Treatment of Depression Among Adults in a Primary Care Setting

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Intro

- 19 years in mental health
- 14 years as Professional Clinical Counselor
- 5 years as psychiatric nurse practitioner

Tip

- Do not ask if feeling "depressed" but rather, describe it

Assessment of Depression (MDD) DSM-V

(SCREEN FOR DEPRESSION EVEN IF not presenting problem)

- 1. Depressed most of the day, sad, empty, hopeless
- 2. Diminished pleasure in activities
- 3. Significant weight loss or decrease in appetite
- 4. Insomnia or hypersomnia
- 5. Psychomotor agitation or retardation

Depression continued

- 6. Fatigue or loss of energy
- 7. Feelings of worthlessness
- 8. Decreased ability to concentrate or make decisions
- 9. Recurrent thoughts of death (ASK ASK ASK!)
- There has never been a manic or hypomanic episode!

Suicide risk assessment

- ***Any thoughts of harming yourself?***
- **Passive** – it crossed my mind, wonder if people would be better off without me, thoughts about who would attend funeral, take care of kids, etc.
- **Active** - intent and plan. I want to kill myself, and here is what I have thought about
- **Hospitalization** – risk of harming self or others, psychosis
- **Risks:** previous attempts, plan, access to plan, substance abuse, family history of suicide, proximity of rescue, limited support, age, gender
- *Don't let them leave without a crisis hotline number in their phone or list of resources*

Tip

- Hang a list of all of the resources and crisis hotline numbers in your office and tell them to take a picture of it. They're more likely to lose a piece of paper with the information on it.

Differential diagnoses- medical

- **Hypothyroidism**
- **Blood sugar issues/diet/exercise**
- **Medication side effects (steroids, BP meds)**
- **Sleep Disorders**
- **MS**

Screening

- Screen for Bipolar Disorder!!
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Bipolar disorder

- Manic Episode:
- A. Distinct period of persistently elevated or irritable mood and increased goal-directed activity or energy, lasting at least one week and present most of the time
- 1. Inflated self-esteem or grandiosity
- 2. Decreased need for sleep
- 3. More talkative or pressure to keep talking
- 4. Flight of ideas/racing thoughts

Bipolar continued

- 5. Distractibility
- 6. Increase in goal-directed activity (socially, work, school, sexually) or psychomotor agitation (purposeless non-goal-directed activity)
- 7. Excessive involvement in activities that have a high potential for consequences (buying sprees, sexual activities, business investments)

Bipolar continued

- C. Causes marked impairment in social or occupational functioning
- D. Not attributable to physiological effects of substance (steroids, stimulants, other medications or drugs)

Differential diagnoses

- ADHD
- Panic Disorder
- Substance Abuse
- PTSD
- Personality Disorders
- Schizophrenia/Delusional Disorder

Tip

- Not sure which diagnosis it is? Refer to psychiatry OR psychological testing through a psychologist. Start on mood stabilizer if there's any inclination it could be Bipolar Disorder.

Screening Tools

- Depression: Hamilton Depression Rating Scale, Beck Depression Inventory, PHQ-9
- Bipolar Disorder: The Mood Disorder Questionnaire, Young Mania Rating Scale
- These are screening tools, not diagnostic tools, good conversation starters.

Initial appointment

- Past Psychiatric History:
- Previous diagnosis and/or treatment (just because they were previously diagnosed with something does not always mean correct diagnoses, do your own assessment)
- Meds that you have already tried AND response to them (was it a therapeutic dose? Was it a long enough trial?) Gives clues into diagnosis and if you need to move to a different family of medications. Hand them sheet to look at.
- Hospitalizations
- OARRS report

Initial appointment continued

- Family Psychiatric History:
- What runs in the family?
- Parents, grandparents, aunts, uncles, cousins, siblings
- Any meds they are on, if so, what?

Initial appointment continued

- Past Medical History
- Cardiac issues (prolong QT), seizures, cholesterol, recent labs, allergies, caffeine use (anxiety, sleep disturbance), cigarette use, surgical)

Initial appointment continued

- Social History:
- Living arrangements, chance of pregnancy, breastfeeding, future plans for pregnancy, employed, legal issues, cultural/religious background, firearms, developmental, support system, learning disabilities

Help!

- How do I gather all of that information and pick a medication in just 15 minutes?

Activity

- How to gather information quickly and concisely – volunteer?

