

Depression Management

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Disclosures

The presenter and all planners of this education activity do not have a financial/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of the presentation.



Learning Objectives

- Learn how to screen for depression
- Learn how to administer and score PHQ-9
- Learn differential diagnosis of depression



DSM-5 Criteria

Major Depressive Disorder

- At least one of these symptoms:
 - Depressed mood, or
 - Loss of interest/pleasure
- And 4+ of these symptoms nearly daily in past 2 weeks:
 - Weight/appetite changes
 - Insomnia or hypersomnia
 - Psychomotor agitation or retardation
 - Fatigue
 - Feelings of worthlessness, guilt
 - Impaired cognition
 - Thoughts of death, dying, suicide
- Significant distress or impairment
- No other cause
- No history of mania or hypomania (take a good history!)



DSM-5 Criteria

Persistent Depressive Disorder (Dysthymia)

- Depressed mood most of the time, for at least 2 years
- Presence, while depressed, of at least 2 symptoms:
 - Poor appetite or overeating
 - Insomnia or hypersomnia
 - Low energy or fatigue
 - Low self-esteem
 - Decreased cognition
 - Hopelessness
- Has never been without symptoms >2 months
- Significant distress or impairment
- No other cause
- No history of mania or hypomania
- Is it a double depression?



Depression Screening

The USPSTF recommends:

- Screen general adult population (12+ y/o)
- PHQ-A (adolescents 11-17)
- Include pregnant and postpartum women
- Adequate systems should in place
- Optimal interval for screening is not known
 - Consider each patient contact or q2 weeks
- Use clinical judgment for additional screening



Patient Health Questionnaire PHQ-9

Over the past 2 weeks, how often have you been bothered by any of the following problems?	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 asleep, 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're 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

Column Totals _____ + _____ + _____

Add Totals Together _____

10. If you checked off any problems, how difficult have those 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



Scoring the PHQ-9

≥ 10 sensitivity(true+)=88%, specificity(true-)=88% for MDD

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, consider 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



Sample PHQ9 scores

Pay attention to Questions 9 & 10

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At all	Several Days	More Than Half the Days	Nearly Every Day
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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
Column Totals		3	6	6
Add Totals Together		15		



10. If you checked off any problems, how difficult have those 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





Over the past 2 weeks, how often have you been bothered by any of the following problems?

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9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Column Totals 3 + 6 + 6
Add Totals Together 15

10. If you checked off any problems, how difficult have those 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



Clinical Use of PHQ-9

- Screen and monitor depression and suicide
- Not a diagnostic tool
- Quantitative depression score
- Response and remission
- Allows patient and provider to follow progress
- Can drive treatment
- #9 response linear relationship to suicide risk



Validated Uses of the PHQ-9

- Clinician or self-administered
- By phone
- 30+ different languages
- Ages 13+
- Elderly with mild cognitive impairment
- Pregnancy
- Post-partum



When the PHQ-9 is >9

Current Symptoms

- History of Present Illness
 - Suicide risk: ideation, intent, plan
 - Self-harm
 - Duration of symptoms
 - Frequency of symptoms
 - Triggers, soothing factors
- Other Psychiatric Disorders
 - GAD - worry, tension
 - Panic attacks
 - Compulsions/obsessions
 - PTSD/trauma/abuse
 - Disordered eating
 - Psychosis
 - Alcohol, drugs, tobacco, narcotic pain meds



When the PHQ-9 is >9

History

- Past Psychiatric History
 - Inpatient
 - Previous psychiatrists
 - Previous medication trials
 - Therapy
 - Suicide attempts
 - Self-harm
 - Abuse/trauma
- Substance Use History
 - Alcohol
 - Illicit drugs
 - Tobacco/nicotine
 - Narcotic pain meds
 - Caffeine
 - Legal: DUIs



When the PHQ-9 is >9

- Family History
 - Psychiatric illness
 - Bipolar
 - Medications
 - Attempted or completed suicide
- Social History
 - Living situation
 - Relationships
 - Highest education level
 - Employment status/finances
 - Physical activity level
 - Stressors, responsibilities
 - Coping skills/hobbies
 - Legal issues
 - Military experience



