


**Please cite the Published Version**

Talbot, Amelia, Heath, Laura, Ryan, Sara , Mahtani, Kamal and Albury, Charlotte (2023) The contested zone: interviews with GPs about their beliefs about treatment-resistant depression. In: BJGP Research Conference 2023, 31 March 2023, London, United Kingdom.

**DOI:** <https://doi.org/10.3399/bjgp23X733929>

**Publisher:** Royal College of General Practitioners

**Version:** Accepted Version

**Downloaded from:** <https://e-space.mmu.ac.uk/635251/>

**Usage rights:**  In Copyright

**Additional Information:** This is a published abstract from a poster presentation given at BJGP Research Conference 2023

**Enquiries:**

If you have questions about this document, contact [openresearch@mmu.ac.uk](mailto:openresearch@mmu.ac.uk). Please include the URL of the record in e-space. If you believe that your, or a third party's rights have been compromised through this document please see our Take Down policy (available from <https://www.mmu.ac.uk/library/using-the-library/policies-and-guidelines>)

## **The contested zone: interviews with GPs about their beliefs about treatment-resistant depression**

**Background** Treatment-resistant depression (TRD) is when antidepressants do not work and affects 55% of British primary care users with depression. People with TRD should be referred to secondary care but there are long wait times. This means most people are managed by GPs, but primary care guidelines are not standardised. Thus, how GPs manage people with TRD may vary, and there is limited evidence for how quality care may look. As a result of this variation, an investigation into how GPs manage people might be valuable.

**Aim** To understand and interpret how GPs make decisions about treatment for people with potential TRD.

**Method** Fourteen GPs were interviewed by AT, patient-led researcher with bipolar, and LH, a GP. Interviews started with a vignette where someone did not respond to antidepressants. We followed up with semi-structured questions. Data were transcribed verbatim and analysed thematically.

**Results** GPs gave eleven explanations for antidepressant ineffectiveness before and instead of TRD. Explanations included misdiagnosis, medicalised misery, not yet found the right antidepressant, believing too much in antidepressants, and not engaging with psychological interventions. We interpreted that the prioritisation of these explanations suggests that TRD can be contested diagnosis. This interpretation was not only latent but overt in our data: 'I think if we call things TRD, we undermine the impact of those other changes.'

**Conclusion** TRD can be a contested diagnosis in the same way as ADHD, ME, and long-COVID. GP training and continuing professional development may support GP awareness of TRD and help them in confidently making the diagnosis.

Amelia Talbot, University of Oxford

Laura Heath, University of Oxford

Sara Ryan, Manchester Metropolitan

Kamal Mahtani, University of Oxford

Charlotte Albury, University of Oxford