Practical Aspects of Assessment and Management of Depression in the Primary Care Setting

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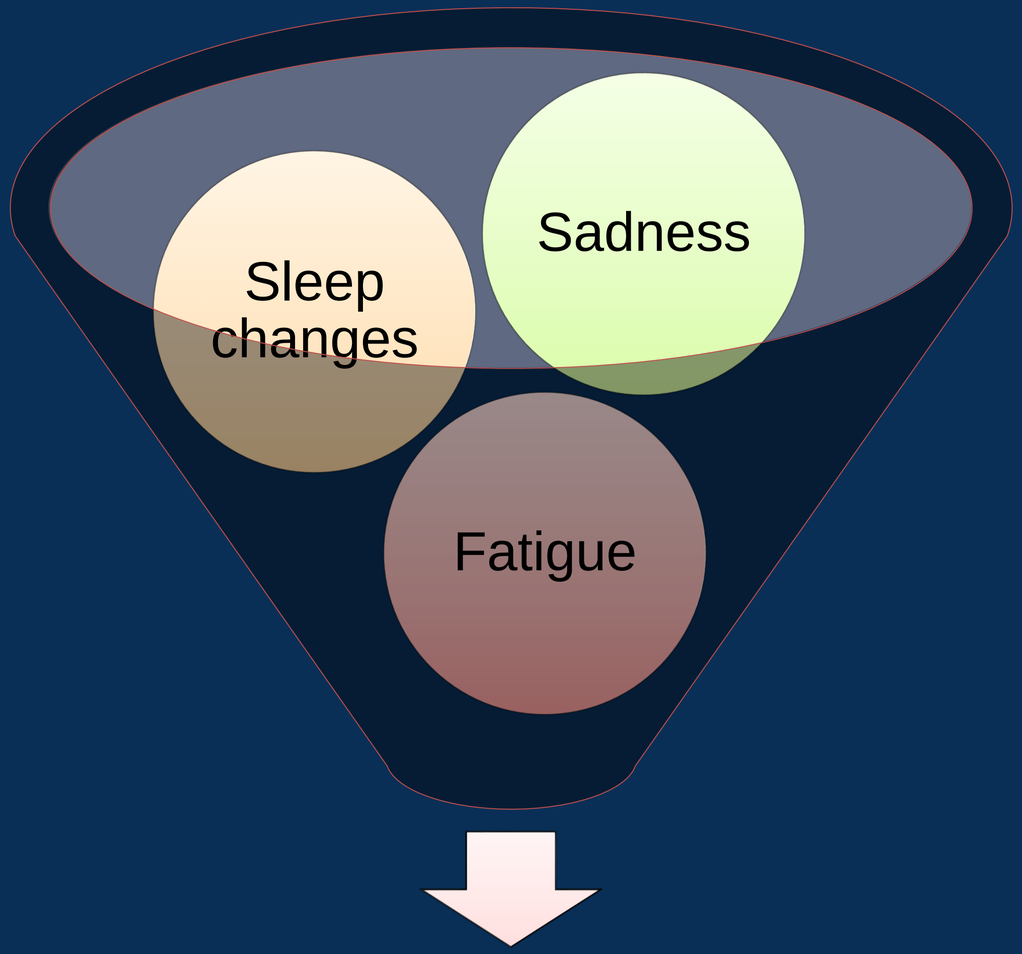
Disclosures

- No financial relationships with any relevant commercial interests that may constitute a conflict of interest

Learning Objectives

- Recognize symptoms consistent with a depressive disorder
- Understand the role and utility of rating scales in the assessment of depression
- Understand the initial treatment rationale when depression is identified

What does depression look like?

