

## Treating depression in patients with physical disease

**Sir,**

The summary of the National Institute for Health and Clinical Excellence (NICE) guidelines for depression by Dr McAllister-Williams (vol 67(2), 2006, p. 60) will be useful to many working in primary care or psychiatry.

It is worth adding that a slightly different approach is needed in patients who also have significant physical disease. Here making a diagnosis of depression is less straightforward, as typical symptoms of depression such as lethargy, sleeplessness and loss of appetite may be a direct result of the medical condition. When prescribing antidepressants in these patients, it is important to take account of interactions with other medication, pharmacokinetic changes resulting from physical disease and antidepressant side-effect profile in relation to existing physical symptoms.

McAllister-Williams quotes the NICE guidelines as advising non-pharmacological treatment for mild depression. But drug alternatives such as exercise may not

be suitable for a physically ill patient. There is good evidence from a range of physical disorders (myocardial infarction, stroke, diabetes) that depression is associated with poorer outcomes of physical disease, and that effective treatment of depression may improve such outcomes. So there are arguments for having a lower threshold for drug treatment here, as the NICE guidelines themselves recognize (NICE, 2005). Advice may be obtained from specialist liaison psychiatry services now available in most general hospitals. Further guidelines have been published in joint Royal College reports (Royal College of Physicians and Royal College of Psychiatrists, 2003).

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National Institute for Health and Clinical Excellence (2005) *Management of depression in primary and secondary care*. National Institute for Health and Clinical Excellence, London: 231

Royal College of Physicians and Royal College of Psychiatrists (2003) *The Psychological Care of Medical Patients - a Practical Guide*. Royal College of Physicians and Royal College of Psychiatrists, London (<http://www.rcpsych.ac.uk/publications/cr/cr108.htm>)

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Foundation Programme Committee of the Academy of Medical Royal Colleges, in cooperation with Modernising Medical Careers in the Departments of Health (2005) *Curriculum for the foundation years in postgraduate education and training*. Department of Health, London

## Educational supervision for the foundation programme

**Sir,**

The educational supervisor plays an essential role in the training of doctors in the foundation programme. Their role is to ensure that the trainee's educational programme is appropriate for his or her needs, and to undertake supervision of and appraisal sessions with the trainee (Foundation Programme Committee of the Academy of Royal Colleges et al, 2005).

The majority of posts within the foundation programme are 4 months long with appraisal meetings expected to take place 2 weeks, 2 months and 4 months into each post. To evaluate the perceived quality of educational supervision within a hospital trust, questionnaires were distributed to 50 doctors in foundation years 1

and 2 working at New Cross Hospital, Wolverhampton.

A total of 16% of trainees stated that it was initially unclear to them who their educational supervisor would be. This appeared to influence meeting attendance, as four of the five doctors who failed to attend the 2-week appraisal were initially unsure who their educational supervisor was. On a five-point scale from 'very poor' to 'very good', 94% of meetings were reported to have achieved at least a 'satisfactory' coverage of the required appraisal meeting outcomes. Four months later 15% of trainees attending the 4-month appraisal felt that their educational supervisor did not know them well enough to accurately assess their abilities.

In conclusion, educational appraisal meetings are generally of a high quality. Trainees need to be clearly informed of the identity of their allocated supervisor. Supervisors must make every effort to get to know their trainee during the attachment and discuss the trainee's progress with