SAPC – Blog by Andrew Moriarty, May 2021

I attended the SAPC Primary Care Mental Health conference for the first time on 26 May 2021. Having attended a few conferences and events online over the last year, I have found they generally work well with online platforms and this was no exception. It was great to have a chance to present an update of my work, and answer some of the great questions that followed. It was even better to listen to a series of fantastic presentations and keynotes from peers and leading primary care researchers. Giving a summary in 3 minutes is quite the challenge and a good way of focussing the mind on the project's key points and what the main messages are. I was really thrilled and honoured to be awarded an Early Career Researcher award – the fact that this was selected by a lay audience just makes it all the more meaningful. I hope this means that the work and the goals of the project resonate.

Development and validation of a prognostic model to PREDICT Relapse of depression in primary care

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Why is this important?

At least 50% of patients with depression relapse

Majority within 1 year after improvement

Significant concern for people with depression

NICE - depressive relapse is a research priority

Prognostic models for predicting relapse of depression

Our **Cochrane Prognosis Review** identified 10 previous attempts to develop prognostic models for relapse.

All high risk of bias or poor predictive performance

We lack evidence-based tools to guide risk stratification in this area

What is a prognostic model?

Combines information about several prognostic factors to produce an individualised risk estimate

The PREDICTR Study

Aim to predict relapse within 6-8 months

Prognostic factors include: number of previous episodes of depression; presence of residual depressive symptoms; comorbid anxiety; severity of index episode

Logistic regression in a dataset derived from RCTs and a cohort study (N=800)

We will explore predictive performance, clinical utility and stakeholder perspectives

Long-term goal - improve outcomes for patients and guide allocation of relapse prevention interventions in primary care

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Depression is now the leading cause of disability worldwide according to the World Health Organisation. At least half of people with depression will

experience a relapse or recurrence (become unwell again after improving), which contributes to the overall burden associated with depression. As a GP, I have seen first hand the effect this can have on patients and feel very motivated to improve the situation.

My PhD funded by an NIHR doctoral fellowship aims to address the problem of relapse using mixed methods. I am developing a prediction tool to be used by GPs to help identify people with depression who are at higher risk of relapse. I plan to review the evidence comparing interventions to prevent relapse in primary care. Through qualitative interviews with people with lived experience of depression and GPs, I hope to better understand their perspectives on relapse and how a decision tool may be successfully implemented in practice.

If we can successfully identify individuals who are at higher risk of relapse, then this could allow a personalised approach to relapse prevention and enable the more effective allocation of interventions to those who need them most. In order to make our prediction tool as useful as possible in primary care, we have included only predictors that would be readily available to GPs in practice.

We have recently published one of the very first Cochrane Prognosis Reviews (https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013491.pub2/full),
looking at existing prognostic models for relapse/recurrence, and have found that previous studies were all either at high risk of bias or predicted poorly.

I've been fortunate to not only be working with a great group of colleagues and methodological experts throughout the fellowship, but also to be guided and supported by a wonderful patient advisory group. They have been involved since the early days of writing the fellowship application and members of the group have co-authored a BJGP editorial with us (https://bjgp.org/content/70/691/54), helped to write lay summary for the Cochrane Review and helped to co-produce materials for the qualitative

research. I was really interested to listen to the presentation at the Primary Care Mental Health conference about how not to "grab and go" when it comes to patient and pubic involvement (PPI). I keep members of my study PPI group updated and involved, and I'm looking forward to us working together to make sure we get our results to as broad an audience as possible.

Overall, attending and presenting at this conference was a great experience. The UK primary care mental health community has been so welcoming and, collectively, is producing a huge amount of really impressive and formidable research. I can't wait to be back next year.