Improving the care of patients with Depression: 10 Simple Tips

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Disclosure Statement

• No funding or support from Industry for any aspect of this presentation or my work

• Except my lifelong commitment to
“Here is Edward Bear, coming downstairs now, bump, bump, bump, on the back of his head, behind Christopher Robin. It is, as far as he knows, the only way of coming downstairs, but sometimes he feels that there really is another way, if only he could stop bumping for a moment and think of it”

A.A. Milne 1926

Illustration  E.H.Shepard 192614
Effective Treatment of Depression is difficult to achieve

High prevalence (5-15%) but detection rates are low (50 – 60%)

Of those detected with depression:
• Less than 50% receive guideline-level pharmacotherapy
• Less than 10% receive guideline-level psychotherapy
• Less than 20% of individuals who are depressed are seen three times in the next three months.

Many of these are individuals with co-morbid medical conditions.
Depression and Co-Morbid Medical Illness

- Cardiac Disease 17 - 27 (Rudisch and Nemeroff 2003)
- Cerebrovascular Disease 14 - 19 (Robinson 2003)
- Alzheimers 30 - 50 (Lea and Lykestos 2003)
- Parkinson’s Disease 4 - 75 (Macdonald 2003)
- Diabetes 26 (Anderson 2001)
- Cancer 22 - 29 (Rainson and Miller 2003)
- Chronic Pain 30 - 54 (Campbell et al 2003)
- COPD 25 - 40 (Van Manen 2002)
Psychiatric Illness and Symptoms of Poor Glucose Control

• 71% of diabetic patients had lifetime histories of one or more psychiatric illnesses

• Recent psychiatric illness significantly associated with symptoms of poor glucose control

• 5-10% receive optimal care of their depression

• Leads to increased morbidity and mortality rates
6-Month Mortality Post -MI

- Depressed post-MI patients have a three to four fold risk of death over the next 6 months when controlling for other risk factors.

- Impact of depression on mortality is at least as significant as left ventricular dysfunction and history of previous MI.
The prevalence of co-morbid anxiety disorders with 4 common medical conditions – ulcers, arthritis, asthma and hypertension – is at least equivalent to that of depression

Kessler 2001
10 Ways to Improve Depression Care
1. Add two screening questions to any visit for someone with a chronic disease,

Over the last 2 weeks have you

- Been feeling sad or blue
- Got less pleasure from things you used to enjoy

And don’t forget co-morbid anxiety

- Been feeling nervous, anxious or on edge
- Not been able to stop / control worrying
2. Use a stepped approach and the PHQ-9

**PATIENT QUESTIONNAIRE – PHQ-9**

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>MRN</th>
<th>Physician:</th>
<th>Date:</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>2. Feeling down, depressed, or hopeless.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Trouble falling/staying asleep, sleep too much.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>4. Feeling tired or having little energy.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>5. Poor appetite or overeating.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>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.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself in some way.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

A. How difficult have these 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

B. In the past two years have you felt depressed or sad most days, even if you felt okay sometimes?
   - ☐ Yes  ☐ No

Symptoms _________  Severity Score _________
The PHQ-9 can help to

- Make a diagnosis and determine severity.
- Select treatment.
- Monitor treatment response.
- Know when to alter treatment.
- Follow a stepped approach to care.
# A stepped approach

<table>
<thead>
<tr>
<th>Range</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>Watchful waiting/checking</td>
</tr>
<tr>
<td>5-9</td>
<td>(dysthymia) Self-management support, Supportive counselling, Lifestyle changes, Family involvement</td>
</tr>
<tr>
<td>10-14</td>
<td>(mild) Psychological therapies, Monitor / ? referral, Medication</td>
</tr>
<tr>
<td>15-20</td>
<td>(moderate) Medication, See regularly, ? Referral</td>
</tr>
<tr>
<td>&gt;20</td>
<td>(severe) Referral</td>
</tr>
</tbody>
</table>
3. Develop a plan - based on your patients goals - that can include:

- Social activities
- Life style changes
- Family involvement
- Education about the illness
- Medications
- Other therapies
- Other things
- The role of the health care team members
Make sure you share the same goals.
Not finding a common purpose can have serious consequences.
4. Support Self Management

- Help someone feel more effective in managing their illness
- Adjust to the presence of the illness
- Provide relevant tools
- Provide relevant information
- Provide access to notes / test results
- Peer support / shared medical appointments
- Goals / Plan
Use of a Self-Help Manual

Dan Bilsker – Simon Fraser University

- Anti-depressant skills workbook
- Positive coping with health conditions

www.comh.ca/pchc/
Free to access CBT sites

MoodGym (moodgym.anu.edu.au)

Living Life to the Full (www.livinglifetothefull.com)

Feel Better (www.kpchr.org/feelbetter/)

