

**IMPROVING ACCESS TO
PSYCHOLOGICAL THERAPIES**

MEDICATION ISSUES

AIMS OF IAPT

An initial goal of IAPT was to reduce the prescribing of **medication** due to cost.

[What Should an IAPT Service Look Like - David Clark
151008](#)

IAPT was to focus on slowing “the inexorable growth in prescribing of **anti-depressants**” January 2008 Alan Cohen
Presentation

[Psychological therapies – Penrith, Cumbria](#)

However,

This focus on reducing **medication** appears to have changed:

- ***“IAPT is enabling more people to receive talking therapies as an alternative or in addition to other NICE approved interventions such as **medication**.” IAPT at the Department of Health, 16 Nov 2009***

[http://www.bps.org.uk//document-download-area/document-download\\$.cfm?restart=true&file_uid=FD55F8C6-BF89-EBB2-C8D9-5C7D6669B67F](http://www.bps.org.uk//document-download-area/document-download$.cfm?restart=true&file_uid=FD55F8C6-BF89-EBB2-C8D9-5C7D6669B67F)

- ***“NICE guidance also recommends considering the concurrent use of **medication** in moderate to severe (but not mild) depression.” (5.7 page 22) April 2008 IAPT Commissioning Tool Kit***

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_084066.pdf

This NICE guidance above is then countermanded, and **medication** is introduced for patients at IAPT Step 1. **Medication** is expanded so that mild, moderate and severely depressive patients will be targeted for **medication**.

- *"Collaborative Care (consider in light of specialist assessment if depression has not responded to initial course of high intensity intervention and/or **medication**."* (Fig.2 Page 32)

February 2010 Realising the Benefits IAPT at Full Roll Out

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113139.pdf

- The NICE Stepped-care Model indicates **medication** is to be given for mild to moderate depression at Step 2 with low intensity psycho-social interventions and psychological interventions (Page 34)

October 2010 The NICE guideline on the Treatment and Management of depression in Adults

<http://www.nice.org.uk/nicemedia/live/12329/45896/45896.pdf>

NICE has latterly advocated **antidepressant medication** for mild, moderate and severe depression despite being aware of limitations for clinical therapeutic efficacy for mild and moderate depression. The interpretation of the evidence is inconsistent.

- “The truth about **antidepressants**

Antidepressants are much less effective than they appear from published data, according to the findings of a major new meta-analysis. Irving Kirsch and colleagues based their study on the full data – both published and unpublished – from 35 trials of **four selective serotonin reuptake inhibitors (SSRIs)**, obtained from the US Food and Drug Administration under the Freedom of Information Act. ***The results showed that only those patients with the most severe depression demonstrated clinically significant benefit over placebo, according to National Institute for Health and Clinical Excellence (NICE) criteria.***

Further analysis showed that even this subset of patients were responding less well to placebo than patients with less severe depression, rather than responding better to **antidepressants**. The findings shine a spotlight on so-called ‘publication bias’ – the tendency of pharmaceutical companies to publish only the positive results of clinical trials and to ignore negative findings. The researchers concluded that there is little reason to prescribe **new-generation antidepressants** to any but the most severely depressed patients unless alternative treatments have been ineffective. *PLoS Medicine* 26/2/08

<http://medicine.plosjournals.org/perlserv/?request=getdocument&doi=10.1371%2Fjournal.pmed.0050045> BMJ 8/3/08”

Sourced from BACP HPCJ Journal April 2008

<http://eric.exeter.ac.uk/exeter/bitstream/10036/41153/1/IAPT.pdf>

- **Additionally**

As well as NICE recommendation for **SSRIs** for Depression, NICE also recommends **SSRIs** for other common mental health disorders.

i.e.

Phobias: Generalised Anxiety Disorder & Panic Disorder

<http://www.nice.org.uk/nicemedia/pdf/CG022NICEguidelineamended.pdf>

Post Traumatic Stress Disorder

<http://www.nice.org.uk/nicemedia/live/10966/29772/29772.pdf>

Obsessive Compulsive Disorder with other medication

THERE ARE OTHER EXAMPLES WHERE MEDICATION ISSUES ARE PROBLEMATIC WITHIN THE IAPT PROGRAMME

- **Commissioning IAPT for the whole community Improving Access to Psychological Therapies**

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_090054.pdf

6.4 Low-intensity interventions are time limited and comprise guided self-help, computerised cognitive behavioural therapy (CBT), problem solving, behavioural activation, brief CBT, **medication compliance**, signposting, and work on social inclusion and employment.

