 676500

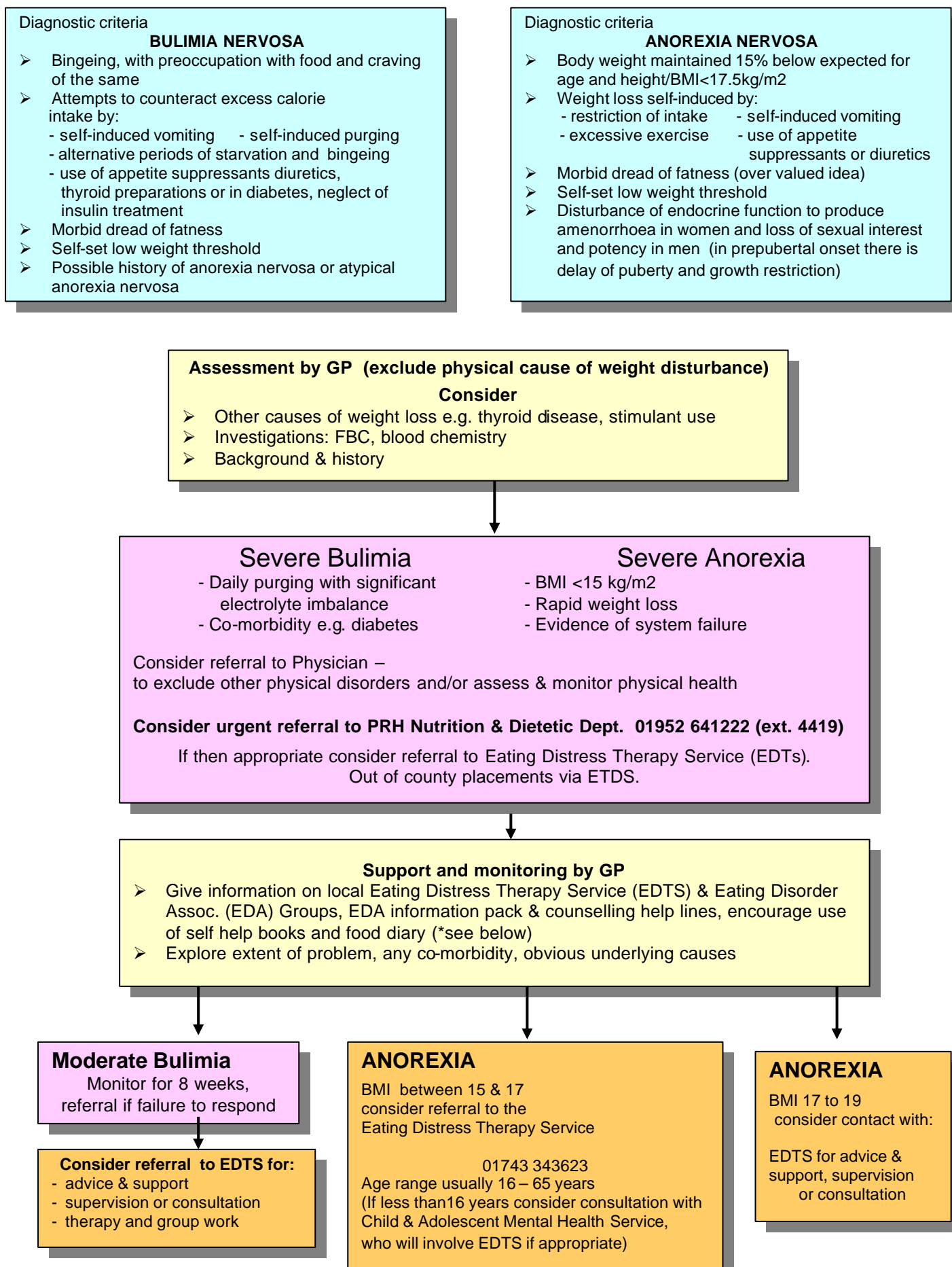
Management

- Increased support or appropriate referral to other agencies for women identified with increased risk of PND.
- Ensure women know where and how to contact named Midwife and/or Health Visitor.
- Research has shown the EPDS to have acceptable validity with a cut-off score over twelve (Cox, Holden 1994).
However, additional diagnostic enquiry using the clinical interview will help decide if depression is present.
- Where detection methods indicate the likelihood of depression, Health Visitors offer 4- 8 listening visits using active, reflection listening and selected techniques from cognitive behaviour theory where appropriate.
(Seeley, Murray, Cooper 1996).
- Encourage women to see GP as anti-depressant treatment aids recovery.
- Immediate referral to the GP and/or the local Community Mental Health Team with the following symptoms. The most appropriate referral options will be explored with the client if the following factors are present:
 - Suicide risk/risk to baby or others
 - Child Protection issues ***
 - Psychotic or bizarre symptoms
 - Previous history of depression requiring specialist management, especially if bi-polar disorders
 - Severe anxiety
 - No improvement after listening visits or treatment
- CMHT are not specialist services regarding PND but may be able to help an individual mitigating the need for referral to specialist services out of county.
- Health Visitors, Nursery Nurses or other suitably trained staff to support techniques to improve mother/infant attachment.

