# Article information:

Management of depression in adults: summary of updated NICE guidance | The BMJ  
<https://www.bmj.com/content/378/bmj.o1557>

# Article summary:

1. The National Institute for Health and Care Excellence (NICE) has updated its guidelines on the management of depression in adults, classifying it as "less severe" and "more severe" and recommending the least intrusive and least resource-intensive treatment first.

2. Psychological treatments should be offered first for less severe depression, rather than routinely offering antidepressant medication unless it is the person's preference.

3. To prevent relapse, patients should continue antidepressants for six months after remission and consider continuing for up to two years or referral for psychological treatments if they have had recurrent depression or ongoing health or social problems that contributed to their depression. When stopping antidepressants, a relatively long tapering using a proportional reduction schedule is advised.

# Article rating:

Appears moderately imbalanced: The article provides some useful information, but is missing several important points or pieces of evidence that would be required to present the discussed topics in a balanced and reliable way. You are encouraged to seek a more balanced perspective on the presented issues by exploring the provided research topics and looking at different information sources.

# Article analysis:

The article "Management of depression in adults: summary of updated NICE guidance" provides a summary of the National Institute for Health and Care Excellence (NICE) guideline on depression management, which was published in June 2022. The article highlights the new classification of depression into less severe and more severe categories, with corresponding recommended treatments based on clinical and cost-effectiveness evidence.

One potential bias in the article is its emphasis on psychological treatments over antidepressants for less severe depression. While this recommendation is supported by low-quality evidence and the experience and opinion of the Guideline Committee, it may not reflect the preferences or needs of all patients. Additionally, the article does not explore potential reasons why antidepressants continue to be prescribed for a majority of people with depression despite previous guideline recommendations.

The article also notes that long-term antidepressant prescribing is increasing, with many people experiencing withdrawal symptoms and having difficulty stopping them when appropriate. However, it does not provide a thorough exploration of these risks or potential alternatives to long-term antidepressant use.

Overall, while the article provides a useful summary of the updated NICE guideline on depression management, it could benefit from a more balanced presentation of treatment options and potential risks associated with different approaches.

# Topics for further research:

* Risks and alternatives to long-term antidepressant use
* Patient preferences and needs in depression treatment
* Reasons for continued antidepressant prescribing despite guideline recommendations
* Evidence for the effectiveness of psychological treatments for less severe depression
* Withdrawal symptoms associated with antidepressant use
* Cost-effectiveness of different depression treatment options

# Report location:

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