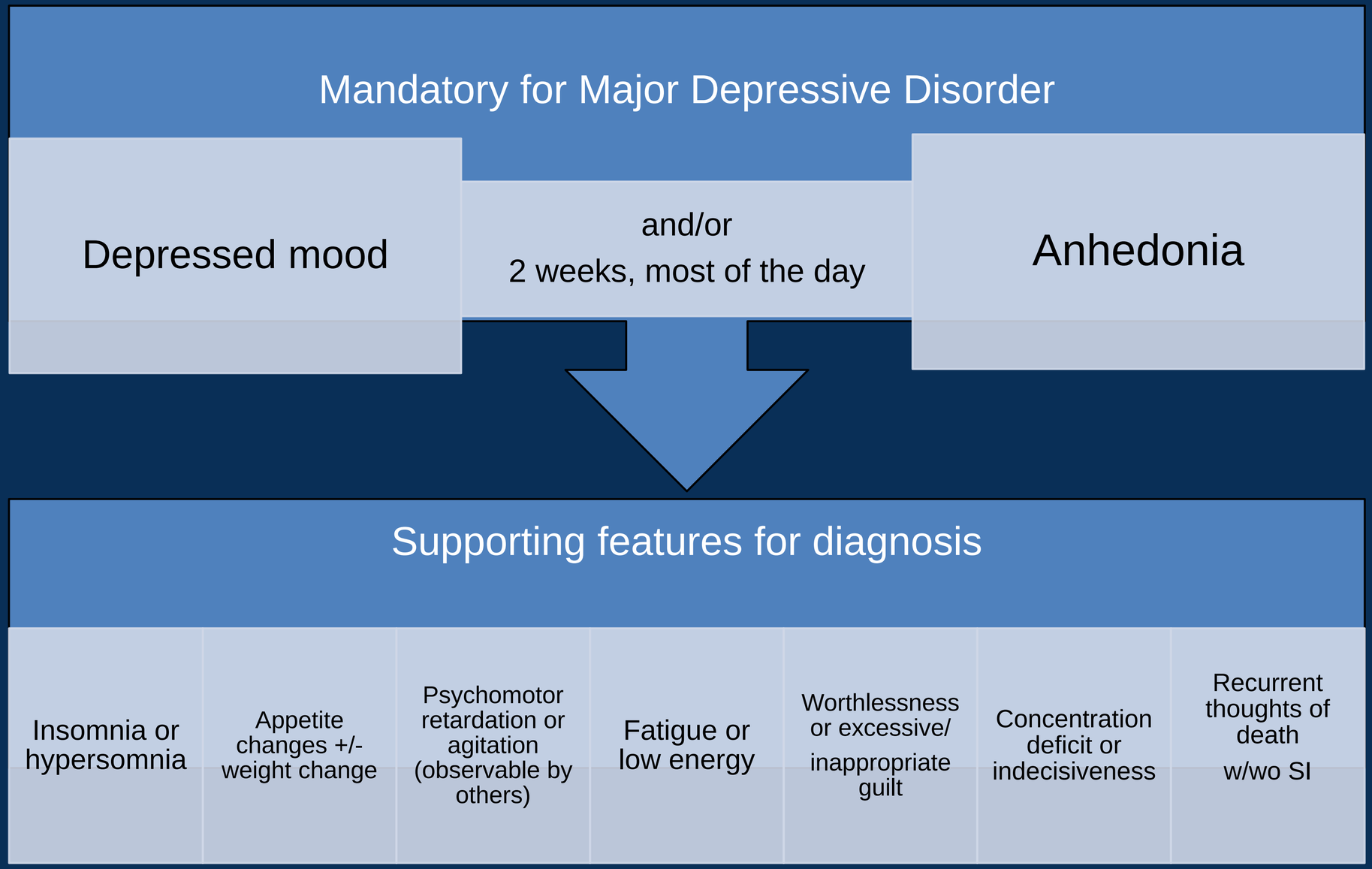


When does it become pathologic?

Pathology = Functional Impairment

- Change in baseline level of functioning
- Social or occupational impairment
- Clinically significant distress

Any one of these symptoms may be the patient's chief complaint



Key Elements in Psychiatric History

- Are there symptoms of mania?
- Are there psychotic symptoms?
- Are there thoughts of suicide or homicide or evidence of self-harming behaviors?

What role do scales play in the assessment of depression?