*** **Instigate Area Child Protection Committee Procedures.**

Primary Care Guidelines for Common Mental Illnesses

Guideline 4: Eating Disorders (16 – 65 years) – identification and referral



Primary Care Guidelines for Common Mental Illnesses

Guideline 4: Eating Disorder (16 – 65 years) – additional information

Self help books

Treasure J.

Anorexia Nervosa: A Survival Guide for Families, Friends and Sufferers
Psychology Press 1997

Schmidt U, Treasure J.

Getting Better Bit(e) by Bit(e). Survival Guide for Sufferers of Bulimia Nervosa and Binge Eating Disorders
Lawrence Erlbaum 1993

Both the above titles are available from the Institute of Psychiatry

www.iop.ac.uk/loP/Departments/PsychMed/EDU/GuidedSelfCare.stm

Carer's Pack

Published by the Eating Disorder Association
Website: www.edauk.com

Cooper P.

Bulimia Nervosa: A Guide to Recovery
Including a self-help manual for sufferers.
Robinson 1993

Cooper P.

Bulimia Nervosa and Binge Eating
Robinson 2000.
Distributed by Oxford Stress and Trauma Centre 01993 779077

Crisp AH, Joughlin N, Halek C, Bowter C.

Anorexia Nervosa. The Wish to Change
Psychology Press 1996. Distributed by Taylor and Francis
Tel: 01264 343071

Fairburn CG.

Overcoming Binge Eating
New York, Guilford 1995

Freeman C.

Overcoming Anorexia Nervosa
A self-help guide using Cognitive Behavioural Techniques
New York University Pres 2001

Palmer RL.

Understanding Eating Disorders
Family Doctors Publications, London
Available from website: www.familydoctor.co.uk

General Information

The Eating Distress Therapy Service

The Lodge, Chaddeslode House
131 Abbey Foregate, Shrewsbury SY2 6AX
01743 343623
Website: www.shropsych.org

Child & Adolescent Mental Health Services

Shrewsbury 01743 254800
Telford 01952 522110

Eating Disorders Self Help Group

(Shrewsbury)
Meets at the Roy Fletcher Centre, Shrewsbury
Tel: 01743 367048

Anorexia & Bulimia Care (ABC)

Tel: 01462 423351
Website: www.anorexiabulimiacare.co.uk

Eating Disorders Association (EDA)

Tel: 0845 634 1414 Helpline
Mon – Fri 8.30am – 8.30pm
Saturday 1.00pm – 4.00pm

EDA Youthline (18 years and under)

Tel: 0845 634 7650
Mon – Fri 4.00pm – 6.30pm
Saturday 1.00pm – 4.00pm

Email: helpmail@edauk.com

Website: www.edauk.com

Overeaters Anonymous

Tel: 07000 784985
Website: www.overeatersanonymous.org

Something Fishy

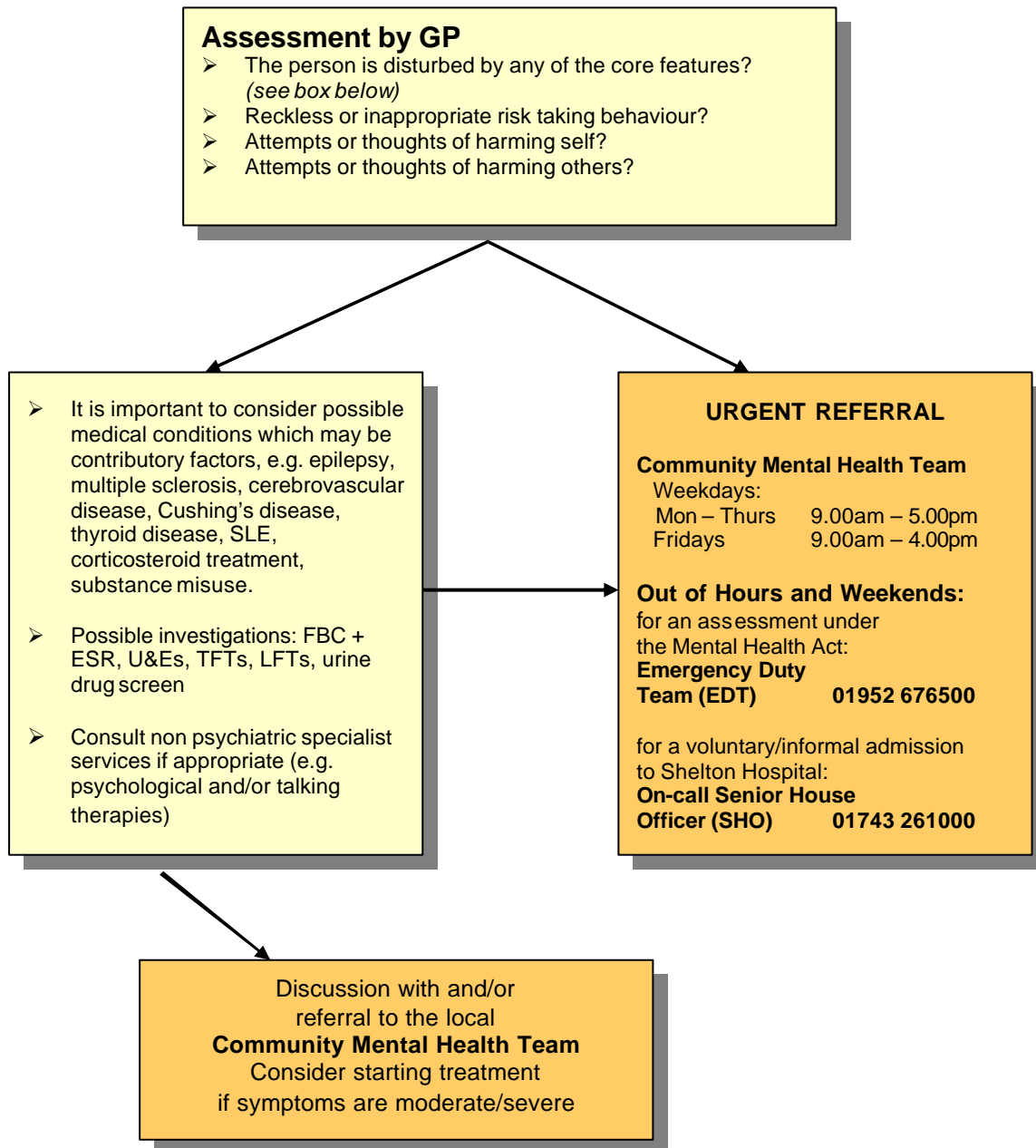
Website on eating disorders
Website: www.something-fishy.org

