

Appendices

Appendix 1: Antidepressants and Clinical Features for Major Depression³¹

Typical Recommendation	Antidepressant Class	Generic Name of Medication	Clinical Features of Depression for which Antidepressant is Most Likely to be Useful
First line	SSRI	<ul style="list-style-type: none"> • Citalopram • Escitalopram • Fluoxetine • Paroxetine • Sertraline • Fluoxetine • Paroxetine • Sertraline 	Anxiety
	NaRI	<ul style="list-style-type: none"> • <i>Reboxetine</i> 	No longer routinely used (expert reviewer)
	NaSSA	<ul style="list-style-type: none"> • Mirtazapine • <i>Mianserin</i> 	Insomnia, circadian disruption, weight loss, reduced appetite. Mianserin no longer routinely used (expert reviewer)
Second line	SNRI**	<ul style="list-style-type: none"> • Venlafaxine (low dose) • Duloxetine 	Melancholia; severe depression. Venlafaxine: treatment resistant depression. Duloxetine: pain
	TCA	<ul style="list-style-type: none"> • Amitriptyline • Clomipramine • Dothiepin • Imipramine • Trimipramine 	Pain, melancholia
Third line	MAOI	<ul style="list-style-type: none"> • Phenezine 	Melancholia, atypical symptoms, ***treatment resistant depression
	Reversible MAOI	<ul style="list-style-type: none"> • Moclobemide 	Mild-to-moderate depression with anxiety
Adjunctive	SARI	<ul style="list-style-type: none"> • Trazodone 	Non response to first-line drug
<p>Abbreviations: MAOI, monoamine oxidase inhibitor; NARI, noradrenaline reuptake inhibitor; NaSSA, noradrenaline and specific serotonergic antidepressant; SARI, serotonin antagonist and reuptake inhibitor; SNRI, serotonin and noradrenaline reuptake inhibitor; SSRI, selective serotonin reuptake inhibitors; TCA, tricyclic antidepressants ** SNRIs have been positioned as second line only because of greater toxicity in overdose. *** Evidence is equivocal.</p>			

Appendix 2: Side-effects of antidepressants

Some side-effects are common to many antidepressant types, as shown in the following table:

Side effect	SSRIs	SNRIs	TCAs	SARIs (trazadone)	Mirtazapine
Headache	X	X	X	X	
Diarrhoea	X			X	
Dry mouth	X	X	X	X	X
Fatigue	X	X	X	X	X
Sweating	X	X	X		
Dizziness	X	X	X		X
Blurred vision			X	X	
Sexual issues	X	X	X		
Drowsiness	X	X	X	X	X
Insomnia	X	X	X		
Weight gain	X		X	X	X
Weight loss		X		X	

Specific comments on each of the drug classes include:

- Sexual problems such as low sex drive, erectile dysfunction, or ejaculation problems are more likely in SSRIs.
- The above side effects of TCAs are similar to those of SSRIs and SNRIs, but they tend to occur more frequently.
- TCAs also can cause constipation, urinary problems related to their antimuscarinic activity, postural hypotension or raised blood pressure, and arrhythmias.
- Trazadone and mirtazapine cause more drowsiness which can be helpful in patients who sleep poorly.
- The weight gain due to mirtazapine can be a major problem compared to the other drugs.

Appendix 3: Online Self help Resources for Depression:

- **[MyRap](#)**
http://www.elament.org.uk/media/1064/myrap_updated_aug_2013_for_elament.pdf
This self help/ management tool is designed by NHS Lanarkshire to help support patients with their own well being and recovery
- **[Beating The Blues](http://www.beatingtheblues.co.uk/)** <http://www.beatingtheblues.co.uk/>
An NHS Service is available in many but not all areas of Scotland. It provides Cognitive Behavioural Therapy (CBT) for people experiencing mild to moderate depression and/or anxiety. The programme consists of eight weekly, one hour sessions. It focuses on unhelpful ways of thinking and teaches more effective problem solving.
- **[MoodGYM](https://moodgym.com.au/)** <https://moodgym.com.au/>
A cognitive behavioural therapy (CBT) based programme from the Australian National University. It looks at problem emotions and developing good coping skills. Designed to prevent and treat depression and anxiety in many age groups.
- **[Living Life to the Full](http://www.lltff.com/)** <http://www.lltff.com/>
A self help life skills training package based on a CBT approach, for those with mild to moderate depression and anxiety
- **[Relationships Scotland](http://www.relationships-scotland.org.uk/)** <http://www.relationships-scotland.org.uk/>
Offers an opportunity for “Live Chat” with a trained counsellor in real time. Sessions usually last around 25 minutes and the service is completely free and confidential.
- **[Samaritans](https://www.samaritans.org/?nation=scotland)** <https://www.samaritans.org/?nation=scotland>
Now offer email advice for those who find it easier to write down their thoughts and feelings. They aim to respond to your email within 12 hours: jo@samaritans.org
- **[Reading Well](https://reading-well.org.uk/books/books-on-prescription/mental-health/self-help)**
<https://reading-well.org.uk/books/books-on-prescription/mental-health/self-help>
Promotes the benefits of reading for health and well being. There are four reading lists available to buy online or loan from local libraries including Reading well for mental health. It is delivered by the Reading Agency in partnership with Libraries Connected and is evaluated annually to ensure it continues to deliver positive outcomes
- **[Breathing Space](https://breathingspace.scot/)** <https://breathingspace.scot/>
A free, confidential, phone service for anyone in Scotland experiencing low mood, depression or anxiety. Breathing Space is free to phone from a landline and any mobile phone network. The phone number won't show up in telephone bills. Breathing Space is funded by the Scottish Government's Mental Health Unit.

Appendix 4: Cannabis and mental health with third sector patient resources²⁹

1. What is cannabis?

Cannabis is an illegal drug made from the cannabis plant. You can smoke or eat cannabis. You can smoke it on its own or mix it with tobacco to make a 'joint' or 'spliff'. It can also be cooked in food or brewed in tea. Sometimes people use cannabis to relieve mental or physical symptoms. This is called self-medication. It can appear to help short term but can increase problems or create new ones long term.

Cannabis is the most widely used illegal drug in Britain. It can be called marijuana, dope, draw, ganja, grass, hash, herb, pot, choof and weed. Stronger types of cannabis can be called skunk, super-skunk, Northern Lights, Early Girl and Jack Herer. You can find more information about cannabis, what it looks like, how it is used and the law on cannabis on the FRANK website at www.talktofrank.com/drug/cannabis.

2. How does cannabis work?

Cannabis goes into your bloodstream when smoked. It is carried to your brain and sticks to your receptors. This has an effect on your mood and behaviour. Cannabis contains lots of different chemicals known as cannabinoids. Some examples are cannabidiol (CBD) and tetrahydrocannabinol (THC). THC is the main chemical that affects how your brain works.

Stronger varieties of cannabis such as skunk contain more THC. Skunk has about 2-3 times more THC than cannabis from 30 years ago.⁵ Evidence suggests that the effects of skunk are faster and stronger than milder cannabis. CBD can lessen the unwanted psychoactive effects of THC such as hallucinations and paranoia. It can also reduce anxiety. This means that the effects of THC will be lower if there is more CBD in the plant.

3. How can cannabis make me feel?

The effects of cannabis can be pleasant or unpleasant. Most symptoms will usually last for a few hours. But some unpleasant symptoms of cannabis can stay in the body for a few weeks.

Pleasant

Cannabis can make you feel happy, relaxed, talkative or laugh more than usual. You may find that colours are more intense and music sounds better. Pleasant effects are known as a 'high.'

Unpleasant

Cannabis can cause anxiety attacks, hallucinations, depersonalisation, make you feel anxious, aggressive, paranoid, delusional and disorientated. You might find it harder to concentrate or remember things. You may find that you cannot sleep well and you feel depressed. You may also feel hungry or like time is slowing down.

If you use cannabis for a long period of time you might feel depressed and have lower motivation. Cannabis can affect how you sense things. You may see, hear or feel things differently. This is known as hallucinating. Hallucinations can be a sign of psychosis.

