

01 - Introduction to depression

Introduction to depression

The Maudsley® Prescribing Guidelines in Psychiatry, Fifteenth Edition. David M. Taylor, Thomas R. E. Barnes and Allan H. Young. © 2025 David M. Taylor. Published 2025 by John Wiley & Sons Ltd.

Chapter 3 Introduction to depression Depression (major depressive disorder, MDD) is widely recognised as a major public health problem around the world. The mainstay of treatment is the prescription of antidepressants, although psychological treatments have a place as a first-line alternative to antidepressants in milder and moderate forms of depression.¹ Other methods of treating depression (vagal nerve stimulation [VNS],² repetitive transcranial magnetic stimulation [rTMS],^{3,4} transcranial direct current stimulation,³ etc.) are also used but are not widely available. The basic principles of prescribing are described in Table 3.1, together with a summary of National Institute for Health and Care Excellence (NICE) guidance. Depression and anxiety disorders

Table 3.1 Basic principles of prescribing in depression. ■ ■ Discuss with the patient choice of drug and utility/availability of other, non-pharmacological treatments. ■ ■ Discuss with the patient likely outcomes, such as gradual relief from depressive symptoms over several weeks. ■ ■ Prescribe a dose of antidepressant (after titration, if necessary) that is likely to be effective. ■ ■ Assess the treatment's efficacy within 2–4 weeks of initiation (sooner in young people). ■ ■ Monitor treatment adherence and inform the patient about the risk of withdrawal symptoms. ■ ■ Monitor for adverse effects. ■ ■ For a single episode, continue treatment for at least 6 months after resolution of symptoms. Multiple episodes or high-risk patients may require longer; continuing treatment may reduce the risk of relapse. ■ ■ For patients continuing treatment, review treatment every 6 months. ■ ■ Withdraw antidepressants very gradually; always inform patients of the risk, duration and nature of discontinuation symptoms.

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