* Food diary and binge monitoring form
Electronic versions accompany the
WHO Guide to
Mental Health in Primary Care, 2000
ISBN 1-85315-451-2
The Royal Society of Medicine Press Ltd.

Primary Care Guidelines

Guideline 5: Psychosis – identification and referral

(The term **Psychosis** includes schizophrenia, bipolar affective disorder (manic depression), schizophreniform & schizoaffective disorder, drug-induced & brief reactive psychosis, organic psychosis and delusional disorder)



High-risk groups

- Substance misusers
- Family history of psychosis
- Past history of psychosis
- Onset at ANY age but most commonly in the 2nd and 3rd decade

This Guideline will be revised once Early Intervention in Psychosis & Crisis Resolution Services have been established around the county.

Core features

- Hallucinations (false or imagined sensations)
- Delusions (firmly held ideas which are often false and not shared by others in similar social, cultural or ethnic group)
- Disorganised or strange speech
- Agitated or bizarre behaviour
- Extreme and labile emotional states

Primary Care Guidelines

Guideline 5: Psychosis – additional information

Local Community Mental Health Teams

Fully integrated multidisciplinary CMHTs working to GP's catchment areas, jointly provided by the Borough of Telford & Wrekin and Shropshire County Primary Care Trust.

Locally based Mental Health Day Services & a specialist employment advice service for people with mental health problems, are linked to each CMHT

Central Wrekin CMHT

14 Leonards Street
Oakengates

Telford TF2 6EU

Tel: 01952 617862

Fax: 01952 615681

Office open:

Mon – Thurs 9.00 - 5.00

Fridays 9.00 - 4.00

North Wrekin CMHT

Bridge Road, Wellington

Telford TF1 1RY

Tel: 01952 222725

Fax: 01952 248384

Office open:

Mon – Thurs 9.00 - 5.00

Fridays 9.00 - 4.00

South Wrekin CMHT

Upper House, Church Street

Madeley, Telford TF7 5BW

Tel: 01952 680104

Fax: 01952 585299

Office open:

Mon – Thurs 9.00 - 5.00

Fridays 9.00 - 4.00

General Information

Hearing Voices Network

Manchester

0161 834 5768

Listen & Care

The Old Stables, Pool Meadow

Leegomery, Telford

01952 254504

Manic Depression Fellowship

Shropshire & Telford

National Office

01952 541219

0207 793 26004

Clinical Management of Schizophrenia & Bipolar affective disorder (manic depression)

Clinical management guidelines for schizophrenia are awaiting publication by the PCT

Guidelines for the clinical management of bipolar affective disorder (manic depression) will follow.

National Institute for Clinical Excellence:

NICE published in June 2002:

'Guidance on the use of newer (atypical) antipsychotic drugs for the treatment of schizophrenia.' (ISBN: 1-84257-180-X)

Copies of this guidance can be obtained from the NHS Response Line 0870 1555 455 - quoting Ref: N0106.

For a patient version quote Ref: N0108.

A bi-lingual patient leaflet is also available - Ref: N0109.

The guidance is also available on the NICE website:

www.nice.org.uk

Early signs of psychosis: Two thirds of patients have early detectable signs prior to the appearance of definite psychosis which onsets four weeks before a full psychotic episode.