Diagnosis & Screening

- Patient Health Questionnaire-9 (PHQ-9)
  - https://www.phqscreeners.com/
- Geriatric Depression Scale
  - https://web.stanford.edu/~yesavage/GDS.html
- Edinburgh Postnatal Depression Scale
  - https://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

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 in some way	0	1	2	3

FOR OFFICE CODING 0 + _____ + _____ + _____

=Total Score: _____

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
☐	☐	☐	☐

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

Table 4. PHQ-9 Scores and Proposed Treatment Actions *

PHQ-9 Score	Depression Severity	Proposed Treatment Actions
0 – 4	None-minimal	None
5 – 9	Mild	Watchful waiting; repeat PHQ-9 at follow-up
10 – 14	Moderate	Treatment plan, considering counseling, follow-up and/or pharmacotherapy
15 – 19	Moderately Severe	Active treatment with pharmacotherapy and/or psychotherapy
20 – 27	Severe	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management

* From Kroenke K, Spitzer RL, Psychiatric Annals 2002;32:509-521

Geriatric Depression Scale – Short Form

Choose the best answer for how you have felt over the past week:

1. Are you basically satisfied with your life? YES / **NO**
2. Have you dropped many of your activities and interests? **YES** / NO
3. Do you feel that your life is empty? **YES** / NO
4. Do you often get bored? **YES** / NO
5. Are you in good spirits most of the time? YES / **NO**
6. Are you afraid that something bad is going to happen to you? **YES** / NO
7. Do you feel happy most of the time? YES / **NO**
8. Do you often feel helpless? **YES** / NO
9. Do you prefer to stay at home, rather than going out and doing new things? **YES** / NO
10. Do you feel you have more problems with memory than most? **YES** / NO
11. Do you think it is wonderful to be alive now? YES / **NO**
12. Do you feel pretty worthless the way you are now? **YES** / NO
13. Do you feel full of energy? YES / **NO**
14. Do you feel that your situation is hopeless? **YES** / NO
15. Do you think that most people are better off than you are? **YES** / NO

Answers in **bold** indicate depression. Although differing sensitivities and specificities have been obtained across studies, for clinical purposes a score > 5 points is suggestive of depression and should warrent a follow-up interview. Scores > 10 are almost always depression.

Sheikh JI, Yesavage JA: Geriatric Depression Scale (GDS): Recent evidence and development of a shorter version. Clinical Gerontology : A Guide to Assessment and Intervention 165-173, NY: The Haworth Press, 1986.

EPDS

In the past 7 days:

1. I have been able to laugh and see the funny side of things
   - ☐ As much as I always could
   - ☐ Not quite so much now
   - ☐ Definitely not so much now
   - ☐ Not at all

2. I have looked forward with enjoyment to things
   - ☐ As much as I ever did
   - ☐ Rather less than I used to
   - ☐ Definitely less than I used to
   - ☐ Hardly at all

*3. I have blamed myself unnecessarily when things went wrong
   - ☐ Yes, most of the time
   - ☐ Yes, some of the time
   - ☐ Not very often
   - ☐ No, never

4. I have been anxious or worried for no good reason
   - ☐ No, not at all
   - ☐ Hardly ever
   - ☐ Yes, sometimes
   - ☐ Yes, very often

*5 I have felt scared or panicky for no very good reason
   - ☐ Yes, quite a lot
   - ☐ Yes, sometimes
   - ☐ No, not much
   - ☐ No, not at all

*6. Things have been getting on top of me
   - ☐ Yes, most of the time I haven't been able to cope at all
   - ☐ Yes, sometimes I haven't been coping as well as usual
   - ☐ No, most of the time I have coped quite well
   - ☐ No, I have been coping as well as ever

*7 I have been so unhappy that I have had difficulty sleeping
   - ☐ Yes, most of the time
   - ☐ Yes, sometimes
   - ☐ Not very often
   - ☐ No, not at all

*8 I have felt sad or miserable
   - ☐ Yes, most of the time
   - ☐ Yes, quite often
   - ☐ Not very often
   - ☐ No, not at all

*9 I have been so unhappy that I have been crying
   - ☐ Yes, most of the time
   - ☐ Yes, quite often
   - ☐ Only occasionally
   - ☐ No, never

*10 The thought of harming myself has occurred to me
   - ☐ Yes, quite often
   - ☐ Sometimes
   - ☐ Hardly ever
   - ☐ Never

Administered/Reviewed by _____ Date _____

[1]Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786 .

