

# **GPs AND ANTIDEPRESSANT WITHDRAWAL SURVEY: Experiences, Beliefs and Needs**

## **PARTICIPANT INFORMATION**

You are invited to take part in an online survey. Before you decide whether to participate, please consider the following information.

### **What is the purpose of the project?**

The purpose is to increase understanding the opinions and needs of GPs in relation to the withdrawal effects, in light of recent research findings, the public Health England Review (2019) and changes to NICE guidelines (2019)

### **Who is the Research Team?**

Dr John Read (Professor of Clinical Psychology, University of East London)  
Dr Christopher Dowrick (Professor of Primary Medical Care, University of Liverpool)  
Dr Jim Geekie (University of Edinburgh)  
Dr Chris Harrop (West London Mental Health Trust)  
Dr Julia Renton (West London Mental Health Trust)

### **Why have I been chosen?**

We are approaching as many GPs in the UK as possible.

### **Do I have to take part?**

It is completely up to you to decide whether to take part.

### **What will happen if I take part?**

You will be asked to fill out an online questionnaire which will take approximately 15 minutes. It includes questions on your beliefs, practice, and needs in relation to depression, anti-depressants, and the withdrawal effects of anti-depressants.

### **What do I have to do?**

Click the box on the next screen to give consent to participate and then complete the survey, skipping any questions you want to.

### **What are the possible disadvantages of taking part?**

You will be using 15 minutes of your valuable time

### **What are the possible benefits of taking part?**

You may value participating because the information from this research will help us better understand the needs of GPs, which may enhance clinical practice relating to antidepressants.

### **Will my taking part in this study be kept confidential?**

Your participation in this research is anonymous and therefore confidential. All the information which is collected about you during the course of this research will be stored on a secure platform - Online Surveys - and will be kept confidential, and at the end of the project it will be destroyed, in accordance with UEL's Data Protection Policy.

**What will happen to the results of the research study?**

The results of the research will be submitted to the Royal College of GPs, to GP magazines, and an academic journal. We will also write an internal report of the results, a copy of which can be obtained from the main researcher, [Dr John Read](#). You will not be identified in any report or publication.

**Who is organising and funding the research?**

UEL is sponsoring this research and does not involve any external funding.

**Who has reviewed the research?**

This research has been formally approved by UEL's Research Ethics Committee. The University adheres to its responsibility to promote and support the highest standard of rigour and integrity in all aspects of research; observing the appropriate ethical, legal and professional frameworks. The University is committed to preserving your dignity, rights, safety and well-being and as such it is a mandatory requirement of the University that formal ethical approval, from the appropriate Research Ethics Committee, is granted before research with human participants or human data commences.

**Who do I contact for further information or if I have any ethical concerns about this research?**

If you have any general inquiries or would like any further information, please contact the Principal Investigator: [Dr John Read](#). [john@uel.ac.uk](mailto:john@uel.ac.uk)

AE 3.11 University of East London, Stratford Campus., London E15 4LZ

020 8223 4943

If you have any concerns regarding the conduct of this research, please contact Catherine Hitchens, Research Integrity and Ethics Manager, Graduate School, EB 1.43, University of East London, Docklands

Campus, London E16 2RD (Telephone: 020 8223 6683, Email: [researchethics@uel.ac.uk](mailto:researchethics@uel.ac.uk))

**Thank you for considering taking part in this study. This participant information is available to download and keep at the end of the survey.**

**CONSENT**

I have read and understood the participant information. I understand that I can download this information and my responses at the end of the survey.

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential as far as possible. Only the researchers will have access to the data.

I understand that my confidentiality will be maintained

I understand that my participation in this study is entirely voluntary

I understand that the results may be published in a peer-reviewed journal article and through other media and that I will not be identifiable in these publications.

I confirm that I understand the information above. *Required* Yes No

## GP AND ANTIDEPRESSANT WITHDRAWAL: Experiences, Beliefs and Needs

Gender: M F

Age: \_\_\_\_\_

Number of years working as a GP \_\_\_\_\_

I currently work as a GP in: England Northern Ireland Scotland Wales

Please *estimate* the percentage of your patients that present with mood/depressive symptoms \_\_\_\_\_%

What do you think are the relative contributions of bio-genetic causes (e.g. chemical imbalance, genetic predisposition) vs social causes (e.g. stressful/traumatic events, loss etc.) for depression?:

Bio-genetic \_\_\_\_% + Social \_\_\_\_% = 100%

Please indicate the extent to which you agree or disagree that the following factors are causes of depression.

Possible Causes of Depression (alphabetically)	Strongly Agree	Agree	Unsure	Disagree	Strongly disagree
Chemical imbalance					
Childhood abuse or neglect					
Other childhood adversities					
Drug or alcohol abuse					
Family stress					
Financial problems					
Genetic predisposition					
Illness/medical condition					
Isolation/Loneliness					
Loss of loved one					
Relationship problems					
Violence/Rape in adulthood					
Work stress					
Other (specify) _____					
Other (specify) _____					

How effective do you think antidepressants are for minimal/mild depression?

Very Somewhat Slightly Not at all

How effective do you think antidepressants are for moderate/severe depression?