Most common symptoms are 'dysphoric'

- changes in effect
- depression
- social withdrawal
- mood swings
- angry outburst
- changes in cognition
- poor memory
- poor concentration
- odd ideas
- sleep disturbance
- physical & perceptual changes
- tension & restlessness
- poor hygiene
- changes in perception (self and others)

Acute Phase Patients

Positive/florid symptoms

- Hallucinations
- Delusion
- Thought disorder
- Physically over or under active

Negative/deficit symptoms

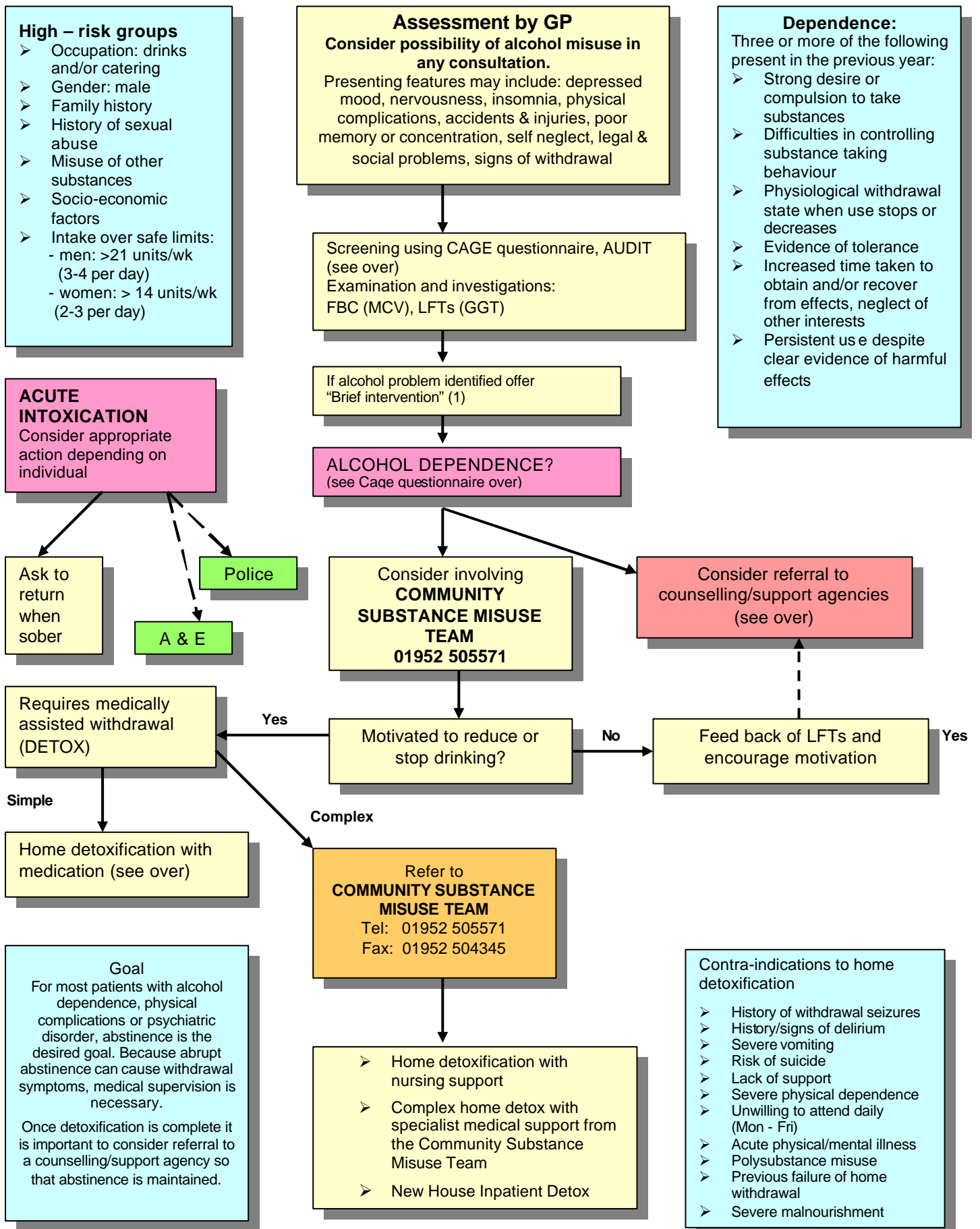
- Withdrawal
- Lack of initiative/social drive
- Lack of emotional expressiveness
- Reduction in social speech
- Lack of engagement with others
- Flattened effect
- Lack of motivation

Cognitive impairment

- Functions affected include:
- Memory
 - Intellectual functioning
 - Attention
 - Information processing
 - Executive functions (regulating behaviour, planning, problem solving)

Primary Care Guidelines for Common Mental Illnesses

Guideline 6: Alcohol Dependence – identification and referral



1. "Brief intervention": assess alcohol intake, information on hazardous drinking, clear advice to cut down

Primary Care Guidelines for Common Mental Illnesses

Guideline 6: Alcohol Dependence – additional information

CAGE questionnaire

Alcohol dependence is likely if the patient gives two or more positive answers to the following questions:

- Have you ever felt you should Cut down on your drinking?
- Have people Annoyed you by criticizing your drinking?
- Have you ever felt bad or Guilty about your drinking?
- Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (Eye-opener)?

