

beacon
health options

Assessment and Management of Major Depression

Beacon Health Options

Speakers

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Objectives

- Understand the range of depressive disorders including specific diagnostic criteria for Major Depression
- Learn about screening and assessment tools that can be used for depression
- Recognize medications and medical diagnosis that can mimic or exacerbate depressive symptoms
- Identify the various treatment options for managing depression

Program Outline

- Facts About Antidepressant Treatment
- Depression Disorder Overview: Making The Diagnosis
- Depression Screening and Assessment Tools
- Considerations in Geriatric Depression
- Depression Treatment
- Dosing / Suboptimal Dosing
- Medication Adherence with Antidepressants
- Q & A

Facts About Antidepressant Treatment

- Eight percent of persons aged >12 years report current depression.¹
- Females have higher rates of depression than males in every age group.
- 6% Males and 10% females
- Approximately 50 percent of psychiatric patients and 50 percent of primary care patients prematurely discontinue antidepressant therapy (i.e., are non adherent when assessed at six months after the initiation of treatment).²

¹ Morbidity and Mortality Weekly report (MMWR) 2007-2010. www.cdc.gov. Accessed 11.25.15

² Innov Clin Neurosci. 2012 May-Jun; 9(5-6): 41–46.

Treatment Without Diagnosis: What's Going On?

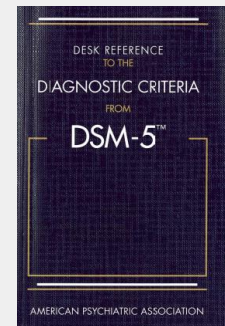
- 75% of antidepressants prescribed by non-psychiatrists are done so in the absence of a psychiatric diagnosis³
- Two-thirds of all psychiatric medications are prescribed in primary care settings.⁴
- Possible Reasons
 - Stigma of mental illness.
 - Lack of psychiatric resources
 - Unfamiliar with diagnostic codes/specifiers

³ Health Affairs

⁴ Mountainview Consulting Group, Inc. 2011. http://primarycareforall.org/wp-content/uploads/2011/05/prmrycare_theory_exam.pdf

Depressive Disorders

- Major Depressive Disorder
- Disruptive Mood Dysregulation disorder
- Persistent Depressive Disorder (Dysthymia)
- Premenstrual Dysphoric Disorder
- Substance/Medication-Induced Depressive Disorder
- Depressive Disorder Due to Another Medical Condition
- Unspecified Depressive Disorder



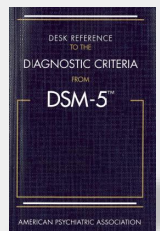
Depression Screening Tools

- DSM V Criteria
- Office-based Screens for Special Population
 - PHQ9 Patient Depression Questionnaire - Adult and adolescents
 - Hamilton Beck Depression Scale – Adult and adolescents
 - Geriatric Depression Scale (15 or 30 questions versions)
 - Cornell Depression – Adult with Dementia (Caregiver)
- Acronym screens
 - SADFACES – sleep, appetite, depressed, feelings of guilt, apathetic, concentration, energy, suicidal
 - SIGECAPS – sleep changes, interest, guilt, energy, cognition, appetite, psychomotor, suicide

Major Depressive Disorder- DSM V

Symptoms

- **A.5** or more of the following symptoms have been present during the same 2 week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure. Do not include symptoms related to another medical condition.
 1. Depressed mood most of the day, nearly every day as indicated by either subjective report or observation by others. (Children & adolescents may be irritable)
 2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day
 3. Significant weight loss when not dieting or weight gain >5% in a month; or decrease in appetite almost every day. (In children, consider failure to make expected weight gain).
 4. Insomnia or hypersomnia nearly every day.
 5. Psychomotor agitation or retardation nearly every day (often observed by others)
 6. Fatigue or loss of energy nearly every day.
 7. Feelings of worthlessness or excessive or inappropriate guilt nearly every day
 8. Diminished ability to think or concentrate, or indecisiveness, nearly every day
 9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or suicide attempt.