[2]Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

Suicide Screening

Columbia-Suicide Severity Rating Scale (C-SSRS) Primary Care Screener with Triage Points

https://cssrs.columbia.edu/documents/c-ssrs-screener-triage-primary-care/

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Primary Care *Screen with Triage Points*

SUICIDE IDEATION DEFINITIONS AND PROMPTS:	**Past month**	
Ask questions that are in bold and underlined.	**YES**	**NO**
Ask Questions 1 and 2		
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up? ***Have you wished you were dead or wished you could go to sleep and not wake up?***		
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/commit suicide, *"I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan."* ***Have you had any actual thoughts of killing yourself?***		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. *"I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it."* ***Have you been thinking about how you might do this?***		
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as oppose to *"I have the thoughts but I definitely will not do anything about them."* ***Have you had these thoughts and had some intention of acting on them?***		
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?***		
6) Suicide Behavior Question ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?*** Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. **If YES, ask:** ***Was this within the past 3 months?***	**Lifetime** **Past 3 Months**	

Response Protocol to C-SSRS Screening (Linked to last item marked "YES")

Item 1 Behavioral Health Referral
Item 2 Behavioral Health Referral
Item 3 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
Item 4 Behavioral Health Consultation and Patient Safety Precautions
Item 5 Behavioral Health Consultation and Patient Safety Precautions
Item 6 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
Item 6 3 months ago or less: Behavioral Health Consultation and Patient Safety Precautions

Measurement-Based Care

- Patient reported outcomes as an evidence-based tool for assessing treatment response

Kroenke and Unutzer Closing the False Divide: Sustainable Approaches to Integrating Mental Health Services into Primary Care. J Gen Intern Med. 2017;32(4):404-410.

What is the typical work up when depression is suspected?

Diagnostic Work-up

Routinely Done:

- CBC with diff
- CMP
- TSH and Free T4
- Qualitative urine pregnancy screen
- Vitamin studies (Folate, Vitamin B12, Vitamin D)
- Urine drug screen

May be indicated in specific circumstances:

- RPR
- HIV
- Head imaging, CT or MRI
- EKG

Note: Routine laboratory testing for depression work-up does not generally contribute significantly to cost of care

Jacobson and Wilde. “Laboratory Testing and Neuroimaging Studies in Psychiatry.” *The American Psychiatric Association Publishing Textbook of Psychiatry,* 7th ed., 2019.

How do I know what treatment(s) to choose?

Guiding Principles

- Lowest side effect medications first

- Start low and go slow
  - Dose escalation generally after 2 weeks

- Treat to symptom remission
  - Incomplete symptom control with one agent is an indication for augmentation with a second agent

Park and Zarate. Depression in the Primary Care Setting. N Engl J Med. 2019 Feb 7;380(6):559-568.

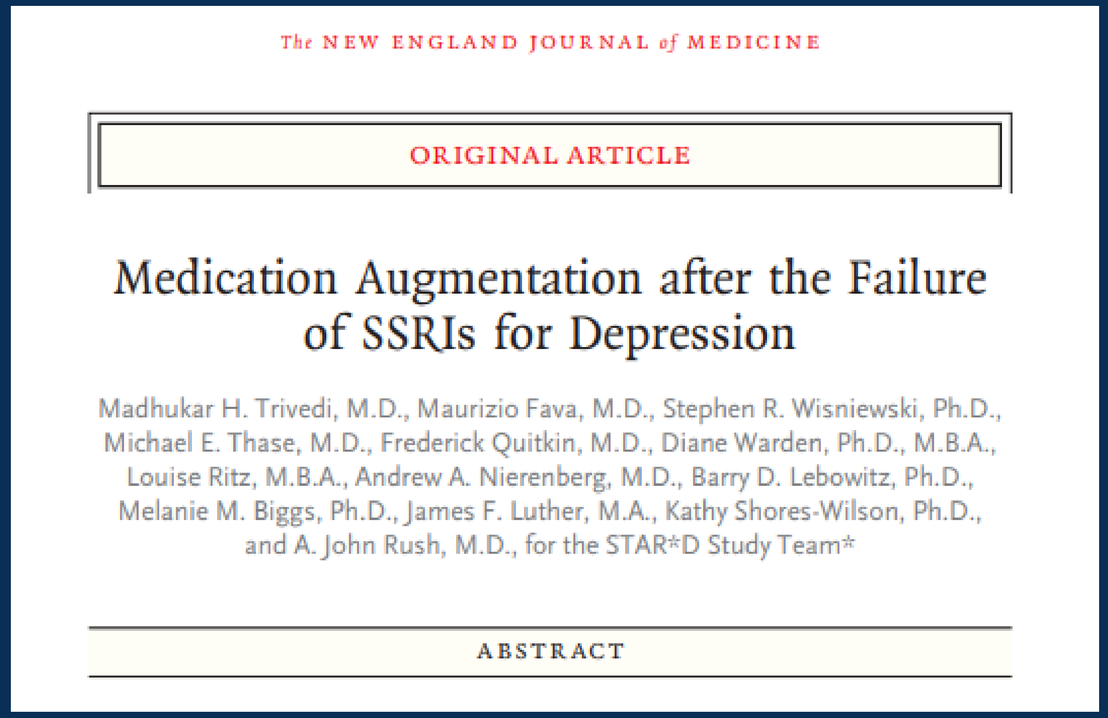
What is a considered a therapeutic trial?