AUDIT

(Alcohol Use Disorder Identification Test)

An electronic version accompanies the WHO Guide to Mental Health in Primary Care, 2000 (ISBN 1-85315-451-2)

This test may be more suitable for screening for excessive drinking at the less severe end of the scale. In a six-country WHO study, of those diagnosed as having hazardous or harmful alcohol use, 92% had an AUDIT score of 8 or more, and 94% of those with non-hazardous consumption had a score less than 8.

Counselling & Support Agencies

For further Counselling & Support Agencies and details see the Directory of Services 2002 produced by Telford & Wrekin PCT.

Which can also be found on the PCT website under publications www.telfordpct.nhs.uk or via telfordandwrekinintranets

Al-Anon & Alteen	0207 403 0888
Alcohol Anonymous	0845 7697 555
Alcohol Concern	0207 928 7377
Drinkline National Helpline	0800 9178 282
Impact	01952 223165
Substance Misuse Team	01952 222229

Home detoxification with medication:

Prior to home detoxification in Primary Care discussion with the Community Substance Misuse Team is advisable.

Agree goals and develop care plan, daily attendance is recommended during detoxification to monitor progress.

Prescribe chlordiazepoxide in reducing doses, reducing to zero over 8 days:

Day	Medication	Male	Female
1-2	Chlordiazepoxide	30 mg qds	20 mg qds
3-4	Chlordiazepoxide	20 mg qds	15 mg qds
5-6	Chlordiazepoxide	10 mg qds	10 mg qds
7-8	Chlordiazepoxide	5 mg qds	5 mg qds

In addition VIT B compound Forte should be given at a dose of one tablet tds for 2 weeks from onset of detoxification.

The above regime is a guide only. Individuals may differ in their requirement for Chlordiazepoxide, due to individual factors (e.g. weight, liver function).

For further information consult:

Specialist Prescribing Service

Substance Misuse Team

Tel: 01952 505571

Fax: 01952 504345

Chlormethiazole should not be used as, in combination with alcohol or in overdose, it can be fatal.

Detoxification Services

Inpatient - New House Drug & Alcohol Unit
Outpatient - Community Substance Misuse Team

In-patient and home detoxification services can be accessed via the Community Substance Misuse Team. The home detoxification service has additional support of nursing staff on a daily basis.

