

FINAL protocol

PROJECT TITLE:

Treatment Resistant Depression Delphi Project

Project team:

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1. Study aims

Despite significant advances in the treatment of depression, somewhere between 10 - 20% of patients continue to experience long-term poor outcomes [1]. To date, the vast majority of research addressing this issue has focussed on how to help people for whom antidepressant medication (ADM) does not relieve depression [2-7]. However, there is not sufficient consensus on how many ADM should have failed, and there is still uncertainty amongst clinicians and researchers as to whether psychosocial and/or qualitative factors should be taken into account [8, 9].

Therefore, the aim of this study is to assess expert opinion and consensus on the use of the term TRD with regard to ADM, psychotherapy and qualitative factors. We also intend to gather leading opinion on the appropriateness of the term TRD, and also on any other terms which may be preferred by certain experts.

Given these aims, the Delphi [10] was considered the most appropriate method because its iterative processes and anonymous feedback loops can help identify 'central tendency' among a group and measure the 'level of agreement' around it [11]. By polling experts individually online, it also allows geographically dispersed people to be consulted in a short space of time, and protects against factors that negatively influence face-to-face group decision making [10, 11].

2. Methods

2.1 Delphi Method

The current Delphi will incorporate three rounds of consultation, each occurring between January and April 2012. Panellists will be given two weeks to complete each round, and reminder emails will be sent on days seven and fourteen. Round 1 will be dedicated to item generation, whereas Rounds 2 and 3 will be dedicated to consensus development (which will be encouraged by allowing panellists to view anonymous group feedback in Round 3 before repeating the same questions asked in Round 2).

2.2 Panel Information

In order to recruit a balanced expert panel, four selection criteria will be employed:

- 2.2.1. We will invite all corresponding authors of papers published in the field of 'TRD' since 2005. In order to identify these authors, systematic searches will be conducted on MedLine and PsychInfo for papers published in peer reviewed English language journals with the following words in the title: 'depression' (exploded as Mesh term) and 'resistan*', or 'difficult to treat', or 'hard to treat', or 'refract*', or 'chronic*', or 'non response', or 'unremitt*'.
- 2.2.2. We will also invite all corresponding authors of relevant papers cited by the NICE guidelines in 2010 published in the wider field of depression since 2005.
- 2.2.3. Finally, we will also invite the Chief Executives of 3 UK-based mental health non-government organisations (Rethink, Mind and the Depression Alliance).

2.3 Questionnaire Development

Round 1 will collect qualitative data in response to five short open-ended questions asking panellists what term they would like to use to describe depression that does not subside despite treatment/therapy, and what factors would lead or prevent them from using their preferred term. Common themes identified in participant's open text responses will be used to develop specific closed questions to be repeated in Rounds 2 and 3.

2.4 Statistical Analysis

The qualitative open-text data derived from Round 1 will require thematic analysis, whereas Rounds 2 and 3 will be analysed by calculating the average central tendency of panellist voting habits in response to multiple choice/select questions.

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