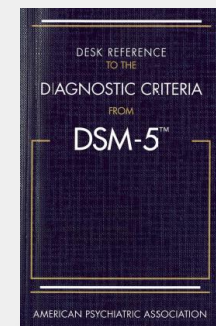


Major Depressive Disorder- DSM V Continued

Symptoms

- **B.** The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- **C.** The episode is not attributable to the physiological effects of a substance or to another medical condition

Note: Criteria A-C represent a major depressive episode



Population-Based Screening Tools Continued

- PHQ-9 Adult Screening Tool

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns + +

(Healthcare professional: For interpretation of TOTAL, TOTAL:
please refer to accompanying scoring card).

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	_____
	Somewhat difficult	_____
	Very difficult	_____
	Extremely difficult	_____

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Population-Based Screening Tools Continued

▪ CHILDREN AND ADOLESCENTS

- Beck Depression Inventory for Adolescents
- PHQ-Adolescents
- Both are self-reports and require 5-10minutes for completion
- Best for ages 13 and older

Depressive Disorders

Geriatric Depression

- **Pseudo-dementia**

Key Facts:

- Depressed mood may not be prominent.
 - Anger, irritability, anxiety, cognitive complaints, behavioral issues
- Prior history and family history may be absent (consider stroke)
- Highest suicide risk!
- Depression in the elderly is undertreated
 - For those who do:
 - are seen less frequently than younger adults
 - rarely are referred to mental health specialists
 - typically receive psychotropic without psychotherapy
 - are at risk for low-dose, short-duration treatment or use of anxiolytics rather than antidepressants

Some Medications Exacerbate Depression

- Cardiovascular Medications (Beta-blockers, calcium channel blockers, amiodarone, digitalis)
- Steroids
- Sedative-hypnotics
- Alcohol
- Stimulants
- Chemotherapy agents
- Interferon
- Barbiturates and Anticonvulsants
- Statins
- Estrogens

Medical Mimics of Depression

Mimicking Condition	Symptoms	Differentiators
Anemia	Fatigue Apathy	Hemoglobin Hematocrit, B12/Folate
Hyperthyroidism/Hypothyroidism	Apathy Depression	Thyroid function tests
Neoplasm	Depression Mood changes	Medical history CT scan, MRI Ultrasound
Chronic illnesses – TB – HIV – Arthritis	Loss of appetite Apathy	Medical history Laboratory findings
CNS disease – Parkinson's – Dementia	Depressed mood Loss of appetite Apathy	Medical history Neurologic exam Screening cognitive test CT, MRI