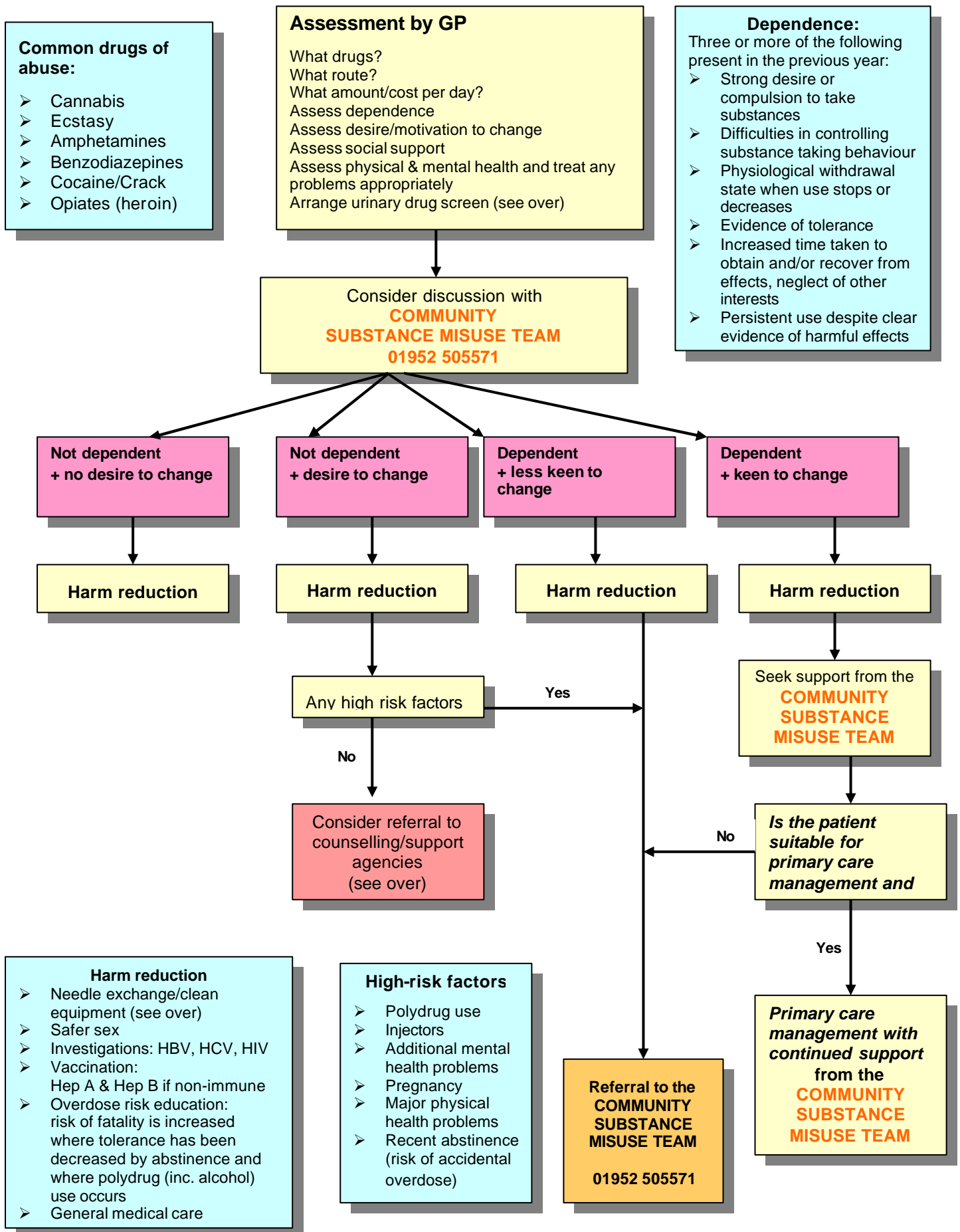
Health Promotion leaflets

A large selection of Health Promotion leaflets on sensible drinking etc. aimed at various groups are available from T&W Community Substance Misuse Team
Tel: 01952 505571

Also a limited number of free leaflets are available from **CHEC**, Madeley - 01952 582659

Primary Care Guidelines for Common Mental Illnesses

Guideline 7: Drug Dependence – identification and referral



Primary Care Guidelines for Common Mental Illnesses

Guideline 7: Drug Dependence – additional information

Community Substance Misuse Teams

Telford & Wrekin Community Substance Misuse Teams

Matthew Webb House
Dawley, Telford TF4 2EX Tel: 01952 505571

Drop-in: Mon. Wed. & Fri. 10.00 am - 12.00 noon
Tues. & Thurs. 1.00 pm - 3.00 pm

Portico House, Vineyard Road
Wellington TF1 1HB Tel: 01952 222229

Services include structure counseling, in-patient and home detoxification, young persons service, group work and referral to residential rehabilitation.

In-patient Detoxification Unit

New House Drug & Alcohol Unit
Shelton Hospital Tel: 01743 492298
Shrewsbury SY3 8DN Fax: 01743 492299

Drug & alcohol Rehabilitation Unit

Refer to T&W Community Substance Misuse Team for access to residential rehabilitation (country wide).

Telford & Wrekin Substance Misuse Services in Primary Care

Standards for Clinical Governance 2002
Telford & Wrekin guidance for General Practitioners.
Copies available from T&W PCT.

Methadone

Methadone Prescribing Protocol available from the Community Substance Misuse Team. Prescribing guidelines and advice on specialist training are available from:

- The Drug Misuse Services Coordinator in Primary Care (PCT)
 - Specialist Prescribing Service
- contact the Community Substance Misuse Team
Tel: 01952 505571

Drug Misuse and Dependence – Guidelines on Clinical Management Department of Health 1999

An extremely useful source of information on all aspects of clinical management including Methadone prescribing. Annex 12 contains information on harm minimization including the importance of sterile injecting equipment, safer injecting, use and cleaning of injecting equipment. Hard copies were sent to all GPs in 1999, also available on:

www.doh.gov.uk/drugdep.htm

Community Needle Exchange Scheme

Telford & Wrekin

Community Substance Misuse Teams

Dawley Tel: 01952 505571

Wellington Tel: 01952 222229
Offices open: Monday-Friday 9.00am – 5.00pm

Pharmacies:

L Roland, Stirchley Mon-Fri 9.00am – 6.00pm
Tel 01952 596620 (closed for lunch 12.45 – 2.00pm)
& Sundays 9.00am – 1.00pm

Rolands, Hadley Mon-Fri 9.00am – 5.30pm
Tel: 01952 242179 (closed for lunch 1.00 – 2.00pm)
& Saturday 9.00am – 1.00pm

Hepatitis B, Hepatitis C, HIV and urine drug screening

Analysis can be arranged via the Genito Urinary Medicine Unit, Princess Royal Hospital

Tel: 01952 222536

Opening times: Mondays 2.00 - 4.00pm
Thursday 9.00 - 12.00 noon
Friday 1.00 - 4.00pm

Hepatitis Support Group contact:

Community Drugs Worker 07976 100651

Counselling & Support Agencies

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Which can also be found on the PCT website under publications www.telfordpct.nhs.uk

Choices – Shropshire's

Drug Awareness Project 01743 440202

Drugs Anonymous

Helpline 01952 249131
(Parents support line covering 01952 222691
Shropshire & Telford) 24 hour Helpline

