Comments on the ACD Received from the Public through the NICE Website

[redacted] NHS Professional GP Surrey, GP specialist in Mental Health, Dementia and Learning Disability I also work as an independent consultant advising about the development of new therapeutics for psychiatric and neurological disorders England n/a	The majority of people with major Depressive disorder (MDD) are seen and managed in Primary Care. When considering treatment failures it is important to differentiate lack of efficacy from tolerability issues. It is only possible to assess potential for efficacy if a patient is able to tolerate therapy for a minimum of two weeks; response will usually be seen between 4 and 8 wks and remission 8 to 12 weeks or longer. One or two changes of antidepressant may be required before a drug the patient can tolerate is found. Then further changes in dose or drug may be required for optimal efficacy. People referred to secondary care usually fall into the following categories - evidence of psychotic symptoms, other AXIS 1 co-morbidity, evidence of suicidality, failed efficacy with / without tolerability issues. For those patients with ongoing tolerability issues without other concerns Primary Care often ask advice rather than refer. Of those reviewed in secondary care many are treated and referred back to Primary care with advice about ongoing management. Only those on combinations of antidepressants, or antipsychotics, those at risk of suicide are likely to be retained in secondary care. For the most part patients seen in secondary care are quite different from those seen in Primary Care