Antidepressant Initiation and Titration

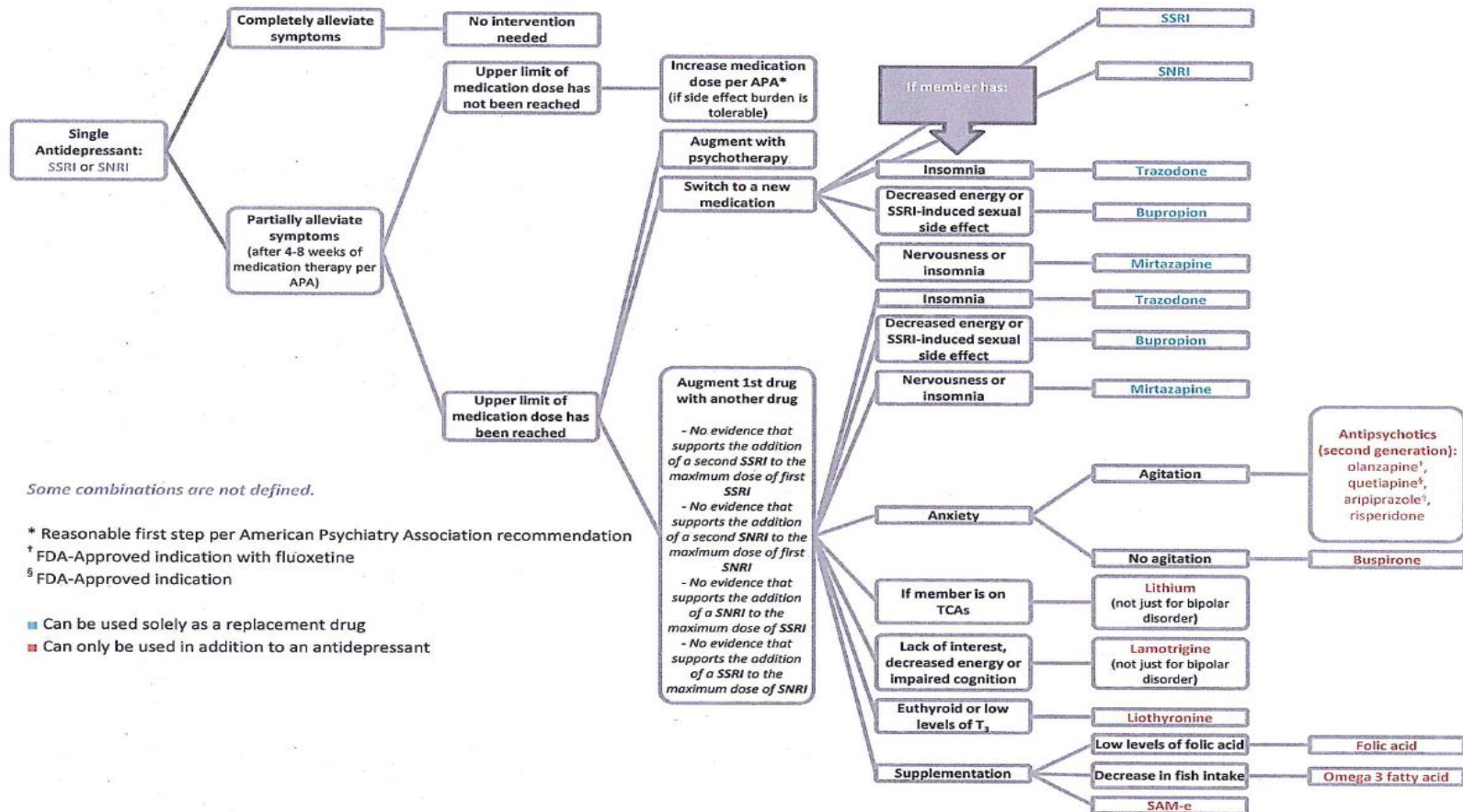
- Patient Education
 - Initial and treatment emergent side effects
 - Monitor closely
 - Start low and go slow
 - Allow adequate time for response
 - Cross taper if medication change is required
 - Discontinuation syndrome

Treatment Options for Depression

- Antidepressant Medications
 - TCAs, SSRIs, SNRIs, Trazodone, Bupropion, Mirtazapine and MAOIs
- ECT
- rTMS
- Psychotherapy
- Combination

Augmentation Strategies for Major Depression

Augmentation Strategies for Major Depression



Some combinations are not defined.

* Reasonable first step per American Psychiatry Association recommendation

† FDA-Approved indication with fluoxetine

§ FDA-Approved indication

■ Can be used solely as a replacement drug

■ Can only be used in addition to an antidepressant

"Augmentation Strategies for Depression." Harvard Health Publications, 1 Dec. 2010. Web. 30 May 2012. <http://harvardpartnersinternational.staywellsolutionsonline.com/HealthNewsLetters/69,M1210a>

PL Detail-Document, Antidepressant Combinations. Pharmacist's Letter/Prescriber's Letter. July 2011.

Electroconvulsive Therapy (ECT)

- Induction of seizure
 - Unilateral vs. bilateral (difference?)
 - Treatment vs. Maintenance
- Humane
- Effective (single most effective treatment for Major Depression)
- Lifesaving
- Transient memory loss
- Medications used in procedure

Transcranial Magnetic Stimulation

- rTMS
- Noninvasive therapy for treatment resistant depression
- Repetitive, brief magnetic pulses applied to brain
- Treatment occurs over several weeks
- Contraindicated for psychotic disorder, seizure disorders and certain metal implants

AMM HEDIS Measure

HEDIS Measure

- Percent of members ages 18 years and older with depressive diagnoses who received two or more outpatient therapy visits within 12 weeks of their diagnoses.
- Percent of members ages 18 years and older with depressive diagnoses who received one or more medication visits within 12 weeks of diagnosis
- Percent of newly diagnosed and treated members who remained on antidepressant medications for at least 84 days (12 weeks)
- Percent of newly diagnosed and treated members who remained on an antidepressant medications for at least 180 days (6 months)



Q & A

Thank you