When the PHQ-9 >9 Screen for Bipolar

- Every patient!
- Often presents primarily as depression
- If treated with an unopposed antidepressant:
 - Suicide
 - Mania/hypomania
 - Worsening depression
- Attempt suicide 2x more than pts with UPD
- 15% of bipolar patients commit suicide
- 80% consider suicide



When the PHQ-9 >9

Screen for Bipolar

- Assess current symptoms
 - DSM-5 symptoms
- Screen for history of (hypo)mania
 - Composite International Diagnostic Interview (CIDI)
- Ask about family history
- Collateral information
- (Hypo)mania/worsening of symptoms with antidepressants
- Screen for common co-morbidities
 - Migraines, anxiety, substance use, obesity, binge eating, ADHD



When the PHQ-9 >9

Screen for (Hypo)mania – DSM-5

- Irritability, elation
- Getting into arguments with strangers, violence
- Inflated self-esteem or grandiosity
- Decreased need for sleep
- Talking fast, a lot, hard to interrupt
- Flight of ideas, racing thoughts
- Distractible
- Goal-directed activity or agitation (e.g., staying up late cleaning for hours)
- Excessive involvement in activities with high potential for painful consequences (e.g., spending lots of money, sexual indiscretions, planning last minute trips, increased alcohol/drug use)
- Psychotic symptoms (by definition – manic), e.g., talking to God, fighting demons)



When the PHQ-9 >9

Screen for (Hypo)mania - CIDI

CIDI-based Bipolar Disorder Screening Scale

Stem Questions

Euphoria Stem Question

1. Some people have periods lasting several days when they feel much more excited and full of energy than usual. Their minds go too fast. They talk a lot. They are very restless or unable to sit still and they sometimes do things that are unusual for them, such as driving too fast or spending too much money.

Have you ever had a period like this lasting several days or longer?

If this question is endorsed, the next question (the irritability stem question) is skipped and the respondent goes directly to the Criterion B screening question

Irritability Stem Question

2. Have you ever had a period lasting several days or longer when most of the time you were so irritable or grouchy that you either started arguments, shouted at people or hit people?

Criterion B Screening Question

3. People who have episodes like this often have changes in their thinking and behavior at the same time, like being more talkative, needing very little sleep, being very restless, going on buying sprees, and behaving in many ways they would normally think inappropriate. Did you ever have any of these changes during your episodes of being excited and full of energy or very irritable or grouchy?

Criterion B Symptom Questions

Think of an episode when you had the largest number of changes like these at the same time. During that episode, which of the following changes did you experience?

1. Were you so irritable that you either started arguments, shouted at people, or hit people?
This first symptom question is asked only if the euphoria stem question (#1 above) is endorsed
2. Did you become so restless or fidgety that you paced up and down or couldn't stand still?
3. Did you do anything else that wasn't usual for you—like talking about things you would normally keep private, or acting in ways that you would usually find embarrassing?
4. Did you try to do things that were impossible to do, like taking on large amounts of work?
5. Did you constantly keep changing your plans or activities?
6. Did you find it hard to keep your mind on what you were doing?
7. Did your thoughts seem to jump from one thing to another or race through your head so fast you couldn't keep track of them?
8. Did you sleep far less than usual and still not get tired or sleepy?
9. Did you spend so much more money than usual that it caused you to have financial trouble?