4. Can cannabis affect my mental health?

It is widely accepted that cannabis use can cause short term psychotic episodes.

Cannabis may be one of the causes of developing a mental illness but it is not be the only cause for many people. Not everyone who uses cannabis will develop psychosis or schizophrenia. Not everyone who has psychosis or schizophrenia has used cannabis. But you are more likely to develop a psychotic illness if you smoke cannabis. And are 'genetically vulnerable' to mental health problems.

Researchers studied a group of 18-20 year olds who smoked cannabis. On follow up more than 15 years later they found that participants were: more likely to develop psychosis if they used skunk instead of milder cannabis, 2 times more likely to develop schizophrenia than someone who doesn't take cannabis, and 6 times more likely develop schizophrenia if they are a heavy cannabis user compared to someone who doesn't take cannabis.

Long term use can have a small but permanent effect on how well you think and concentrate. Smoking cannabis can cause a psychotic relapse if you have a psychotic illness. You are more likely to develop depression and anxiety in young adulthood if you smoke cannabis from an early age. You are more likely to get psychosis if you start using cannabis in your youth. Cannabis may affect young people more because their brains are still developing up until the age of 20.

6. Is Cannabis addictive?

Yes, it can be. You are more likely to become dependent or addicted to cannabis if you have used it for a long time or use it everyday. You may find that your body starts to get used to the drug so you need more of it to get the same effects. This is called building up a tolerance. If you become dependent or addicted, you may feel withdrawal symptoms when you don't use cannabis such as:

- be irritable
- have mood problems, such as depression and anxiety
- have sleep problems
- not eat as much as usual
- be restless
- be physically uncomfortable.

These symptoms are most difficult to deal with about a week after non cannabis use. They can last for up to 2 weeks.

Appendix 5 Further support from 3rd sector

FRANK

Gives confidential advice to anyone concerned about using cannabis or other drugs.

Telephone helpline: 0300 123 6600. Open 24 hours a day

SMS: 82111 **Email:** through website

Live chat: through website. Open 2pm – 6pm everyday. **Website:** www.talktofrank.com

Marijuana Anonymous

Run by people who have experience of cannabis use. They offer a 12 step recovery programme for people who want to quit cannabis use and are free to use.

Telephone: 0300 124 0373 **Email:** helpline@marijuana-anonymous.org.uk

Website: www.marijuana-anonymous.org.uk

Addaction

Addaction support people to make positive behavioural change. Such as a problem with alcohol, drugs, or mental health and wellbeing. They give support for families too.

Telephone admin: 020 7251 5860 **Address:** 67-69 Cowcross Street, London, EC1M 6PU **Email:** info@addaction.org.uk **Website:** www.addaction.org.uk

Adfam

A national charity for families and friends of drug users. It offers support groups and confidential support and information.

Telephone admin: 020 3817 9410 **Address:** 2nd Floor, 120 Cromer Street, London, WC1H 8BS

Email: admin@adfam.org.uk **Website:** www.adfam.org.uk

DNN Help

They are an online treatment finder. You can find local support in your area by going to their website.

Website: www.ddnhelp.com

DrugScope

Gives online information on a wide range of drug related topics. They do not have a helpline.

Website: www.drugscope.org.uk

Narcotics Anonymous

They run online meetings and face to face meetings all over the country for people who want to stop using drugs. They offer sponsorship.

Telephone helpline: 0300 999 1212. Open 10am – 12 midnight. **Website:** www.ukna.org

Release

They give free non-judgmental, specialist advice and information to the public and professionals on issues related to drug use and to drug laws.

Telephone helpline: 020 7324 2989 **Address:** Release, Ferguson House, 5th Floor, 124 -128 City Road, London, EC1V 2NJ **Email:** ask@release.org.uk **Website:** www.release.org.uk

Turning Point

Works with people affected by drug and alcohol misuse, mental health problems and learning disabilities.

Telephone admin: 020 7481 7600 **Address:** Standon House, 21 Mansell Street, London, E1 8AA **Email:** through the website **Website:** www.turning-point.co.uk