

Depression in primary care— Current approaches

Fiona McGregor MB ChB MRCPsych, FRCP(C)
Head Department of Psychiatry, Vernon Jubilee Hospital,
Vernon, BC
Clinical Assistant Professor, Dept of Psychiatry, UBC

Objectives

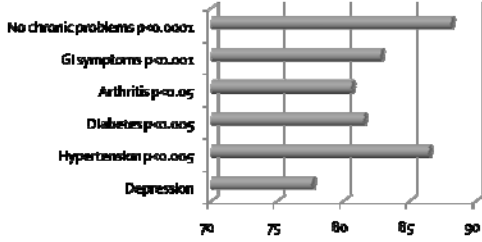
- 1. Be able to diagnose depression
- 2. Be able to confidently prescribe antidepressant medications
- 3. Learn effective use of antidepressants
- 4. Have an awareness of non-pharmacological roles in the treatment of depression
- 5. Where to refer in rural BC

Prevalence of depression

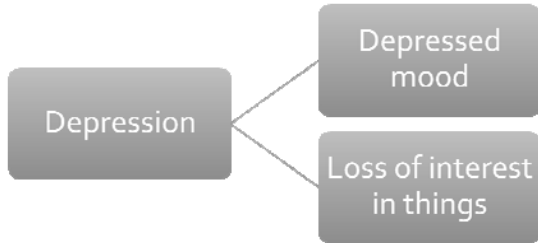
- 5.3% of Canadians 15 years or older in last year
- 13.4% lifetime prevalence of mood disorder
 - 12.% depression
 - 2.4% bipolar mood disorder
- 2:1 female to male ratio

Public health agency of Canada (2006)

Physical Functioning in depression and other chronic conditions



DSM IV criteria



Symptoms

- Insomnia or hypersomnia S
- Diminished interest I
- Feelings of worthlessness or guilt G
- Fatigue or loss of energy E
- Decreased concentration C
- Weight loss or gain A
- Psychomotor agitation or retardation P
- Recurrent thoughts of death S
- Depressed mood

Diagnosis of depression

- Patient Health Questionnaire – PHQ – 9
- Beck Depression Inventory
- Hospital Anxiety and Depression Score
- **LIMITATIONS!**

How well do we diagnose depression?

- Out of every 100:
 - 10% correctly diagnosed
 - 10% not diagnosed
 - 65% correctly reassure that they are not depressed
 - 15% diagnosed as depressed when not

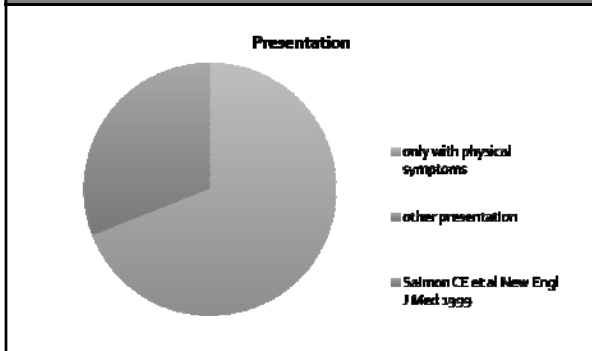
Mitchell, A. et al (2009) Clinical Diagnosis of Depression in Primary Care: a meta-analysis The Lancet

Reasons for misdiagnosis

- Large overlap with adjustment disorder.
 - Insufficient questioning
- More severe cases diagnosed more reliably
 - Near threshold diseases more likely to be diagnosed
- Explaining away symptoms "Of course you are likely to be depressed"
- Failure to consult a family member
- 70% present only with a physical symptom

Simon GE et al New Engl J Med 1999

Primary Care patients presentation:



So how to proceed?

Screening questions:

- In the past month have you felt down or depressed?
- In the past month have you lost interest in things you usually do?