I've got my diagnosis…now which medication do I choose?

- "I don't want anything that will cause fatigue, weight gain, sexual side effects, it needs to be cheap, and I've already tried x, y, and z."

Medications

- ***Which one do I choose?***
- **Think of variety of factors:**
- **- Financial situation**
- **- Likelihood of compliance**
- **- Side effects**
- **- Insurance**
- **- Number of "tried and failed" meds**
- **- Age**
- **General health**
- **Other meds they are on (serotonin syndrome)**

Medications for depression

- SSRI's first line treatment: Celexa, Lexapro, Luvox, Paxil, Prozac, Zoloft, Trintellix
- SNRI's: Cymbalta, Effexor, Fetzima, Pristiq
- "Other:" Wellbutrin, Viibryd, Remeron
- Depression adjuncts: Abilify, Seroquel, Rexulti
- TCA's: last resort
- MAOI's: stay away

- Benzos can make depression worse!

Medications continued (Depression/Anxiety)

- Celexa: Depression. *Caution*: multiple interactions with other meds.
- Lexapro: MDD, GAD. Elderly, and younger population. Sometimes causes weight gain.
- Paxil: MDD, OCD, Panic Disorder, Social Anxiety, PTSD, GAD, PMDD. *Caution:* weight gain, sedation, dry mouth, bad withdrawal.

Medications continued

- Prozac: MDD, OCD, PMDD, Panic Disorder *Side note:* increased energy. Cheap. Long half-life.
- Zoloft: MDD, Panic Disorder, PTSD, Social Anxiety, OCD *Side note:* may cause sedation or restlessness. Cheap.
- Trintellix: MDD. Hits several receptors, also good for elderly, no weight gain. *Side note*: take with high protein in AM.

Medications continued (Depression)

- *SNRI's: (contraindicated with angle closure glaucoma)*
- *Population: sluggish, difficulty focusing, lack of motivation/energy*
- Cymbalta: MDD, diabetic peripheral neuropathic pain, fibromyalgia, GAD, chronic musuloskeletal pain *Side note*: expensive, very hard to come off it
- Effexor: Depression, GAD. Social anxiety, panic disorder *Side note:* Negative side effects if poor compliance, very hard to come off it

Medications continued

- Fetzima: MDD *side note:* marketed for fatigue and concentration
- Pristiq: MDD *side note:* marketed for less sexual side effects
- This category of meds can *sometimes* make anxiety worse. Also may not be first choice in patients with hypertension.

Medications continued (Depression)

- Wellbutrin (NDRI): MDD, Seasonal Affective Disorder, Nicotine Addiction. Gives energy. Caution of mania/irritability. May help with sexual side effects . Can combine with SSRI.
- Viibryd (SPARI serotonin partial agonist): MDD. *Side note:* take with food. Anxious depression and less sexual side effects. Sometimes causes agitation and GI issues.

Tip

- NO SSRI's or SNRI's for patients with Bipolar Disorder
- **First week:** start with HALF of starting dose the first week, then see back every 4-6 weeks to re-evaluate and titrate
- Follow Stahl's prescriber guide for dosing tips

What if I suspect Bipolar Disorder or some other mood disorder?

Not giving a "clear" picture of depression but reporting mood swings, agitation, irritability, anger issues

Adjunctive Meds/Mood Stabilizers

- **Abilify:** Acute and mixed mania, Bipolar maintenance, adjunct for depression, acute agitation *side note:* monitor glucose, lipids, BP, weight. Sometimes weight gain but not typically sedation. Works quickly. Insurance usually covers.
- **Seroquel:** Acute mania, Bipolar maintenance, Bipolar Depression, Depression *side note*: sedation, weight gain. Insurance will cover.
- **Latuda:** Bipolar Depression and Treatment-resistant depression. *Side note*: insurance issues. SAMPLES.
- **Rexulti:** Treatment-resistant depression. *Side note*: insurance issues. Works quickly. SAMPLES

Side effects of anti-psychotics

- Tardive Dyskinesia (permanent): repetitive, involuntary, purposeless movements such as facial grimacing, tongue movements, lip smacking, difficulty not moving. *Use AIMS scale (EPIC).* Switch med, lower dose, manage side effects, add Vitamin E. May be permanent. Weight pros/cons.
- Extrapyramidal symptoms: akathisia, akinesia, dystonia, dyskinesia. Use Cogentin or other anticholinergic, sometimes benzos or beta blockers.
- Neuroleptic Malignant Syndrome: serious, hot, stiff and out of it, muscle rigidity, muscle cramps, tremors, autonomic instability, delirium. Go to hospital.