- **(IAPT) Commissioning Toolkit**
Improving Access to Psychological Therapies (IAPT) Commissioning Toolkit (2008)

The IAPT Workforce Capacity Tool

*4.5...applies evidence-based treatments (based on NICE guidelines) to calculate... and the **medication** required.*

The Joint Strategic Needs Assessment

*4.10 ...improving the health and well-being of people with long-term conditions and introducing a more evidence-based approach to **SSRI** prescription.*

High-intensity interventions

*5.7 NICE guidance also recommends considering the concurrent use of **medication** in moderate to severe (but not mild) depression.*

Table 1: Principles and benefits of outcomes management

*People chart their progress towards recovery and see at what point their psychometric score falls within the normal range. If the goal is to reduce or stop **medication**, this can help decide the right time*

- **Improving Access to Psychological Therapies Implementation Plan: Curriculum for High-intensity therapies**

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_083169.pdf

Module 1: The fundamentals of CBT

“The curriculum will comprise the following:
knowledge of relevant **pharmacological interventions.**”

Module 2: CBT for Anxiety Disorders

“The curriculum will comprise the following:
application and suitability for CBT with anxiety disorders: contra-indications for treatment, the role of **pharmacological interventions** and substance misuse, how to refer on to other agencies if unsuitable

Module 3: CBT for depression

“The curriculum will comprise the following:
current evidenced-based pharmacological and psychological treatment for depression to include the role of combined treatment “

- **Improving Access to Psychological Therapies Implementation Plan:
Curriculum for High-intensity therapies**

Competencies:

CBT for specific phobia

“Students must demonstrate competency in:

- ii. a critical understanding of the evidenced-based **pharmacological** and psychological treatment for a specific phobia
- iii. assessing a specific phobia...and to include the role of **medication** ...”

CBT for panic disorder

“Students must demonstrate competency in:

- ii. a critical understanding of the evidenced-based **pharmacological** and psychological treatment for a panic disorder
- iii. assessing panic disorder to include the role of **medication**...”

CBT for social phobia

“Students must demonstrate competency in:

- ii. critical understanding of the evidenced-based **pharmacological** and psychological treatment for social phobia”
- iii. assessing panic disorder to include the role of **medication**....”

CBT for obsessive compulsive disorder

“Students must demonstrate competency in:

- ii. a critical understanding of the current evidenced-based **pharmacological** and psychological treatment for OCD”
- iii. assessing OCD to include the role of **medication**.....”

- **Improving Access to Psychological Therapies Implementation Plan:
Curriculum for High-intensity therapies
Competencies:continued:**

CBT for post-traumatic stress disorder

“Students must demonstrate competency in:

- ii . critical understanding of the evidenced-based **pharmacological** and psychological treatment for PTSD
- iii. assessing PTSD to include the role of **medication**.....”

CBT for generalised anxiety disorder

“Students must demonstrate competency in:

- ii. critical understanding of the evidenced-based **pharmacological** and psychological treatment for GAD
- iii. assessing health anxiety to include the role of **medication**.....”

CBT for health anxiety

“Students must demonstrate competency in:

- ii. critical understanding of the evidenced-based **pharmacological** and psychological treatment for health anxiety
- iii. assessing health anxiety to include the role of **medication**.....”

- **Improving Access to Psychological Therapies Implementation Plan: Curriculum for low-intensity therapies workers**

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_084494.pdf

Introduction

“Low-intensity workers also provide information on **common pharmacological treatments and support patients in decisions which optimise their use of such treatments.**”

Module 1: Engagement and Assessment of Patients with Common Mental Health Problems

Learning Outcomes

8. “Demonstrate competence in understanding the patient’s attitude to a range of mental health treatments, including prescribed **medication** and evidence-based psychological treatments.”

