### **Depression Management**



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### DSM-5 Criteria Major Depressive Disorder

- At least 5 symptoms in the past 2 weeks
- Includes depressed mood or loss of interest/pleasure
  - Insomnia or hypersomnia
  - Fatigue
  - Weight loss or gain (5% in a month), change in appetite
  - Worthlessness, excessive guilt
  - Impaired focus/concentration, making decisions
  - Agitation or slowing
  - Recurrent thoughts of death
- Cause significant distress or impairment
  - No other cause

### DSM-5 Criteria Persistent Depressive Disorder (Dysthymia)

- Depressed for at least 2 years
- At least 2 symptoms in the past 2 years
- Never been without symptoms >2 months
- Is it a double depression?



### Screening

#### 1/13 Americans have depression

The US Preventive Services Task Force (USPSTF) recommends:

- Screening general adult population
- Including pregnant and postpartum women
- Adequate systems should in place
- Optimal interval for screening is not known
- Suggested q2 weeks or each visit
- Use clinical judgment for additional screening

#### **PHQ-9** Patient Health Questionnaire

you been bothered by any of the following problems?	At all	Several Days	More Than Half the Days	Nearly Every Day
<ol> <li>Little interest or pleasure in doing things</li> </ol>	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
<ol><li>Trouble falling asleep, staying asleep, or sleeping too much</li></ol>	0	1	2	3
<ol><li>Feeling tired or having little energy</li></ol>	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
<ol><li>Feeling bad about yourself - or that you're a failure or have let yourself or your family down</li></ol>	0	1	2	3
<ol> <li>Trouble concentrating on things, such as reading the newspaper or watching television</li> </ol>	0	1	2	3
<ol> <li>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</li> </ol>	0	1	2	3
<ol><li>Thoughts that you would be better off dead or of hurting yourself in some way</li></ol>	0	1	2	3

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



#### **Center for Clinical Systems Improvement**

# Clinical Use of PHQ-9

- Screen and monitor depression
- Quantitative depression score
- Allows patient and provider to follow progress
- Measure response and remission
- Can help support working diagnosis
- Can drive treatment

# Validated Uses of the PHQ-9

- ≥ 10 sensitivity=88%, specificity= 88% for MDD
- Clinician or self-administered
- By phone
- 30+ different languages
- Ages 13+
- Elderly with mild cognitive impairment
- Pregnancy
- Post-partum



#### Scoring the 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	X	3
2. Feeling down, depressed or hopeless	0	1	2	X
<ol> <li>Trouble falling asleep, staying asleep, or sleeping too much</li> </ol>	0	1	2	X
<ol><li>Feeling tired or having little energy</li></ol>	0	1	2	X
5. Poor appetite or overeating	0	1	X	3
<ol><li>Feeling bad about yourself - or that you're a failure or have let yourself or your family down</li></ol>	0	X	2	3
<ol> <li>Trouble concentrating on things, such as reading the newspaper or watching television</li> </ol>	0	x	2	3
<ol> <li>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</li> </ol>	0	X	2	3
<ol><li>Thoughts that you would be better off dead or of hurting yourself in some way</li></ol>	0	X	2	3
Colur	nn Totals	4	4	9
Add Totals		17	· `	



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 Xvery difficult Extremely difficult

# Scoring the PHQ-9

- >9 = clinically significant, warrants treatment
- <5 = Remission, (aim for 6 months)
- Response = 50% reduction in symptoms/score

Total Score	Depression Severity
0-4	None
5-9	Mild
10-14	Moderate
15-19	Moderately severe
20-27	Severe



### Question #9

#### If Question #9 is 1+:

- Ask about frequency, duration of suicidal thoughts
- Ask about suicide intention
- Ask about suicide plan
- Ask about access to firearms
- Create safety plan with patient in session
- Consult with PCP, psychiatrist



### When the PHQ-9 is >9

- History of Present Illness
  - Suicide risk: ideation, intent, plan
  - Self-harm
  - When did depression begin?
  - Triggers or alleviators
  - Most bothersome symptoms
  - Current substance use
- Other Psychiatric Disorders
  - GAD
  - Panic disorder
  - OCD
  - PTSD/trauma
  - ADHD
  - Binge eating, bulimia, etc.



# When the PHQ-9 is >9

- Past Psychiatric History
  - Past suicide attempts, past self-harm, hospitalizations
  - Medication trials (name, dose, duration, response, why stopped)
  - Substance use history: alcohol, drugs, Rx meds, caffeine, tobacco
- Family History
  - Psychiatric illness
  - Bipolar
  - Completed suicide
  - Medications



### When the PHQ-9 is >9

- <u>Social History</u>
  - -Living situation
  - Relationships/support system
  - Employment status/finances
  - -Chronic, acute stressors
  - Coping skills/stress management/hobbies
  - -Activity level



### Treatment

- Educate patients
  - What is depression and course of illness
  - Common short-term side effects
  - Therapeutic effects and course of treatment



### Treatment

- PHQ-9 every visit (q2 weeks)
- F/up 1-2 weeks after medication initiation
- F/up q4 weeks after medication adjustments
- Treat for at least 6 months after symptoms resolve
- Set concrete treatment goals with patients
- Evidence-based therapy for depression BA, PST
- Consult with psychiatrist as needed