Twenty-five years of Prozac: has treatment of depression improved?

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It is now 25 years since Prozac (fluoxetine) became available for prescribing and SSRIs as a group took off on their journey to become one of the most prescribed group of medications in primary care.

Prozac, the most successful of the SSRIs, came in the form of a little blue pill, which may have contributed to its huge sales success as patients on the whole do believe that blue pills work the best.

Defeat Depression Campaign
Antidepressant prescribing has since rocketed, stimulated by the Defeat Depression Campaign. This started in 1993 to raise awareness of depression among GPs and get more patients onto treatment.

The campaign was about the under-recognition of depression by GPs and how newer groups of drugs with less side-effects and toxicity than their predecessors, the tricyclic antidepressants, could make a difference. Prescriptions for antidepressants, principally the SSRIs, tripled in the following 10 years and antidepressant prescribing is still on the rise.

However, they are having little effect on the tsunami of depression that is hitting our planet: according to the World Health Organization, by 2020 depression will be the second highest cause of global disease burden.

Losing the battle
Because antidepressants have failed to reverse the ever-increasing number of depressed patients walking into their surgeries, many GPs openly question the value of antidepressants. This has not been helped by a number of scares, most notably the difficulties associated with coming off certain SSRIs, whether they are safe in children and whether prescribing antidepressants might increase suicidal ideation.

Perhaps as a result, GPs are regularly reminded that they are failing to follow NICE guidelines for prescribing antidepressants and many in the establishment believe that this is a major factor in why we are losing the battle against depression.

Certainly, adherence with antidepressant medication is poor: patients rarely take their antidepressant medication at the recommended dose or for long enough.

Talking therapies
For a long time antidepressants were the only tool that the GP had to treat depression, but since 2005 talking therapies have been introduced in the form of Improving Access to Psychological Therapies (IAPT), and investment to support GPs with mental health services located in primary care has roughly tripled.

It still stands at less than 5 per cent of the money we spend on mental health services, however, even though 93 per cent of mental health consultations take place in primary care, and even with this investment most services available in primary care are provided by secondary care with little input from GPs.

Recognising social determinants
Perhaps we need a complete paradigm shift. Patients generally believe that mental illness is caused as a result of being unable to cope with negative life events, and this is probably why GPs tend to advocate and follow a biopsychosocial approach rather than the guidelines approach advocated by NICE and the Diagnostic and Statistical Manual of Mental Disorders (DSM) and International Classification of Diseases (ICD) classifications used by psychiatrists.

There is a general lack of understanding of the triggers of depression that means that both the GP and psychiatric services are scapegoats for poor depression services.

Current research methodology through NICE guidance has resulted in a disease model that fails to understand that depression is a complex state linked to the social determinants of ill-health, so that the most effective treatment and prevention of further ill-health empowers individuals to self-manage themselves and their problems and offers a model that meets people’s needs.

This requires a new way of working and education that is not guidelines based and equips GPs to help the large number of patients with depression that walk through their door.

Unless we recognise the social determinants of depression – poverty, debt, poor housing, bullying, unemployment and marginalisation – and help our patients overcome these, no amount of medication or talking therapies will ever reverse the incidence of depression, and talking therapies and antidepressants will continue to only scratch the surface.

Declaration of interests
Dr Walton has received honoraria from Lilly and is director and co-owner of Walton Hill Associates and Spire’s Health Care; Lisa Hill is a director and co-owner of Walton Hill Associates.

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