Bipolar Spectrum

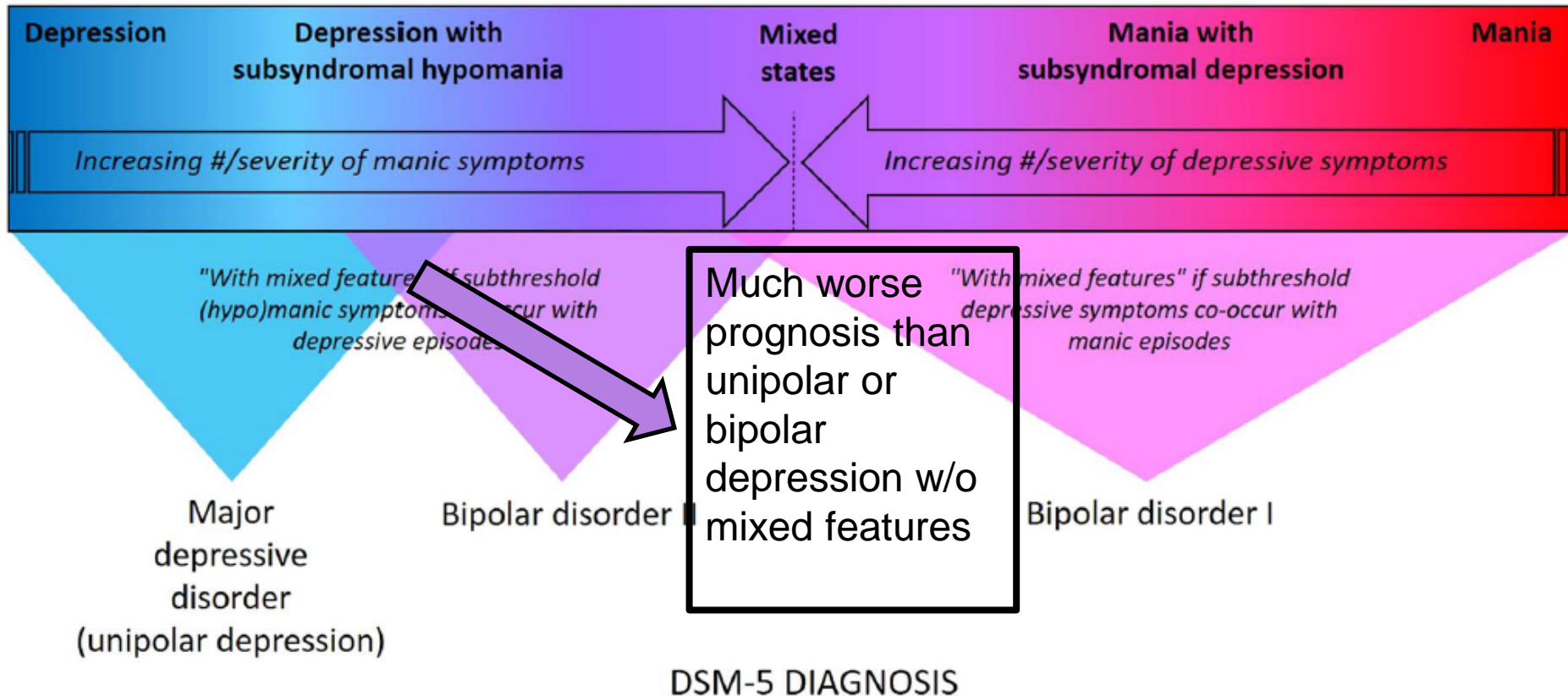


FIGURE 1. Mood disorders spectrum and DSM–5 diagnosis. Mood disorders can be conceptualized as existing along a spectrum that spans from pure unipolar depression with no intra- or inter-episode symptoms of (hypo)mania all the way to threshold level mania.



Differential Diagnosis

Diagnosis	Key questions	Differentiating symptom or history
Major depressive disorder	<ul style="list-style-type: none">• Does the patient have a history of mania or hypomania?• Is patient experiencing manic symptoms such as distractibility or racing thoughts during depressive episode?• What was age of onset of depression?• What is patient's prior response to antidepressant medication?	<ul style="list-style-type: none">• The presence of prior mania or hypomania is consistent with bipolar, not unipolar, depression• Manic symptoms during depressive episode are more suggestive of bipolar disorder• Onset before age 18 is more suggestive of bipolar disorder• Prior adverse response to antidepressant medication including increased activity (i.e., onset or worsening of racing thoughts or irritability), development of suicidal thoughts are suggestive of bipolar disorder
Borderline personality disorder	<ul style="list-style-type: none">• How long do the hypomanic/manic symptoms last?• How often do hypomanic/manic "episodes" occur?	<ul style="list-style-type: none">• Episodes lasting a few hours and/or a few times a week are more indicative of a personality and/or substance use disorder

