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Most antidepressant benefit seen in primary care is due to placebo. Talk first prescribe later.

An update to a Cochrane review on antidepressants in primary care found that the most of the benefit was due to the placebo.¹

For tricyclics, 63% of patients improved on the active medication and 51% for the placebo. For SSRIs, it was 55% and 40%. For TCAs, the actual benefit is therefore 12% (i.e. 63% - 51%) compared with the placebo 51%. Thus most improvements are likely to be a placebo rather than an actual drug response.

Another review found that the actual drug benefit for mild-moderate (i.e. PHQ 9 score 10 to 15) depression was about 8% of patients² and most patients in primary care are in the mild to moderate range.

The NICE guidelines suggest antidepressants should not be used in the first instance for most patients with newly diagnosed mild to moderate depression.³ They recommend non-drug therapies such as sleep hygiene, physical activity, problem solving and behavioural activation, CBT or computerised CBT.

References:

1. Arroll et al. Antidepressants for treatment of depression in primary care. A systematic review and meta-analysis. 2016 [Click here](#)
2. Fournier et al. Antidepressant drug effects and depression severity: a patient-level meta-analysis. JAMA 2010 [Click here](#)
3. Depression in adults: recognition and management. NICE Guidance (CG90). [Click here](#)

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