Differential diagnosis

- Adjustment Disorder
- Bipolar mood disorder
- Medical problem

Depression Treatment Planning Guidelines

PHQ – 9 Severity	Provisional Diagnosis	Treatment recommendations
<10	Mild/minimal depressive symptoms	Reassurance and/or supportive counselling
10-14	Moderate	•Watchful waiting •Supportive counselling If no improvement after 1 month consider antidepressant
15-19	Moderately severe	Patient preference for antidepressant and/or counselling
>20	Severe major depression	Antidepressants alone or in combination with counselling

Treatment options

- Watchful waiting
- Antidepressants
- Referral for counseling
- Combination of antidepressants and counseling

Watchful waiting and support/motivation

"Is there anything you would like to do for your health over the next few days (weeks)?"

- Category Zero: No Interest/No Need
- Category One: Ready for Action Planning
- Category Two: Needs Information or Menus for Health
- Category Three: Needs Activation/Motivation

Category 1: Ready for Action Planning

- Ask patient to set a specific goal or activity to help improve their depression
- Ask patient to assign a level of confidence (1 – 10)
- Arrange short term follow-up to assess level of attainment

Ultra-Brief Personal Action Planning – Steven Cole

Ultra-Brief Personal Action Planning

- The plan must be truly patient-centred
- 2. The plan must be behaviourally specific – that is very concrete and specific about what, when, where, how long, etc.
- 3. The patient should re-state the complete plan (i.e. “commitment statement”).
- 4. The plan should be associated with a level of confidence (on a 1 to 10 scale) of 7 or greater
- 5. There should be a specific date and mechanism for follow-up (or accountability).

Category 2: Needs Information

Physician: *“Is there anything you’d like to do for your health?”*
Patient: *“Well, I’m not really sure what to do. I feel tired all the time.”*
Physician: *“Would you like to hear a few ideas that might help?”*

Needs Activation/Motivation

- Open-ended questions
- Affirmations of positive patient attributes
- Reflection of feelings
- Summarizing content

Antidepressants

- 60% response rate initially; 80% with second trial
- Physiological symptoms may resolve before there is an improvement in mood
- Recovery resembles a "saw tooth curve" rather than linear progression
- Full remission may take up to 4 months

Choosing an antidepressant

- If the patient has had a previous successful trial it is worthwhile starting with that
- Safety considerations – the usual reason tricyclics are not considered
- Side effect profile
- Drug-drug interactions

Main side effects of SSRIs

- Fluoxetine 20-80mg long half life
 - Sertraline 50-200mg
 - Citalopram 20-60mg
 - Escitalopram 10-30mg
 - Fluvoxamine 50-200mg
 - Paroxetine 20-60mg
- Weight gain, sedation, GI side effects,
Sexual side effects

Other antidepressants

- Norepinephrine, serotonin reuptake inhibitors:
Venlafaxine, des-Venlafaxine (Pristiq),
Duloxetine
 - Similar side effects to SSRIs, possibly more effective
- Norepinephrine-serotonin modulator:
Mirtazapine
 - Weight gain, sedation
- Dopamine-norepinephrine reuptake inhibitor
Bupropion
 - decreased seizure threshold, activating

Why don't patients improve?

- Most primary care physicians in An American study did not screen for alcohol use of suicide ⁽¹⁾
- Of those only 46% completed treatment
- In another American study <40% made more than two visits in 8 weeks ⁽²⁾

FOLLOWUP IS AS ESSENTIAL AS WHEN TREATING HYPERTENSION!

- ⁽¹⁾
- ⁽²⁾ Hepner et al Annals Int Med 2007
Thompson et al J Am B Fam Pract (1999)

Augment or Switch

- Make sure the patient has had at least 6 weeks of an adequate dose of antidepressants
- STAR – D suggests no difference between augmentation or switching but limited results
- Augmentation with bupropion, lithium, triiodothyronine
- Switch to another SSRI, or another class
- Always keep close contact and followup.