Module 2: Evidence-based Low-intensity Treatment for Common Mental Health disorders

“Skills teaching will develop workers’ general and disorder-defined ‘specific factors’ competencies in the delivery of CBT-based low intensity treatment and in the **support of medication concordance**”

“Low-intensity workers aid clinical improvement through the provision of **information and support for evidence-based low-intensity psychological treatments and regularly used pharmacological treatments** of common mental health problems”

“Support is specifically designed to enable clients to optimise their use of self management recovery information and **pharmacological treatments...**”

Aims of Module 2

“Low-intensity workers aid clinical improvement through the provision of information and support for evidence-based low-intensity psychological treatments and **regularly used pharmacological treatments** of common mental health problems”

“Support is specifically designed to enable clients to optimise their use of self management recovery information and **pharmacological treatments...**”

“Skills teaching will develop workers’ general and disorder-defined ‘specific factors’ competencies in the delivery of CBT based low intensity treatment and in the **support of medication concordance.**

Learning outcomes of Module 2

3. “Demonstrate competence in planning a collaborative low-intensity psychological and/or **pharmacological treatment** programme for common mental health problems, including managing the ending of contact.”

7. “Demonstrate knowledge of and competence in supporting people with **medication**, in particular **antidepressant medication**, to help them **optimise their use of pharmacological treatment** and **minimise any adverse effects.**”

Module 4: Working within an Employment, Social, and Healthcare Context.

Learning Outcomes:

2. “Demonstrate knowledge of and competence in using supervision to assist the worker’s delivery of low-intensity psychological and/or **pharmacological treatment programmes** for common mental health problems.”

IAPT Assessment Tools & Rating scales.

The **IAPT** Outcome Framework and Data collection for Health & Wellbeing, uses:

PHQ9 (Patient Health Questionnaire for depression) and **GAD7** (Anxiety questionnaire) at initial assessment, review sessions and all sessions in between.

www.goodmedicine.org.uk/files/assessment,%20phq9,%20iapt,%20sources.pdf

PHQ9 and **GAD7** are **Pfizer Screeners** available at <http://www.phqscreeners.com/>

PHQ9 and GAD7 have been adopted as basic **IAPT** psychological measures in “**IAPT Outcomes Toolkit 2008/9 Final Version**”

The use of Pfizer screeners PHQ9 and GAD7 could be seen as a conflict of interests, since they were designed by Robert Spitzer and team, with an educational grant from Pfizer Inc.

(Dr. Spitzer also wrote most of the American “Psychiatric Bible” or DSM IV as it is known, and is presently one of the most vocal critics of the proposed revisions to DSM V.)

References for drug companies' clinical trials showing that antidepressants work no better than placebo.

- **Irving Kirsch et al. “Initial Severity and Antidepressant Benefits: A Meta-Analysis of Data Submitted to the Food and Drug Administration”** PLoS Medicine, February 2008, Vol 5, Issue 2.
- **Erick H. Turner et al. “Selective publication of Antidepressant trials and it’s Influence on Apparent Efficacy”** New Engl.J Med;358:252-260 Jan 17 2008.
- **Bourgeois FT et al “Outcome Reporting Among Drug Trials Registered in ClinicalTrials.gov”** Ann Intern Med August 3, 2010 vol. 153 no. 3 158-166

Furthermore:

- **“Risk of developing Parkinsons disease was approximately doubled by exposure to antidepressants or lithium”**
M Brandt-Christensen et al (2006) Case-Control Study (Denmark) J Neurol Neurosurg Psychiatry 2006;77:781-783
- **“Hypomania/mania induced by cessation of antidepressant drugs”**
Kora K, Kaplan P. Turk Psikiyatri Derg. 2008 Fall;19(3):329-33..
- **“Bupropion induced hypomania in a patient with unipolar depression”**
Hussain H, Butt MA. Aust N Z J Psychiatry. 2008 Aug;42(8):746. No abstract available. PMID: 18622783 [PubMed - indexed for MEDLINE

- **"Dozens of studies, spanning more than 30 years research have demonstrated that serotonin drugs create a lasting vulnerability to depressed mood via the serotonin system."**
- **"Notably formerly depressed individuals who have received treatment with psychotherapy - but who have avoided pharmaceuticals - have not displayed this reaction...."**

Haynes et al (2004) Van der Does et al (2005) O'Reardon et al (2004)

Source: Grace E Jackson MD ["Drug Induced Dementia – the perfect crime"](#)

AuthorHouse 2009

In other words any amount of psychological therapies provided by IAPT will never alleviate peoples' depression symptoms, if serotonin drugs i.e. SSRI's or other 'antidepressants' that alter the serotonin system, are taken.

Catherine Clarke, January 2011