NICE National Institute for Health and Care Excellence

Economic plan

This plan identifies the areas prioritised for economic modelling. The final analysis may differ from those described below. The rationale for any differences will be explained in the guideline.

1 Guideline

Depression in adults: treatment and management

2 List of modelling questions

Review questions by scope area	**Treatment of a new episode of less or more severe depression**
Population	Adults with a new episode of less severe depression; adults with a new episode of more severe depression
Interventions and comparators considered for inclusion	Less severe depression: • pharmacological interventions: sertraline [SSRIs]; lofepramine [TCAs] • psychological interventions: cCBT without or with minimal support [self-help without or with minimal support]; cCBT with support [self-help with support]; individual BA [individual BT]; group BA [group BT]; individual CBT (under 15 sessions) [individual CT/CBT]; group CBT (under 15 sessions) [group CT/CBT]; individual problem solving [individual problem solving]; non-directive/supportive/person-centred counselling [individual counselling]; individual IPT [individual IPT]; individual short-term PDPT [individual short-term PDPT]; group MBCT [mindfulness or meditation group] • physical interventions: supervised high intensity individual exercise [individual exercise]; supervised high intensity group exercise [group exercise] • GP care [TAU] More severe depression: • pharmacological interventions: escitalopram [SSRIs]; lofepramine [TCAs]; duloxetine [SNRIs]; mirtazapine [own class]; trazodone [own class] • psychological interventions: cCBT without or with minimal support [self-help]; cCBT with support [self-help with support]; individual BA [individual BT]; individual CBT (≥ 15 sessions) [individual CT/CBT]; group CBT (under 15 sessions) [group CT/CBT]; individual problem solving [individual problem solving]; non-directive/supportive/person-centred counselling [individual counselling]; individual IPT [individual IPT]; individual short-term PDPT [individual short-term PDPT] • physical interventions: supervised high intensity individual exercise [individual exercise]; supervised high intensity group exercise [group exercise]; traditional acupuncture [acupuncture]

	• combined interventions: CBT individual (≥ 15 sessions) + escitalopram [combined individual CT/CBT and antidepressant]; traditional acupuncture + escitalopram [combined acupuncture and antidepressant] • GP care [pill placebo]
Perspective	NHS + Personal Social Services
Outcomes	QALY
Type of analysis	CUA
Issues to note	Two separate analyses have been conducted, one for adults with a new episode of less severe depression and one for adults with more severe depression. The clinical input parameters (discontinuation due to any reason, discontinuation due to side effects, response in completers, remission in completers) have been obtained from network meta-analyses (NMAs) of RCTs for each population. The availability of data in the NMAs determined the range of treatments examined in the economic analysis.

Review questions by scope area	**Relapse prevention**
Population	Adults whose depression has responded to treatment
Interventions and comparators considered for inclusion	<u>Adults at medium risk of relapse whose depression has responded to pharmacological treatment (SSRI, SNRI, TCA):</u> • maintenance antidepressant treatment (SSRI, SNRI, TCA, respectively) • GP care with antidepressant drug tapering <u>Adults at high risk of relapse whose depression has responded to pharmacological treatment:</u> • maintenance treatment with antidepressants • MBCT plus antidepressant tapering • MBCT combined with antidepressants • group CT/CBT combined with antidepressants • individual CT/CBT plus antidepressant tapering • individual CT/CBT combined with antidepressants • GP care with antidepressant tapering • Additional interventions considered in secondary analysis: low intensity interventions (cCBT with support, cCBT without support, individual psychoeducation) combined with antidepressants <u>Adults at medium risk of relapse whose depression has responded to psychological treatment:</u> • maintenance treatment with individual CT/CBT • antidepressants (fluoxetine) • GP care

	• No treatment <u>Adults at high risk of relapse whose depression has responded to psychological treatment:</u> • maintenance treatment with individual CT/CBT • antidepressant (fluoxetine) • GP care • no treatment • Additional interventions considered in secondary analysis: MBCT, group CT/CBT, cCBT with support, cCBT without support, individual psychoeducation
Perspective	NHS + Personal Social Services
Outcomes	QALY
Type of analysis	CUA
Issues to note	Separate analyses were conducted, depending on population's risk of relapse and acute treatment that led to response. Efficacy data were based on NMA of RCTs for each population. The availability of data in the NMAs determined the range of treatments examined in the economic analysis.