



Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust

A woman with long brown hair, wearing a black hat and a grey textured sweater, is seen from behind, looking out over a body of water at sunset. The sky is a mix of orange and blue, and the water is calm. The overall mood is contemplative and serene.

Regional Affective Disorders Service (RADS)

The Regional Affective Disorders Service (RADS) is a tertiary level specialist service that has been in existence for over 30 years. The service continues to be at the forefront of innovation in the provision of care and management of mood disorders. This is supported by the service's historic and on-going links with Newcastle University and the role clinical academic links play within the service.

RADS is one of a limited number of specialist/tertiary level affective disorders services in the UK providing both outpatient and inpatient care for patients with difficult to treat mood disorders.

RADS clinicians are members of the Northern Centre for Mood Disorders (NCMD), which is a collaboration between Newcastle University and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust. NCMD provides public and professional education around mood disorders and supports a wide range of research. Patients attending RADS may be approached about ongoing research opportunities.

See mood-disorders.co.uk for more information.



- We provide an assessment service for any patients aged 18 and over in secondary care with complex and/or treatment refractory affective disorders, including patients in older peoples' services.
- We are also happy to advise on other treatment refractory conditions complicated by an affective component, for instance obsessive compulsive disorder with associated depression.
- It is expected that at the point of referral, there will be evidence of a lack of response to, or poor tolerance of, interventions recommended for use in routine secondary care mental health services according to current guidelines (NICE and BAP).
- RADS assessment will include:
 - biopsychosocial case formulation
 - diagnosis
 - risk assessment
 - symptom severity rating
 - recommendations for future treatment

Treatment recommendations fall into 5 broad categories:

1. Treatments within existing guidelines.
2. Treatments out-with guidelines but within secondary care competency (e.g. Agomelatine, Lurasidone, Maintenance ECT)
3. Treatments out-with guidelines and beyond normal secondary care practice (e.g. pramipexole, anticholinergics)
4. Treatments that are only provided by tertiary level services such as RADS. These include novel pharmacological treatments, rTMS and specialist multi- disciplinary inpatient assessment and treatment (see below)
5. Treatments provided by quaternary services (e.g. Deep Brain Stimulation, cingulotomy, Vagus Nerve Stimulation)

Most patients referred to RADS have already had treatments in category 1, and we most often recommend treatments in category 2.



Inpatient care

Gibside ward is the inpatient unit of RADS, situated at St Nicholas Hospital in Gosforth, Newcastle upon Tyne. All admissions to Gibside ward are planned and begin with a predefined assessment period. Pharmacological interventions are usually offered and guided by our assessment, typically include:

- Ongoing diagnostic evaluation and formulation in a controlled setting, at a distance from perpetuating environmental factors.
- Pharmacological interventions or regimens not possible in an outpatient setting. This may include treatment transitions in potentially unstable patients, treatment initiation in those sensitive to adverse effects, and treatments requiring specialist monitoring such as high-dose monoamine-oxidase inhibitors (MAOI).
- Non-standard treatments beyond existing guidelines that require careful evaluation for instance, acetylcholinesterase inhibitors for psychotic depression, pramipexole for severe depression and transdermal selegiline for unipolar and bipolar depression.

Patient choice is central to care on Gibside ward and we strive to present multiple options at key decision points during periods of illness and recovery. This is made possible by patients attending the weekly MDT meeting, receiving regular one-to-one sessions with medical and nursing staff, and having opportunity to discuss proposed medication changes with pharmacy staff. Recovery is also facilitated by engagement with:

- Occupational therapy
- Therapeutic group work
- Healthy eating and healthy living activities
- Structured discharge planning

Referral pathway and flowchart

How to refer

Referrals are accepted from specialist mental health teams regionally, nationally and internationally.

All referrals are reviewed by the MDT and most are initially seen as outpatients.

Referrers are requested to provide a comprehensive review of previous treatments (psychological therapies and social interventions, pharmacotherapy and physical non-drug treatments eg. ECT) including duration, tolerability and response.

Referrals are accepted in writing, by hard copy or email.

Referral pathway

Referrals received at:

Regional Affective Disorders
Service Wolfson Research Centre
Campus for Ageing and Vitality
Westgate Road
Newcastle Upon Tyne NE4 6BE

Tel: 0191 246 8606

Email: RADS@cntw.nhs.uk

MDT review of referral within 5 working days. Allocation to an assessor.