- STAR*D Trial (Sequential Treatment Alternatives to Relieve Depression)

- 12 weeks of citalopram
  - Roughly one-third of subjects achieve remission

- Measurement-based care
  - Increase dose to max tolerable or FDA max dose (whatever comes first)

https://www.nimh.nih.gov/funding/clinical-research/practical/stard/allmedicationlevels.shtml



The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Medication Augmentation after the Failure of SSRIs for Depression

Madhukar H. Trivedi, M.D., Maurizio Fava, M.D., Stephen R. Wisniewski, Ph.D., Michael E. Thase, M.D., Frederick Quitkin, M.D., Diane Warden, Ph.D., M.B.A., Louise Ritz, M.B.A., Andrew A. Nierenberg, M.D., Barry D. Lebowitz, Ph.D., Melanie M. Biggs, Ph.D., James F. Luther, M.A., Kathy Shores-Wilson, Ph.D., and A. John Rush, M.D., for the STAR*D Study Team*

ABSTRACT

Population: adult outpatients with MDD without psychotic features who had not achieved symptom remission after 12 weeks of citalopram

Intervention: continue same dose of citalopram and 1:1 randomization to either bupropion SR dosing up to 400mg daily or buspirone up to 60mg daily

Outcome: ~30% of patients achieved symptom remission; remission rates did not statistically different between groups

Trivedi et al. Medication augmentation after the failure of SSRIs for depression. N Engl J Med. 2006 Mar 23;354(12):1243-52.

Clinical Pearls

- Use associated effects of medication to your advantage
  - Ex. mirtazapine

- Treat co-occurring conditions with the same medication
  - Ex. duloxetine
  - Ex. bupropion

	Modality			
Severity of Illness	Pharmacotherapy	Depression-Focused Psychotherapy	Pharmacotherapy in Combination With Depression-Focused Psychotherapy	Electroconvulsive Therapy
Mild to Moderate	Yes	Yes	May be useful for patients with psychosocial or interpersonal problems, intrapsychic conflict, or co-occurring Axis II disorder	Yes, for certain patients
Severe Without Psychotic Features	Yes	No	Yes	Yes
Severe With Psychotic Features	Yes, provide both antidepressant and antipsychotic medication	No	Yes, provide both antidepressant and antipsychotic medication	Yes

FIGURE 1. Recommended Modalities for Acute Phase Treatment of Major Depressive Disorder

American Psychiatric Association Practice Guidelines for MDD (2010)

Data Supporting Digital Psychotherapy

- Very limited data

- BetterHelp (text, video, chat, and phone use per pt preference)
  - users after 3 months with significant improvement in symptoms
    - ~20% of users achieved remission (PHQ-9 score < 5)

Marcelle et al. Effectiveness of a Multimodal Digital Psychotherapy Platform for Adult Depression: A Naturalistic Feasibility Study. JMIR mHealth and uHealth (2019), 7(1), e10948

Black Box Warning

- FDA warning regarding SSRIs and increased risk of suicidal ideation and behaviors in children, adolescents, and adults <25y.o.

Questions and Comments

Thank you for your time.