Ratzliff, et al. *Integrated Care Creating Effective Mental and Primary Health Care Teams*



Differential Diagnosis

Table 3.1 Generating the differential for bipolar disorder

Diagnosis	Key questions	Differentiating symptom or history	Behavioral health measure
Generalized anxiety disorder	<ul style="list-style-type: none"> Does patient have inability to control worry? Is patient a “worrier”? 	<ul style="list-style-type: none"> Inability to control worry is more indicative of generalized anxiety disorder 	GAD-7
Posttraumatic stress disorder	<ul style="list-style-type: none"> Did patient experience traumatic event? Does patient have symptoms of: re-experiencing, avoiding, or hyperarousal? 	<ul style="list-style-type: none"> Reexperiencing traumatic events, avoiding reminders of the traumatic event and hyperarousal are more suggestive of PTSD 	PCL-C
Substance use disorders	<ul style="list-style-type: none"> Does patient use substances? (i.e., alcohol, cocaine, opioids, cannabis) 	<ul style="list-style-type: none"> Substance use often co-occurs in bipolar disorder; however, accurate diagnosis of manic or depressive episode can be clouded by current substance use, since substances can cause or worsen mood episodes 	AUDIT DAST CAGE-AID
<p>Other disorders to consider: schizoaffective disorder, schizophrenia, traumatic brain injury, ADHD, panic disorder, impulse control disorders</p>			



Consider higher level of care if...

- Suicidal intent or plan; self-harm
- Violent behavior
- Risky behaviors – increased substance use, unsafe sex, reckless driving, confrontations with strangers or authority figures
- Concerns about their safety to work – operate machinery, drive, work with clients, etc.
- Psychosis – command AH, paranoid delusions
- Concurrent substance use disorder(s)
- Poor self-care – weight loss, sleep deprivation
- Agitation, irritability, anger
- Multiple medications
- Med changes made with no improvement



Medical Assessment includes...

- UTOX
- Pregnancy test
- Drug levels (Li⁺, VPA, carbamazepine)
- CBC
- CMP
- Fasting blood sugar (diabetes)
- TSH
- Vitamin B12, folate, vitamin D level
- STI testing (including HIV)



Treatment Goals of PHQ-9

- Clinical Improvement
 - PHQ-9 < 10, or
 - PHQ-9 score <50% of baseline score
- Remission
 - PHQ-9 < 5 for 6 months
 - Continue to monitor



PHQ-2

	0	1	2	3
Over the past two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than one-half the days	Nearly every day
1. Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- For screening only
- Cannot use for monitoring
- If score > 1, administer PHQ-9



Treatment

- PHQ-9 every visit (q2 weeks)
- Graph and follow scores of PHQ-9 with patients
- Set concrete treatment goals with patients
- Treat for ideally 12 months after PHQ-9<5
- F/up 2 weeks after medication initiation
- F/up 4 weeks after medication adjustments
- Problem solve with patients to take meds daily
- Continue to assess for bipolar, affective dysregulation (BPD), PTSD, ADHD, etc.
- Assess for and treat co-morbid illnesses
- Use evidence-based therapy – BA, PST
- Psychoeducation about medications, SEs, course of illness
- Consult with a psychiatrist



Psychoeducation

- What is depression?
- Connect physical symptoms to mental health
- Use colloquial language
- Assess for stigma concerns
 - Cultural
 - Personal or family experience
 - Normalize “It makes sense you’re feeling this way given everything you have on your plate.”
 - Commend and problem-solve “Let’s see what we missed.”
- Side effects of medication
- Call before stopping medication
- What questions do you have for me?



