key points

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Compared with the general population, patients with a chronic physical health problem are two to three times more likely to be depressed. Their depression is less likely to be recognised and they are less likely to accept and tolerate antidepressant treatment. Comorbid depression is associated with increased pain, greater functional impairment and reduced quality of life. Depressed patients may lack confidence to self-manage their condition, increasing the risk of long-term complications.

The new NICE guidance on depression in adults with a chronic physical health problem recommends a shift of emphasis from screening to identification. We should be alert to the possibility of depression in high-risk patients and consider using the two question screen. When used in this way, its main value is in ruling out depression: the negative predictive value is very high.

The current DSM-IV definition of depression can lead to overdiagnosis in patients with a chronic condition, if somatic symptoms are caused by the physical illness itself, rather than depression. One proposed solution is to simplify the diagnostic criteria by restricting these to the five psychological symptoms. Three symptoms would then be needed for a diagnosis.

NICE recommends that patients with persistent subthreshold symptoms, mild to moderate depression or subthreshold symptoms that complicate management of the chronic condition should be offered one of the following: structured group physical activity programme; group-based peer support (self-help) programme; individual guided self-help based on the principles of CBT (bibliotherapy) or CCBT. Antidepressants should only be considered if these prove ineffective, or for those with: a previous history of moderate or severe depression, mild depression complicating the care of the physical health problem or subthreshold symptoms which have been present for at least two years.

In moderate depression NICE recommends one of the following: high-intensity psychological interventions; group-based CBT; individual CBT; behavioural couples therapy. In severe depression, combination treatment with individual CBT and an SSRI is recommended.

When patients have answered 'yes' to either of the Whooley questions, the accuracy of the initial mental health assessment can be improved by asking - during the past month, have you often been bothered by: feelings of worthlessness; poor concentration or thoughts of death?

Patients should be referred to psychiatric services if: there is a high suicide risk; they are psychotic or have bipolar affective disorder. Referral for collaborative care is indicated if patients have moderate to severe depression which has not responded to initial psychological interventions, pharmacological treatment, or a combination of both.