Tip

- If first line treatment does not work, and you are finding yourself adding adjunctive meds with no improvement, refer to psych

Medications continued

- Other meds to look out for: pain meds, NSAIDS, tramadol, St. John's Wort, other serotonin agents (Trazodone, Remeron, Buspar)
- Blackbox warning under the age of 25: increased suicidal ideation
- Always caution about activation of mania/irritability
- Never abruptly stop or switch meds

Monitoring of medications

- Weight and BP on all patients
- Antipsychotics: lipids, glucose, CBC, prolactin, CMP, caution with dementia (within first 3 months or prior to initiation if history)
- Cymbalta: liver function
- SSRI's: generally no monitoring

Side effects

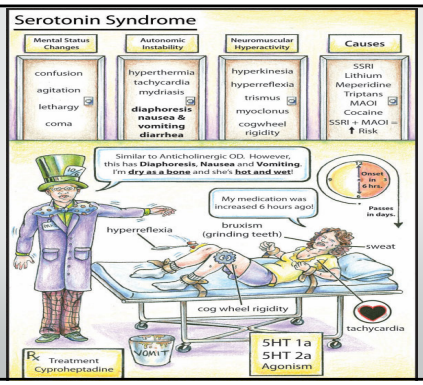
- I decided on which med to start! Now they're calling with side effects…what do I do??

Side effects

- Fatigue
- Restlessness/irritable
- Weight gain
- Interfering with sleep
- More depressed
- Manic
- Nausea
- Loss of sex drive

Side effects

- Wait…wait….wait…at least 4 weeks.
- Lower the dose
- Change the time of day they are taking the med
- Split the dose between AM and PM
- Change the med (intolerable side effects or total mood change)
- Give temporary medication to help until side effects subside
- Add a mood stabilizer (for mania)
- Note: sexual side effects: add Buspar or Wellbutrin or switch family of meds



"Other" issues

- Rule of thumb for SSRI's and how many to try
- Titrate meds before switching (look for partial response)
- Don't be afraid to use antipsychotics/adjunct meds
- When do I refer to psych?

Tips for increasing compliance

- Give patients appropriate timeframe of when to feel effects of medications. Goal is to manage the symptoms not make the "diagnosis" go away.
- Encourage them to call with any questions or side effects
- Give them expected side effects and timeframe of how long they last
- Encourage them to give a "fair" 4-6 week trial
- Treatment should include more than just medications – counseling, groups, etc.

Tips for increasing compliance continued

- Include family or friends to increase compliance
- Normalize mental health issues and praise for getting help
- Appropriate level of care
- Appropriate timeframe of follow up and titrating up appropriately
- Provide realistic expectations – this didn't develop overnight so we're not going to fix it overnight
- Educate the patient on mental health diagnosis /reduce stigma

Follow up questions

- Use rating scales – 1-10
- Any change in sleeping or eating?
- How are you functioning?
- Have others noticed a change?
- Compliance?
- What else have you done/changes have you made? Follow up on suggestions?
- Suicidal ideation?
- "They don't tell unless you ask"

Other treatments for depression

- Counseling counseling counseling!
- Support groups
- Diet, exercise, stress management
- Cognitive Behavioral Therapy
- Meditation/Relaxation Techniques (Headspace app)
- Sleep hygiene
- Reduce caffeine consumption
- Reduce substances – cigarettes, marijuana, alcohol, etc.

Referrals

- Case management – SPMI, history of inpatient admissions, need more resources
- Drug treatment/dual diagnoses
- Mental health counseling/individual/marriage
- Several failed medication trials
- Try to form relationship with local mental health providers so they can either get your patient in sooner or help you with the medication selection process
- Counselor referral may get foot in the door and help stabilize patient

Resources

- DSM-V
- Stahl's Prescriber's Guide
- Handout of medications
- Local mental health providers
- List of all resources and groups in your county – NAMI, Hospice, etc.
- Tiffany.pottkotter@promedica.org

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Stahl, S. M., & Grady, M. M. (2011). *Stahl's essential psychopharmacology: The prescriber's guide* (4th ed.). Cambridge, UK ; New York: Cambridge University Press.