Understanding Depression

Depression:

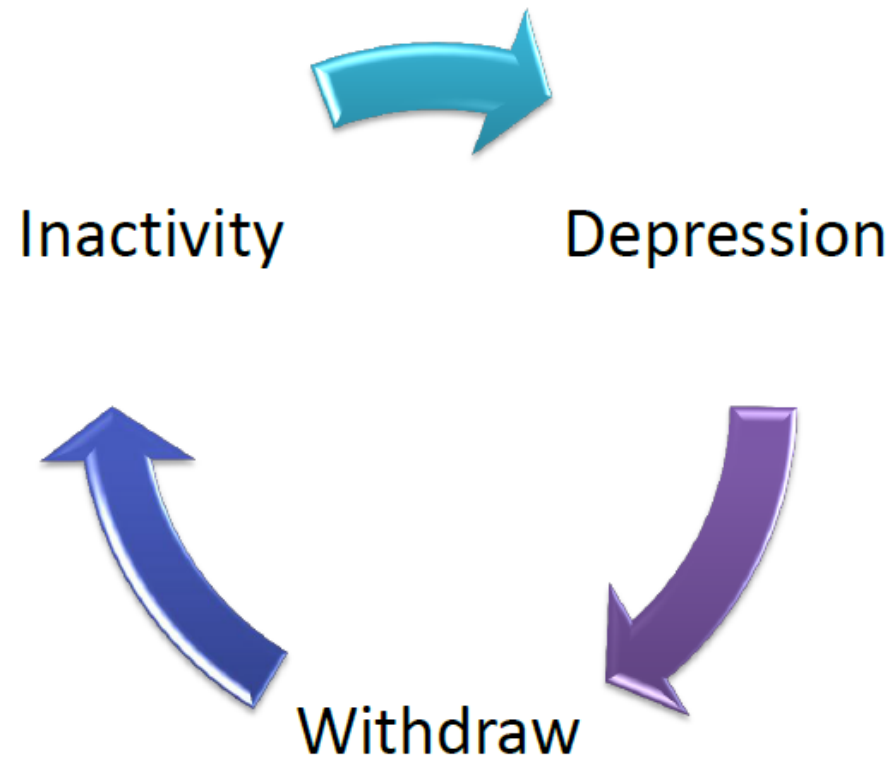
- Is **not** a case of the blues
- Is **not** something you can “snap out of”
- Is **not** weakness

Depression:

- *Is a medical illness that...*
 - Changes the way you feel , think and act
 - Requires ongoing treatment just like diabetes or high blood pressure
 - Affects 1 in 5 people in the U.S. from all races, ages, genders and socio-economic levels
- *Is caused by...*
 - Genetics and family history. People with depressed family members are more likely to be depressed than those who don't.
 - Changes in the brain where chemicals called neurotransmitters can be out of balance
 - Stressful life events like other health problems, death of a loved one, financial struggles, job changes
- *May...*
 - Look different in every person
 - Have symptoms like
 - Pain
 - Headache
 - Weight gain/loss
 - Problems sleeping
 - Fatigue
 - Hard time concentrating
 - Not enjoying things you use to enjoy
 - Feeling unhappy or even miserable
- *Is treatable...*
 - With treatment, most people feel better
 - Partner with friends and family to see how depression is affecting you
 - Share these thoughts with your care manager who will work with you to create a treatment plan that fits you best

