



Dundee Advanced Interventions Service (AIS)

What do we offer?

David Christmas

Dundee Advanced Interventions Service

Overview

- The service – an introduction
- Which patients?
- How do I refer?
- How much does it cost?
- Treatments available

Background

- A National Specialist Service
- National Service Status from April 2006, but fully operational from March 2007
- Although originally a neurosurgical service for chronic depression and OCD, the AIS offers more than just neurosurgery

Funding

- Funded directly by National Services Division (NSD)
- ‘Hosted’ by NHS Tayside; based at Ninewells Hospital, Dundee
- NSD receives ring-fenced funds from the Scottish Executive Health Department and Health Boards to plan, support and fund services on behalf of NHS Scotland
- Funding for all national services in 2005/06 was £100 million
- Dundee AIS budget is approx. £500,000/ year

Staff

	Role
Frances Armstrong	Administrator
Keith Matthews	Professor of Psychiatry
David Christmas	Consultant Psychiatrist
Sam Eljamel	Consultant Neurosurgeon
Rob Durham	Senior Lecturer in Clinical Psychology
Alison Livingstone	Chartered Clinical Psychologist
Bob MacVicar	Clinical Nurse Specialist
Anne Mather	Senior Mental Health Nurse
John Swan	Clinical Lecturer
Fiona Wilson	Senior Mental Health Nurse
Kath Yates	Psychotherapist



Typical inclusion criteria for ablative neurosurgery

1. Age \geq 20 years
2. Legal status: both formal and informal patients can be considered
3. ICD-10 diagnosis of: severe depressive episode; recurrent depressive disorder, current episode moderate to severe; bipolar affective disorder, current episode severe depression
4. Duration of episode of illness: minimum of 3 years, with at least 2 years of unremitting symptoms despite active treatment. Only in exceptional circumstances would a duration $<$ 5 years be considered
5. Consent: the patient must be capable of providing sustained, informed consent



Typical exclusion criteria for ablative neurosurgery

1. Age < 20 years
2. Failure to fulfil ICD-10 criteria for a suitable indication
3. Primary diagnosis of: substance misuse; organic brain syndrome; adult personality disorder; pervasive developmental disorder
4. Absence of evidence of an adequate therapeutic trial of psychological treatment
5. Absence of evidence of extensive trials of adequate pharmacological treatment

Assessment – all patients

- All new referrals undergo one-day multi-disciplinary assessment
- Full medication history completed from clinical notes using the ATHF
 - Resistance rated according to a number of measures
- Validated rating scales used for symptom scores
- Psychological treatments assessed systematically
- Detailed report to referrer completed with multiple treatment recommendations, some of which may include ACING/ VNS

Assessment – NMD patients

- Extensive pre-operative assessment for all patients (approx. 1 week)
 - Clinical ratings (videotaped)
 - Structured interviews of quality of life/ function
 - Personality assessments
 - Neuropsychological (computerised and clinical)
- Clinical ratings and computerised testing repeated before discharge
- VNS patients discharged a few days after implantation
- ACING patients discharged after 3 weeks

How to refer

- Detailed referral letter to service, covering clinical history and details of previous treatments received
- Usually helpful to complete a drug review prior to referral, but not compulsory
- Patients are seen for assessment, not for suitability for a specific treatment

How much does it cost?

- Assessment and treatment does not incur a cost to Scottish NHS Boards
- Non-Scottish Trusts have to ensure funding is available; most will secure funding for assessment prior to committing to treatment
- Some treatments are not covered by Service Level Agreement and require funding for all NHS organisations:
 - Inpatient ERP, for example

What services are available?

- For depression:
 - Anterior cingulotomy
 - Vagus Nerve Stimulation
 - **Not** Deep Brain Stimulation (yet)
- For OCD:
 - Anterior cingulotomy
 - Inpatient ERP

Vagus Nerve Stimulation

- Service Level Agreement provides funding for 7 VNS per year
- Referral and assessment are the same
- Patients should have failed to respond to at least **four** adequate trials of antidepressants and in many cases will have received many more

Suitability for inpatient ERP

- ≥ 2 attempts at psychological therapy from an accredited and suitably-experienced Cognitive Behavioural Therapist
- Each attempt should have included at least 20 hours of ERP
- If, at the end of this treatment, the person continues to have significant symptoms which are impairing their ability to function then they may be considered to be resistant to standard psychological treatment

Inpatient ERP cont.

- Most patients should have had a good trial of ERP in the clinic/ community
- If triggers/ maintaining factors are home-based, then inpatient ERP may have limited benefit
- Typically 6-8 weeks, with follow-up at home
- After discharge, local service should provide ongoing monitoring and treatment
- AIS can offer support and advice

Service activity 2006 – 2007

Activity: Apr 2006 – Mar 2007

	Actual	Planned
Assessments	43	24
Vagus Nerve Stimulation	0	7
Anterior Cingulotomy	4	5
Follow-up	11	12

Diagnosis

F01.1 Multi-infarct dementia	1
F06.31 Organic bipolar disorder	2
F25.2 Schizoaffective disorder, mixed type	1
F31.x Bipolar affective disorder (manic $n=2$); mild-moderate depression $n=6$); in remission ($n=1$); other ($n=1$)	10
F32.x Depressive episode (Moderate $n=3$; Severe $n=4$)	7
F33.x Recurrent depressive disorder (mild $n=2$; moderate ($n=2$); severe ($n=2$); in remission $n=1$)	7
F40.1 Social phobia	1
F41.1 Generalised anxiety disorder	1
F42.0 Obsessive compulsive disorder, predominantly obsessional thoughts or ruminations	1
F42.2 Obsessive compulsive disorder, mixed obsessional thoughts and acts	5
F60.31 Emotionally unstable personality disorder - borderline type	2
F60.8 Other specific personality disorder	1
F60.9 Personality disorder, unspecified	1
F61.0 Mixed personality disorder	3
Total	43