Depression Management in Primary Care

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Objectives

- DSM V
- Components of Psychiatric Interview
- Screening
- Depression
  - Prevalence
  - Screening and diagnosis
  - Treatment
What we know

- 75% mental health care is delivered in primary care settings

- Most non emergent psychiatric conditions can be successfully treated.
Diagnostic and Statistical Manual V
Recipe

1 1/4 cups sugar
1/2 cup Crisco shortening 
(white preferably)
2 large eggs
2 cups all-purpose flour
1 teaspoon baking soda
1/4 teaspoon salt
1 cup buttermilk or milk
2 teaspoons vanilla
1/2 teaspoon almond extract

Birthday Cake

Pound Cake

1 cup of self raising flour
1/2 cup of butter
1/3 cup of sugar
1 egg
(2oz of chocolate powder  
for chocolate cake)
**Anxiety Recipe**

A. Excessive anxiety and worry x 6 mo

B. 3 or more of
   - Restlessness
   - Difficulty concentrating
   - Irritability
   - Muscle tension
   - Sleep disturbance

C. Anxiety not confined to other anxiety disorder

D. Symptoms cause clinically significant distress or impairment in social, occupational or other important areas

E. Disturbance not due to other medical condition, substance use or only during mood, psychosis or PDD

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**GAD**

**Social Anxiety Disorder**

A. Marked and persistent fear of social or performance situations x 6 mo

B. Exposure evokes anxiety

C. Person recognizes fear is excessive.

D. Avoidance, anxious anticipation distress interferes social occupational or other ..

E. Situations are avoided

F. Disturbance not due to general medical condition or other mental disorder
Diagnostic Statistical Manual IV
Multiaxial Assessment

Axis I   Clinical Disorders
         Other conditions that may be a focus of clinical Attention

Axis II  Personality Disorders
         Intellectual Disability

Axis III General Medical Conditions

Axis IV  Psychosocial and Environmental Problems

Axis V   Global Assessment of Functioning
<table>
<thead>
<tr>
<th>Score Range</th>
<th>Description</th>
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<tbody>
<tr>
<td>91–100</td>
<td>Superior functioning, no symptoms</td>
</tr>
<tr>
<td>81–90</td>
<td>No or minimal symptoms</td>
</tr>
<tr>
<td>71–80</td>
<td>Transient or expectable reactions</td>
</tr>
<tr>
<td>61–70</td>
<td>Mild symptoms or mild difficulty in functioning</td>
</tr>
<tr>
<td>51–60</td>
<td>Moderate symptoms or moderate impairment in functioning</td>
</tr>
<tr>
<td>41–50</td>
<td>Serious symptoms, serious impairment in one domain</td>
</tr>
<tr>
<td>31–40</td>
<td>Very serious impairment in reality</td>
</tr>
<tr>
<td>21–30</td>
<td>Severe (delusions/hallucination, inappropriate behaviour)</td>
</tr>
<tr>
<td>11–20</td>
<td>Dangerous to self or others, gross neglect</td>
</tr>
<tr>
<td>1–10</td>
<td>Persistent danger or severely hurting others or self or incompetent at self care</td>
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AMPS Approach to the Primary Care Psychiatric Review of Symptoms

- Anxiety
  - "Is anxiety or nervousness a problem for you?"

- Mood
  - "Do you hear or see things that other people do not hear or see?"
  - "Do you have thoughts that people are trying to follow, hurt, or spy on you?"

- Psychosis
  - "Have you ever had excessive amounts of energy running through your body, to the point where you did not need to sleep for days?"

- Substance abuse
  - "How much alcohol do you drink per day?"
  - "Have you been using any cocaine, methamphetamines, heroin, marijuana, PCP, LSD, Ecstasy or other drugs?"

- Depression
  - "Have you ever felt the complete opposite of depressed, where friends and family were worried about you because you were too happy?"

- Mania/Hypomania
  - "Have you ever been feeling depressed, sad, or hopeless over the past two weeks?"
  - "Have you ever been engaged in pleasurable activities over the past few weeks?"
Psychiatric Interview

- Chief complaint and HPI
- Past psychiatric history
- Medication history
- Family history
- Social
  - Socioeconomic status
  - Interpersonal relationships
  - Legal history
  - History of Trauma or abuse
Mental Status Exam

- Appearance
- Attitude
- Speech
- Mood
- Affect
- Thought process
- Thought content

Perceptions
Cognition
Judgment
Insight
Time Saving Strategies

- Use of Supplemental Psychiatric History form

- Three Key Questions
  - “What is your number one biggest problem that we can work on together?”
  - “Currently how are you dealing with the problem?”
  - “Is there someone in your life who you can go to if you need help?”
Time Saving Strategies

Starter Questions

Socioeconomic status
- “How are you doing financially and are you employed?”
- “What is your current living situation and how are things at home?”