Appointment arranged and communicated to patient and referrer.
Usually within 2-6 weeks.



Assessment appointment.
Formulation and recommendations reviewed in MDT.



Detailed assessment (with rating scales) formulation and recommendations sent to patient and referrer within 2 weeks.

Our multidisciplinary team includes:

- Consultant Psychiatrists
- Consultant Clinical Psychologist
- Senior doctors in training
- Mental Health Nurses
- Occupational Therapists
- Support Workers
- Administration staff

RADS has access to other specialist services within Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust including the Regional Eating Disorders Service and Specialist Psychological Therapies (e.g. CBT, CAT, Family and other systemic therapies, Dynamic Psychotherapy, IPT, Group Therapy, Couples Counselling, EMDR).

The team are all highly skilled and experienced in the treatment of mood disorders, with up-to-date and relevant training ensuring patients receive treatment tailored to their individual needs. The Consultant Psychiatrists in RADS are recognised for their expertise in psychopharmacology and the management of affective disorders. All hold substantive or honorary appointments with Newcastle University and are actively engaged in research into the causes and the treatment of affective disorders. This ensures that the whole team are aware of the latest evidence and current or emerging research.



Meet the multidisciplinary team



Dr David Cousins

Clinical Senior Lecturer and Director, Newcastle Magnetic Resonance Centre (Newcastle University) and Honorary Consultant Psychiatrist



Dr Alan Currie

Consultant Psychiatrist



Dr Niraj Ahuja

Consultant Psychiatrist



Dr Stuart Watson

Consultant Psychiatrist



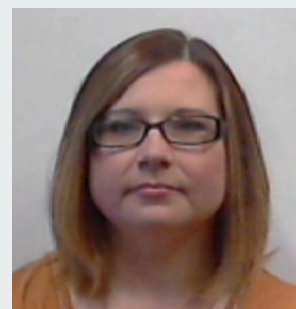
Dr Stephen Barton

Consultant Clinical Psychologist



Kelly Heath

Clinical Lead



Heather Common

Clinical Manager



Karen Newton

Ward Manager



Samantha Bulmer

Community Practitioner



Pamela Taylor

Administrator



Bukky Mustafa

Advanced Pharmacist Practitioner

What our patients say

Angela's story*

Angela is 67 and is a retired teacher. She had experienced severe recurrent psychotic depressive episodes since her early 30s. Angela was referred to RADS in her mid-40s after a particularly severe episode where she had needed emergency ECT (despite prophylactic antidepressant medication). ECT had to be continued for her to remain well. Her past treatments were reviewed carefully. The outcome was a trial of high-dose Venlafaxine (over 375 mg) plus lithium, and this proved successful.

Angela has experienced many health problems but says that depression has been the worst. She is adamant that attending RADS has helped her to find the right treatment and says that specialist services for conditions such as hers are "essential".

John's story*

John was referred to RADS in his late 30's. He had developed a severe and chronic depressive disorder 10 years previously. Standard medication treatment had often been either ineffective or intolerable although ECT had been helpful.

He was initially referred to RADS for consideration of maintenance ECT. At an out-patient assessment, previous treatments were carefully reviewed and discussed with him. It was agreed that maintenance ECT might be helpful.

However, over the next two years he relapsed four times despite twice-weekly ECT. This prompted a further treatment review with RADS, John and his local consultant. The outcome was to try Vagus Nerve Stimulation (VNS). John was briefly admitted to the RADS inpatient unit prior to and immediately after having the VNS device fitted (relatively minor surgical procedure performed as a day case). Over the following seven years, John continued with two-weekly ECT. He has needed a 'top-up' course of ECT once.

For the most part his depressive symptoms have been mild, and his quality of life has improved considerably. He attends RADS regularly to have the VNS device monitored but his treatment and care is otherwise provided by his local mental health team.

*All names have been changed to protect identity.

Patient outcomes and referrer satisfaction

Patients seen by RADS

92%

said the quality of the service received was **good or excellent.**

89%

said they were satisfied or very satisfied with the service received.

Feedback from doctors referring to RADS

96%

said the quality of the service they received was good or excellent.

94%

said they were satisfied or very satisfied with the recommendations.

For further information please contact:

RADS Outpatient Service

Wolfson Unit,
Campus for Ageing and Vitality,
Newcastle upon Tyne,
NE4 6BE

Tel: 0191 246 8606

Email: RADS@cntw.nhs.uk

RADS Inpatient Team

Gibside Ward,
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