**University of Leicester**

**Future 50 PhD Scholarship**

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**Section 2 – *Project Information***

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| **Project Title** | Understanding and optimising antidepressant prescribing in primary care during and post COVID-19 pandemic: A mixed-methods analysis | |
| **Project Highlights:** | 1. | UK antidepressant use soared in 2020 and remains high post-pandemic. |
| 2. | Optimising antidepressant prescribing is key to improving adult mental health care. |
| 3. | A mixed-methods approach will identify psychological factors shaping antidepressant use and propose solutions for overuse. |
| **Project Summary** | | |
| Antidepressants are prescription medicines used to treat mental health conditions such as depression and anxiety, in addition to having other indications, such as neuropathic pain and fibromyalgia. UK prescribing rates increased steadily across the past decades, soared during the pandemic and remain high post-pandemic (Bambra et al., 2022).  It is unclear whether all current antidepressant use in mental health is clinically appropriate. Frequent overdiagnosis of clinical depression, an under-reliance on alternative, non-pharmaceutical treatments (Dowrick & Frances, 2013), and long-term antidepressant use (Kendrick, 2020) add further to the conundrum. Decision biases in doctors and patients, implicated in the context of other medical prescribing decisions (e.g. Krockow et al., 2022; Tarrant & Krockow, 2021) could also be potential drivers of antidepressant use.  Inappropriate prescribing of antidepressants contributes to patient harm, including side effects and withdrawal symptoms (Spence, 2013) and economic costs to the NHS. Understanding reasons for increased antidepressant use and identifying drivers of inappropriate prescribing are crucial for improving mental health care.  This project will address the following research questions:   1. What is the evidence on antidepressant use in UK primary care during and post COVID-19 pandemic? 2. How do UK GPs rationalise prescribing of antidepressants for mental health conditions and what is the evidence for any underlying decision biases? What alternative treatments (if any) do GPs consider feasible? 3. What are patients’ and public opinions associated with antidepressant use, and what alternative treatments (if any) would they prefer? 4. What are opinions of UK expert stakeholders (e.g., leading GPs, psychiatrists, mental health charity leads, experts by experience, health policy makers) regarding current antidepressant use and what solutions do they suggest to optimise prescribing?   The project will include four work packages (WP):   * WP1: Systematic literature review of antidepressant prescribing in UK primary care from 2020-present; * WP2: Qualitative interview-based studies of GPs (*n*=10-15) and patients diagnosed with different mental health conditions (*n*=10-15) * WP3: Quantitative survey of the general public (*n*=500) regarding attitudes about antidepressants, recruited via the online recruitment platform *Prolific* * WP4: mixed-methods Delphi study (*n*=10-20) to obtain expert feedback on results from interviews and formulate potential solutions. | | |