Interpersonal relationships
- “Who are the most important people in your life and do rely on them for support?”

Legal history
- “Have you ever had problems with the law?”
- “Have you ever been arrested or imprisoned?”

Developmental /trauma history
- “How would you describe your childhood in one sentence?”
- “What is the highest grade you completed in school?”
- “Have you ever been sexually verbally or physically abused?”
MAJOR DEPRESSIVE DISORDER
Depression Prevalance

- 10% in Primary Care
- 10% of men and 25% of women
- Increased use of health service
- 27% of those depressed will have significant impairment in home and work
- Lifetime risk is 20%
- Medical problems
Depression
Clinical Significance

- Common
- Recurrent
- Debilitating
- Physical as well as emotional
- Suicide is common
# Unexplained Physical Complaints

<table>
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<tr>
<th>Condition</th>
<th>Depression %</th>
<th>Anxiety %</th>
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</thead>
<tbody>
<tr>
<td>Headaches</td>
<td>53</td>
<td>44</td>
</tr>
<tr>
<td>Stomach Pain</td>
<td>66</td>
<td>50</td>
</tr>
<tr>
<td>Dizziness</td>
<td>66</td>
<td>44</td>
</tr>
<tr>
<td>Chest pain</td>
<td>66</td>
<td>66</td>
</tr>
<tr>
<td>Joint pain</td>
<td>55</td>
<td>40</td>
</tr>
<tr>
<td>Dyspnea</td>
<td>48</td>
<td>44</td>
</tr>
</tbody>
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Depression
High Risk

- Post partum Women
- Personal or family history
- Advanced age
- Neurological Disorders
- Comorbid Physical illness
- Addictions
Depression Differential

- Alcohol abuse/dependence
- Anxiety disorders
- Bipolar disorders
- Cobalamin deficiency
- Cushings disease
- Eating disorders
- Bereavement
- Hypothyroidism
- Premenstrual dysphoric disorder
- Psychotic disorders
- Secondary depression
- Adjustment disorder with depressed mood
- Dementia
- Medication adverse effects
Screen

Patient Health Questionnaire 2

- “Over the past 2 weeks have you felt down, depressed, or hopeless?”
- “Over the past 2 weeks have you felt little interest or pleasure in doing things?”
Screening Tools

- PHQ 9
- The Geriatric Depression Screening (GDS) tool
- GAD 7
Sex/sleep
Interest
Guilt
Energy
Concentration
Appetite
Psychomotor retardation or agitation
Suicide
Major Depression Diagnosis

5 symptoms present in same 2 week period and represents a change from previous functioning:

- Depressed mood most of the day, nearly everyday
- Markedly decreased interest or pleasure, all or almost all activities, most of the day, nearly every day
- Significant weight loss when not dieting or weight gain (<5% of body weight)
- Insomnia or hypersomnia nearly every day
- Psychomotor agitation or retardation, nearly every day
- Feelings of worthlessness, or excessive or inappropriate guilt, nearly everyday
- Diminished ability to concentrate, or indecisiveness nearly everyday
- Recurrent thoughts of death, recurrent suicide ideations, nearly everyday
## Major Depressive Disorder

<table>
<thead>
<tr>
<th>Severity</th>
<th>Specifier</th>
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<tbody>
<tr>
<td>Single or</td>
<td>With anxious distress</td>
</tr>
<tr>
<td>Recurrent episode</td>
<td>With mixed features</td>
</tr>
<tr>
<td>Partial remission</td>
<td>With melancholic features</td>
</tr>
<tr>
<td>Full remission</td>
<td>With seasonal pattern</td>
</tr>
<tr>
<td>Mild</td>
<td>With peripartum onset</td>
</tr>
<tr>
<td>Moderate</td>
<td></td>
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<tr>
<td>Severe</td>
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Basic Workup

