

The South African Society of Psychiatrists (SASOP) Treatment Guidelines for Psychiatric Disorders

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The South African Society of Psychiatrists (SASOP) Treatment Guidelines for Psychiatric Disorders have been developed in order to address the local need for guidelines in our unique clinical setting. The need for treatment guidelines has frequently been expressed by South African psychiatrists and other medical practitioners, as well as by other role players such as medical scheme and other funding body advisors and the pharmaceutical industry. While several well-developed international treatment guidelines are readily accessible and are indeed extensively utilised in South Africa, they are not always applicable to our own circumstances. There are often important differences, not only regarding the availability of various psychotropic medications, but also in healthcare settings and availability of resources that need to be considered when selecting particular medications. For example, prescribing compounds that require regular monitoring such as lithium and clozapine may not always be feasible in certain rural settings in South Africa.

It is important to point out that these Guidelines do not aim to provide a comprehensive review of all the pertinent literature comprising the evidence base, and as such, should be utilised in conjunction with other guidelines that do provide that kind of information. We advise readers to use these and other guidelines with a great deal of caution. Prescribing medication for psychiatric disorders comprises a major component of psychiatrists' and indeed general practitioners' function. It is therefore necessary for practitioners to maintain a high level of knowledge and expertise in clinical psychopharmacology, and to keep up-to-date with the ever-evolving 'evidence base'. However, it needs to be remembered that the evidence base in psychiatry is often difficult to interpret. Results of clinical trials are frequently difficult to generalise to clinical practice, and are often inconclusive, inconsistent or even conflicting. Methodological differences in aspects such as selection of patient samples, dosage and duration of treatment administered and outcome measures all make

it difficult to interpret findings across studies. This means that 'the evidence' may be interpreted in different ways and there is a real risk that it can be selectively applied to support a particular point of view. This has been a point of criticism against the use of guidelines and evidence-based practice in psychiatry. At the end of the day it behoves practitioners to maintain an open and flexible mind, and most of all to apply sound clinical judgement and common sense when interpreting the available evidence.

These Guidelines do not cover all of the psychiatric disorders at this stage, although most of the important ones are covered. We envisage an ongoing process of updating and expanding the Guidelines regularly, as new drugs are introduced and as healthcare settings evolve. The chapters comprise a collection of systematically developed chapters in standardised format that attempt to provide evidence-based recommendations for assessment and treatment of common psychiatric disorders. The aim is to provide guidelines that are of assistance to psychiatrists and other medical practitioners in clinical decision making. It is hoped that policy makers and administrators will also make use of them.

These SASOP Guidelines refer to the current private healthcare setting in South Africa. There are two important considerations here. First, the pending introduction of a National Health Insurance (NHI) in South Africa is likely to have an impact on the Guidelines. However, at present no details of the NHI are available and it has not been possible to take this into account in the current version. Second, a majority of the people in South Africa currently receive healthcare in the public sector and do not have access to many of the medications referred to in the SASOP Guidelines. This is clearly a shortcoming and an issue that needs to be addressed if the NHI is not going to be introduced in the near future. Nevertheless, we hope that the SASOP Guidelines will have some application in the public healthcare sector, and particularly that they may assist decision makers determine the most appropriate and cost-effective treatments in the public sector.

The process. In 2009 the SASOP National Executive appointed Prof Robin Emsley to chair a Task-Team to develop the Guidelines. A team of experts was selected and several teleconference meetings were held. The experts were identified, based on both their academic and clinical experience, and they were invited to write one or two chapters. The authors were requested to write their chapters according to the following brief:

- The Guidelines should be specific to South Africa.
- We should aim at what is appropriate in a private practice setting – and what is realistic given our budgetary constraints.
- As far as possible decisions should be evidence-based, and key references should be provided.
- The Guidelines should be clear, concise and user-friendly.
- Authors were encouraged to use the following documents as a point of departure:
 - Stein DJ, et al. Standard treatment guidelines for common mental health conditions, 2nd ed. South African Psychiatry Review 2007; 10(2):106-119.
 - The partly developed previous SASOP Guidelines, which were available on the SASOP website.

Each of the chapters was subjected to anonymous peer review by at least two reviewers, together with editorial review. Chapter drafts were revised according to these reviews. Finally, the chapters were edited and formatted according to a uniform style. These draft Guidelines were posted on the SASOP website (<http://www.sasop.co.za/>) and comment was invited. Finally, a SASOP workshop with national representation from both state-employed and private psychiatrists was held in George in April 2013 to finalise the document.

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Conflict of interest disclosures

Prof. Emsley reports receiving research funding from Janssen, Lundbeck, and AstraZeneca, participating in speakers/advisory boards, and receiving honoraria from AstraZeneca, Bristol-Myers

Squibb, Janssen, Lilly, Lundbeck, Organon, Pfizer, Servier, Otsuka, and Wyeth.

Dr Colin reports lecturing in continuing medical education programmes of Eli Lilly, Lundbeck, BMS, Janssen, GSK, Cipla, Pfizer, Servier, and Astra Zeneca and serving on advisory boards for Janssen, Lundbeck, Lilly, Servier, Cipla, and Astra Zeneca. He has also received sponsorships from many pharmaceutical companies for attendance of overseas and local congresses.

Dr Grobler reports attending a Lilly Advisory Board meeting.

Drs Hawkridge and Potocnik declare no conflict of interest.

Prof. Seedat reports receiving research grants from Lundbeck, GlaxoSmithKline, and Astra-Zeneca and speaking for Pfizer, Servier, Dr. Reddy's, Sanofi-Aventis and Lilly.

Prof. Stein reports receiving research grants and/or consultancy honoraria from Abbott, AstraZeneca, Eli-Lilly, GlaxoSmithKline, Jazz Pharmaceuticals, Johnson & Johnson, Lundbeck, Orion, Pfizer, Pharmacia, Roche, Servier, Solvay, Sumitomo, Takeda, Tikvah and Wyeth.

Dr Swingler reports receiving speaker and consultation fees from Servier and GlaxoSmithKline and speaker fees for Janssen and Lundbeck.

Prof. Szabo reports receiving speaker fees from Lilly, Sanofi, and AspenGSK for continuing professional development meetings that were not product related and participating in advisory board matters for Servier and Lilly.

It is recommended that the guidelines for bipolar disorder and major depressive disorder be considered in conjunction with the annexures for these guidelines ('The management of psychiatric disorders; evidence-based and consensus treatment guidelines (including protocols and algorithms) for major depression and bipolar disorder; practice guideline for the private sector; Psychiatry Management Group (PsychMg)) that will be posted on the SASOP website (www.sasop.co.za).

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