

DIAGNOSING AND TREATING DEPRESSION IN PALLIATIVE CARE



27 **Making a difference**
Our researchers produced the first ever clinical guidelines to help professionals across Europe to recognise and treat depression in palliative care.

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About 470,000 people die every year in England and, on average, 355,000 of them need palliative care (help and support to live well and with dignity until their death).

Almost one fifth of people receiving palliative care also experience depression which can exacerbate the symptoms of life-threatening, incurable conditions.

Our researchers, in collaboration with the Cicely Saunders Institute at King's, have produced the first ever clinical guideline to help palliative care professionals recognise depression and organise appropriate treatment – not just in the UK, but across Europe.

The guideline – *The management of depression in palliative care* – was developed as part of the European Palliative Care Research Collaboration (2006-10) with the support of the European Commission.

'The guideline enables clinicians to access and implement evidence-based knowledge quickly and easily,' says Professor Matthew Hotopf who worked collaboratively with Professor Irene Higginson, Director of the Cicely Saunders Institute.

Depression can increase people's distress and decrease their quality of life. Our research has shown that people who experience depression while they are receiving palliative care are more likely to have pain and more likely to wish for a speedy death.

Based upon the best available evidence and expert opinion, the guideline makes recommendations about how to screen for, diagnose and assess depression, and gives guidance on treatment, including advice about the choice of talking therapy and antidepressant. Our research has shown that antidepressants are effective in these circumstances.

'Palliative care was originally for people with advanced cancer, but has become increasingly available to people with a diagnosis of other conditions and diseases that won't be cured – like multiple sclerosis and motor neurone disease,' says Professor Hotopf.

'Good palliative care and support can help prevent depression, but it is inevitable that some people who are at the end of their life will become depressed. They need appropriate support and treatment to make sure they have the best possible quality of life, and our guidelines enable palliative care professionals to give this.'

The guideline is available in German, French, Italian and Norwegian as well as English, and there is a summary for patients in the same five languages.

Research led by Professors Matthew Hotopf & Irene Higginson

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