Narcotics Anonymous 07815 903859
(Local support available)

National Drugs Helpline 0800 77 66 00

Release 020 7729 9904

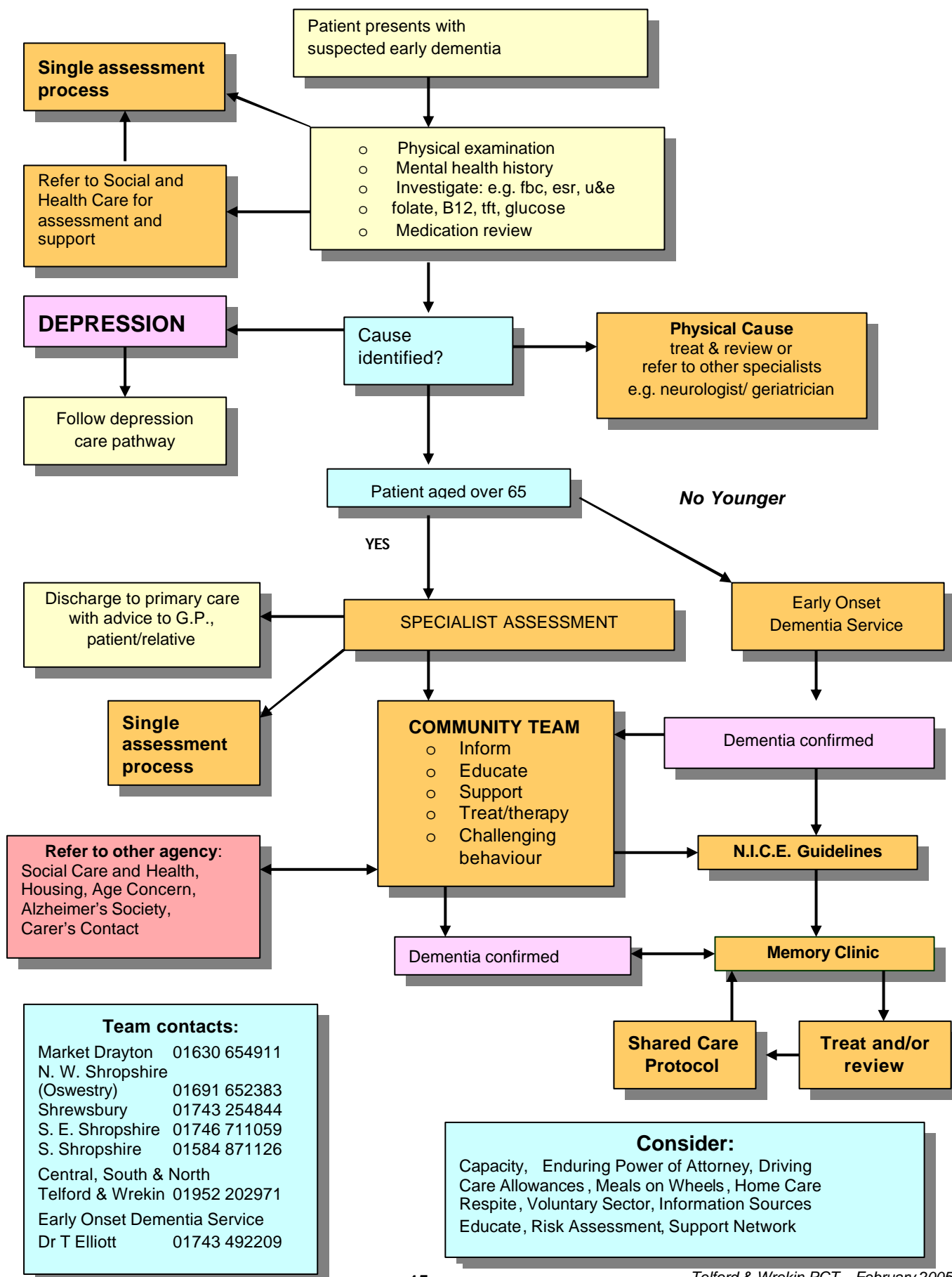
Health Promotion leaflets

Large selections of Health Promotion leaflets on the use of drugs aimed at various groups are available from T&W Community Substance Misuse Team.

Also a limited number of free leaflets are available from CHEC, Madeley - 01952 582659

Primary Care Guidelines for Common Mental Illnesses

Guideline 8: Dementia in Older People – identification and referral



Team contacts:

Market Drayton 01630 654911
 N. W. Shropshire (Oswestry) 01691 652383
 Shrewsbury 01743 254844
 S. E. Shropshire 01746 711059
 S. Shropshire 01584 871126

Central, South & North
 Telford & Wrekin 01952 202971
 Early Onset Dementia Service
 Dr T Elliott 01743 492209

Consider:

Capacity, Enduring Power of Attorney, Driving
 Care Allowances, Meals on Wheels, Home Care
 Respite, Voluntary Sector, Information Sources
 Educate, Risk Assessment, Support Network