Very Somewhat Slightly Not at all

**How effective do you think antidepressants are for short-term mood regulation (less than a year)?**

Very Somewhat Slightly Not at all

**How effective do you think antidepressants are for long term relapse prevention (beyond a year)?**

Very Somewhat Slightly Not at all

**Which of the following have you used in the past 12 months to inform your decisions about the treatment of depression. Please tick as many as are relevant.**

- NICE Guidelines \_\_\_\_  
 Maudsley Prescribing Guidelines \_\_\_\_  
 British National Formulary (BNF) \_\_\_\_  
 Research articles/reviews \_\_\_\_  
 Training programme \_\_\_\_  
 Drug Company Reps/Information \_\_\_\_  
 Other (specify) \_\_\_\_

**On average how long are you able to spend with a patient in the session at which you first prescribe antidepressants?**

Less than 10 minutes 10–20 minutes 21–30 minutes 31–45 minutes More than 45 minutes

**Please estimate how often you use these treatment approaches for your minimal/mild and your moderate/severe depression patients**

	Minimal/Mild Depression	Moderate/Severe Depression
Active monitoring (previously known as Watchful waiting)	Never Rarely Sometimes Usually Always	Never Rarely Sometimes Usually Always
Prescription for antidepressant	Never Rarely Sometimes Usually Always	Never Rarely Sometimes Usually Always
Social prescribing (exercise, nutrition, social activity, self-help books etc.)	Never Rarely Sometimes Usually Always	Never Rarely Sometimes Usually Always
Provide a psychological intervention yourself	Never Rarely Sometimes Usually Always	Never Rarely Sometimes Usually Always
Refer to in-house mental health staff	Never Rarely Sometimes Usually Always	Never Rarely Sometimes Usually Always
Refer to mental health services	Never Rarely Sometimes Usually Always	Never Rarely Sometimes Usually Always
Refer to psychiatrist	Never Rarely Sometimes Usually Always	Never Rarely Sometimes Usually Always
Refer to counsellor /psychotherapist /psychologist	Never Rarely Sometimes Usually Always	Never Rarely Sometimes Usually Always
Refer to computerised CBT (eg 'Beating the Blues')	Never Rarely Sometimes Usually Always	Never Rarely Sometimes Usually Always
Recommend self-referral to IAPT (Improving Access to Psychological Treatments)	Never Rarely Sometimes Usually Always	Never Rarely Sometimes Usually Always
Other (specify)	Never Rarely Sometimes Usually Always	Never Rarely Sometimes Usually Always

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Please estimate roughly what percentage of people are likely to experience withdrawal effects when withdrawing from, or reducing, an SSRI of average half-life, after these three treatment durations.

**After three months:**

0% 1-10% 11-20% 21-30% 31-40% 41-50% 51-60% 61-70% 71=80% 81-90% 91-99% 100%

**After a year:**

0% 1-10% 11-20% 21-30% 31-40% 41-50% 51-60% 61-70% 71=80% 81-90% 91-99% 100%

**After three years:**

0% 1-10% 11-20% 21-30% 31-40% 41-50% 51-60% 61-70% 71=80% 81-90% 91-99% 100%

**When discussing possible prescribing of antidepressants, how often do you inform patients of the possibility of withdrawal effects when reducing or coming off antidepressants?**

Never Rarely Sometimes Usually Always

**After patients have been on antidepressants for three months approximately how often do you initiate a discussion about when to come off them**

Once a month Every 3 months Every 6 months Once a year Never

**How would you describe your knowledge about the withdrawal effects of antidepressants?**

Excellent Good Fair Poor Insufficient

**How would you describe your ability to distinguish between withdrawal effects and the return of the original problem (eg depression)?**

Excellent Good Fair Poor Insufficient

**Would you like more training or information about the withdrawal effects of antidepressants?**

Yes No Not sure

**If yes.....What training/information would be most helpful?**

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**What is your opinion about the current rate of antidepressant prescribing (one in six adults in England in 2017/18)?**

Far too high.... Slightly too high ... About right... Slightly too low... Far too low

**How strongly do you agree/disagree that the following factors have contributed to prescription rates of antidepressants increasing annually for the past 20 years**

	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
More people are depressed these days					
People are no more depressed than they used to be, but more are being treated					
People are less embarrassed about saying they are depressed these days					
Drug companies have successfully marketed their drugs					
GPs have less time to talk with patients					
People are finding it difficult to come off the anti-depressants					
Drug companies have successfully promoted an illness model of depression					
Anti-depressants are the best treatment					
Other types of treatments are not funded or are too expensive					
More people just want to feel better without making changes in their lives					
Many people don't want talking therapies					
Social media					
Cuts to social services, benefits etc.					
Brexit					
Other (specify) _____					

**Approximately how many interactions about antidepressants have you had with drug company reps/sales people in the past twelve months (e.g. visits to surgery, sponsored CPD events/meetings)? \_\_\_\_\_**

**To what extent did those interactions alter your clinical practice?**

A lot   Somewhat   Slightly   Not at all   N/A (no interactions)

**To what extent do such interactions alter the clinical practice of other GPs?**

A lot   Somewhat   Slightly   Not at all

**Please respond to the statement ‘Talking therapies should be as accessible as pharmacological treatments, for depression’**

Strongly Agree... Agree... Unsure... Disagree ... Strongly Disagree

**Do you have a message to Mental Health and Health Ministers about depression and/or treatment thereof (we will be submitting an anonymous summary of comments).**

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**Please identify one or two things that need to change to reduce levels of depression in society.**

1. 

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2. 

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**Is there anything you would like to add?**

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**Thank you for filling out this anonymous survey. We very much appreciate it.**

**You can download the participant information at the beginning of the survey here:**

**<https://static.onlinesurveys.ac.uk/media/account/XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX>**