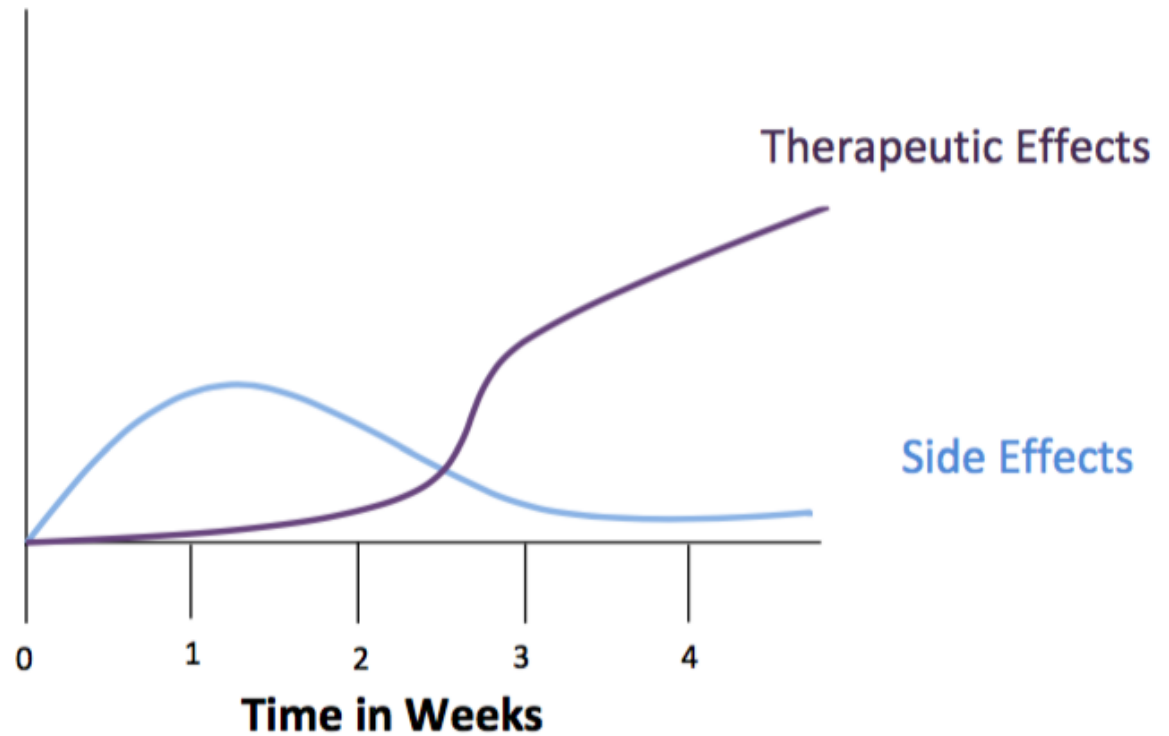


The Cycle of Depression



Effects of Antidepressants

Effects of
Antidepressant
Treatment



Managing Side Effects



Fatigue

- Take your medicine at bedtime
- Take short naps
- Exercise



Dizzy/ Lightheaded

- Get plenty of fluids
- Get up slowly when seated or lying down
- Ask your health care provider if wearing support hose will help



Dry mouth/eyes, constipation, water retention or fast heartbeat

- Drink liquids and sip water often
- Brush teeth two times a day and use sugarless gum or candy
- Eat more fiber
- Use eye drops (artificial tears)



Upset Stomach or Nausea

- Wait 1-2 weeks. Nausea often goes away on its own
- Take medicine with meals
- Ask your health care provider about adding another medicine like an antacid



Jitters, shakes or tremors

- Ask your health care provider if your depression can be managed with a lower dose of medicine



Restlessness, Anxiety and Agitation

- Ride a bike, jog or do other vigorous exercise
- Stay busy and focus on other things
- Use relaxation tools like muscle relaxation and deep breathing exercises
- Talk to your provider about changing medicines or adding a medicine to help you relax



Headache

- Take a pain reliever like acetaminophen (Tylenol or others) if your health care provider approves
- Ask your provider about taking a smaller dose



Insomnia (Hard Time Sleeping)

- Avoid caffeine (found in pop, coffee and chocolate)
- Take antidepressant in the morning
- Ask your health care provider about taking a medicine to help you sleep



Weight Gain

- Choose fruits, vegetables and whole grains and limit sweets, sugary drinks and fast foods
- Exercise 30 minutes each day
- Talk with your health care provider about changing medicines or doses



Problems with Sexual Function

- Ask your health care provider about changing your dose or your medicine
- Ask your provider about adding another medicine to treat sexual dysfunction
- Using medicine one time daily and planning sexual activity before that dose



Presenting to the Psychiatrist

- 45 y/o married Caucasian female with Major Depression
- Most recent PHQ-9 score, change from last visit
- Question #9 – any SI, intent, or plan?
- Life stressors or behaviors you are concerned with
- Bipolar screen results
- Working diagnosis, and/or differential diagnosis
- Current symptoms or issues patient wants to discuss
- Current medications, doses, when last adjusted, SEs, how does patient feel meds are working?
- Past psychiatry hospitalizations
- Past suicide attempts or self-harm
- Past medications, dose, duration, side effects, effectiveness, why stopped
- Current and past substance use issues
- Family history of bipolar, suicide attempts



The End

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