Primary Care Guidelines for Common Mental Illnesses

Guideline 8: Dementia in Older People – management & treatment

DEFINITION → ASSESSMENT → CARE PLAN → REFERRAL

DEFINITION	ASSESSMENT	CARE PLAN	REFERRAL
<p>Definitions:</p> <ul style="list-style-type: none"> Memory impairment (especially short term) Personality changes Global intellectual impairment No clouding of consciousness Additional features: e.g. dyspraxia, dysphasia, agnosia <p>Use cognitive screens e.g.:</p> <ul style="list-style-type: none"> MMSE Clock Test ADL (assessment of daily living) 	<p>Aims of the assessment:</p> <ul style="list-style-type: none"> To identify the nature of the problem Identify treatable causes of dementia Identify conditions exacerbating the cognitive, social or functional impairment (infections, constipation, pain, cardiac, problems, thyroid, sensory impairment etc) <p>History from patient, relative/carer:</p> <ul style="list-style-type: none"> Acute or gradual change in memory functioning Change in personality Giving up usual activities Change in behaviour Problems in recognising people Speech problems <p>Examination:</p> <ul style="list-style-type: none"> Physical examination Haematology and biochemistry Thyroid test B12 and Folate Blood Glucose Any other investigation that are indicated <p>Review Medication: Anti-Parkinson agents Sedatives Tranquilizers Antidepressants (tricyclics)</p>	<p>Aims of the Care Plan:</p> <ul style="list-style-type: none"> Monitor progress Maintain physical health. Keep medication to a minimum Awareness of side effects of medication Identify and treat associated problems <p>Medication:</p> <ul style="list-style-type: none"> If depressed – follow treatment using guidelines for Depression Care Pathway <p>Identify Carer stress:</p> <ul style="list-style-type: none"> Alzheimer's Society Information/education Refer to Social Services Financial Affairs: Enduring Power of Attorney and Court of Protection 	<p>Refer to: Neurologist, Geriatrician, other for:</p> <ul style="list-style-type: none"> Acute onset with physical cause Associated physical problems Acute confusional state <p>Refer to: Social Services for:</p> <ul style="list-style-type: none"> Assessment of care needs and advice regarding finance, housing SW support and care Respite care, day care, residential care Assessment as per Mental Health Act <p>Refer to: Mental Health Services for:</p> <ul style="list-style-type: none"> Diagnosis in doubt e.g. depression, dementia Associated psychiatric symptoms failing to respond to first line management Behavioural problems Significant neglect Patient 'at risk' Anti-dementia drugs may be indicated (Memory Clinic)

Primary Care Guidelines for Common Mental Illnesses

Guideline 9: Depression in Older People – identification and referral

Psychiatric Assessment

Consider

- other causes of symptoms e.g. anaemia, hypothyroidism, drug side effects
- other psychiatric disorders e.g. manic depression, alcohol dependence, adjustment disorder, dementia.

Core features

Most typical features

- Low/sad mood
- Loss of interest and pleasure
- Fatigue/loss of energy

Other features

- Poor concentration
- Disturbed sleep
- Change in appetite or weight
- Feelings of guilt or worthlessness
- Agitation/slowing of movement or speech
- Pessimism/hopelessness about the future
- Suicidal thoughts or acts (need to be assessed in all cases of depression)

For most of the day for at least two weeks

DYSTHYMIC DISORDER
(Previously termed "depressive personality")

- Less severe
- >2 years duration

MILD DEPRESSION

- 4 features (of which at least two are most typical features)

MODERATE/SEVERE DEPRESSION

- 5 or more features (of which at least two are most typical features)

Consider

- Antidepressants (see below)
- Supportive therapy
- Specific psychological therapy where available

Review, consider supportive therapy
May need medication

Urgent Concern

- Suicide risk
- Severe symptoms
- Severe impairment

Response?

Regular review

Yes

If antidepressants used, see next page

Yes

Discussion with or referral to **LOCAL COMMUNITY TEAM FOR THE ELDERLY (MENTAL HEALTH)**

Telephone numbers of teams.

Shrewsbury	01743 254844
Ludlow	01584 871126
Bridgnorth	01746 711059
Telford	01952 202971
Mkt. Drayton	01630 654911

Social Care Teams for older people

Shrewsbury	01743 255720
Oswestry	01691 652383
Wem	01939 234713
Bridgnorth	01746 761760
Telford North	01952 202820
Central	01952 202830
South	01952 202840

Intermediate care/rapid response

Telford	01952 202956
Shrewsbury	01743 261000 ext. 63086

Voluntary Bodies

Alzheimer's Society	01743 341800
	01952 581166
Age Concern	01743 233123
	01952 200010
Mind	01743 368647
	01952 588367

High-risk groups

- The socially isolated
- Past history of depression
- Family history of depression
- Multiple adverse events
- Concurrent physical illness
- Drug and alcohol misusers
- Anxiety and Obsessional Compulsive Disorder
- Other mental health problems
- Previous history of self harm

Primary Care Guidelines for Common Mental Illnesses

Guideline 9: Depression in Older People – pharmacological treatment