- CBC
- Liver enzymes
- Serum Creatinine

- Broad spectrum tox screen – urine
- TSH
Principles of Treatment

- Build trust
- Patient treatment goals
- Prioritize treatment plan
- Engage
- Psychoeducation
What makes difficult to treat

- Chronicity
- Early or late ages
- Marked severity
- Psychotic symptoms
- High level of psychic anxiety
- Serious personality pathology
- High level of functional impairment
- Lack of social support
- Poverty
Treatment

- For mild depression or when patient does not want to take medications psychotherapy can help (CBT, IPS). 12–16 weeks
- Moderate to severe – psychopharmacology is more effective
- Combination therapy is most effective (CBT and medication)
- *Psychoeducation should always be provided*
Components of Treatment

- Psychoeducation
- Initially decrease expectations
- Encourage regular tolerable routine
- As symptoms remit reintroduce expectations
- Exercise
- Frequent contact ie telephone calls
- Asses suicide risk each visit. As energy returns this may be critical time
- Engage/ include family
- Take Blood Pressure and weight
5 Key Education Messages

- Take medication daily
- They call or come in if questions or side effects
- Medications will take 2–4 weeks to show noticeable effect
- Continue even when you are feeling better
- Don’t stop medication without telling you
Antidepressant choice

Factors to consider:
- Previous response
- Comorbidity
- Symptom profile
- Patient profile
- Tolerability
- Potential drug drug interaction
- Cost

What medication did the family member take successfully?
Antidepressant choice

Factors to consider

- Age: fluoxetine (Prozac) are approved for children and adolescents
- Citalopram (Celexa) and Cipralex well tolerated in > 65 years. Has fewer s/e, fewer drug drug interactions
Antidepressant choice

- If bi polar always combine with mood stabilizer ie lamictal or lithium
- Psychotic depression – SSRI with Antipsychotic
- Depression with OCD features – SSRI high dose
- Depression with panic attacks – SSRI
- Agitated depression – mirtazapine (Remeron) as it helps sleep, sedates
- Depression with psychomotor retardation – Wellbutrin or Paxil
Antidepressant choice
coexisting medical problems

- Heart disease – avoid TCA
- Stroke – caution with SSRIs SNRIs due to decreased BP
- Pain – duloxetine (Cymbalta), venlafaxine XR (Effexor), amytriptyline (Elavil)
- Fibromyalgia – TCA
- Migraine – TCA
Antidepressant Choice
Side effects

- GI upset: avoid TCA
- Anticholinergic: avoid TCA
- Sexual dysfunction: avoids SSRIs, Wellbutrin has least
- Weight gain: avoid atypical antipsychotics / TCA
- Postural hypotension: avoid SNRIs
- Diabetes: Avoid atypicals
Antidepressant side effects

- Start up effect
- Headaches
- Diarrhea
- GI upset
- Sexual dysfunction
- Weight gain
Step 1: optimize dose, reassess diagnosis, assess compliance, assess degree of response, assess side effect burden

Step 2: if little improvement switch to other first line with superior efficacy and/or side effect burden

Step 3: if improved by not remission, and tolerating AD, consider add on based on efficacy, side effect burden and residual symptoms

Step 4: if limited response to switch or add on consider strategies for tx resistance

Step 5: After full symptom remission continue for 6-9 mo before gradual discontinue. For high risk continue x 2 yrs or indefinitely
# Phases and Goals of Treatment

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Duration</th>
<th>Goals</th>
<th>Activities</th>
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<tbody>
<tr>
<td>Acute</td>
<td>8–12 weeks</td>
<td>Remission of symptoms, Restore function</td>
<td>Establish therapeutic alliance, Educate, Select and introduce treatments</td>
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<tr>
<td>Maintenance</td>
<td>6–24 months</td>
<td>Return to full functioning and quality of life, Prevention of recurrence</td>
<td>Educate, Rehabilitate, Treat comorbid illness</td>
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When to Refer

- Failure of initial treatment
- Severe functional impairment
- Suicidal ideations with plan and means
- Red flags
  - Suicidal thoughts
  - Homicidal thoughts
  - Access to large quantities of medications or firearms
  - Psychotic symptoms
  - Systemic medical causes of depression (e.g., hypothyroidism)
  - Bipolar disorder with depressed or mixed mood
Additional Treatment Strategies

CBT and counselling

Exercise

Patient handouts

www.moodgym.com.au

www.luminosity.com

www.canmat.com

https://ecouch.anu.edu.au