Climate (www.climate.tv)
Supportive Counselling

- Listen
- Start where the patient is
- Provide information
- Sufficient time
- Discuss / challenge expectations or assumptions
- Assist with problem-solving
- Acknowledge successes
- Focus on strengths
Replace negative thoughts and focus on weaknesses with adaptive thoughts and focus on strengths.
4a. Behavioural activation

- Identify simple activities the person can take on
- Prescribe physical activity at every visit
Always include (prescribe) physical activity

- As effective as medication for minor depression
- Let the patient decide where and how to start
- Start small and do-able
- A pedometer can be helpful
- Try and build on existing routines (parking, stairs, dog)
5. Use motivational approaches to help your patient make changes
Stages of change

- MAINTENANCE - 49%
- ACTION – 3%
- PREPARATION – 9%
- CONTEMPLATION – 20%
- PRECONTEMPLATION – 19%

Motivational Interviewing: rationale

GOAL: to reduce ambivalence, decrease resistance and increase motivation to make a change

• People are ambivalent about changing any behaviour. This is normal

• Overt persuasion / direction often increases resistance

• We want to reinforce the parts that want to change

• Short brief interventions to increase motivation
Application and indications

• Any health behaviour change
  – smoking
  – alcohol and other drugs
  – medication self-management
  – diet
  – exercise
  – chronic disease management

• Assess readiness for change
  – Importance to you (1-10)
  – Confidence you can make the change (1-10)
6. Provide information in an interactive way

- Check the information has been understood
- Write things down (ie medication changes)
- Leave time for any questions your patient has
- Include other caregivers or family members
- One size fits one
- Bring in internet resources

“He stuck the suppository in his ear. Don’t even ask about the hearing aid …”
7. Always involve the family

- To look at a family’s perception of how their relative is doing
- To see how the family is coping
- To identify family issues or problems
- To look at a family’s need for information and support
- To explain the diagnosis and treatment plan
- To assist with a treatment plan
8. When starting an antidepressant

- Use in addition to other approaches
- PHQ-9 greater than 14, or lower if no response to other approaches
- Become familiar with 3 or 4 drugs
- Start low, go slow
- Write down instructions
- Allow 2-4 weeks to see improvement
- Also consider sleep – short-term hypnotic
- Monitor progress with the PHQ-9
- If no progress after three trials, consider referring
And if all else fails

"This will help you feel less moody, stressed and irritable. It's a prescription for chocolate."
Changing an antidepressant

- Sufficient time for a trial.
- Ask your patient’s opinion as to whether to change or not.
- New drug can overlap.
- Withdraw gradually, depending on duration.
- If partly responsive to a drug, you can consider adding a second at the same time.
- Write down all instructions.
# Changing Medications

<table>
<thead>
<tr>
<th>Date</th>
<th>Med. 1 (20\text{mgm}) (pink)</th>
<th>Med.2 (20\text{mgm}) (white round)</th>
<th>Med 3 (1\text{mgm}) (white long)</th>
</tr>
</thead>
<tbody>
<tr>
<td>27 / 5</td>
<td>1 ½</td>
<td>½</td>
<td>-</td>
</tr>
<tr>
<td>3 / 6</td>
<td>1 ½</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>10 / 6</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>17 / 6</td>
<td>½</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>24 / 6</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
9. Treat to target

• Use the PHQ-9 to monitor progress

• Identify your treatment goal
  – Improvement of 50% in score
  – Getting PHQ-9 to <10 or <5

• Use sequential PHQ-9s

• Adjust treatment if not working

• Can also monitor a population in your practice
Use Registries to Track Progress

AIMS Center: http://aims.uw.edu
Prioritizing Cases in the Registry

|---------|----------|---------|-------|--------|--------------|-----------|------|-----------|-----|--------------|------------|-------------|------------|

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AIMS Center 2011, [http://aims.uw.edu/](http://aims.uw.edu/)
10. Medication reconciliation at every visit

- Call / remind patients to bring medications to next appointment

- Ensure your patient has a current list that is taken to all appts. (Health passport)

- Reconcile if there are multiple lists

- Check dates

- Health literacy

- Interactive – check instructions are understood
11. Monitor closely

- After initiating treatment
  - 2 weeks, then monthly for 3 months

- Compile a list / use your EMR
  - Enter consistently
  - Diagnosis or medication
  - **Use for recall if person not coming in**

- Aim for recovery not remission

- After recovery or remission keep in regular contact to prevent further episodes
  - Phone
  - Annual visit
  - Support self-management approaches

- Identify warning signs with patient and what to do
Summary

- 2 question screen
- Use a stepped approach / PHQ-9
- Make sure there’s a plan
- Support self-management
- Provide information in an interactive way
- Use motivational approaches to assist with change
- Involve the family
- Start or change an anti-depressant appropriately
- Treat to target
- Medication reconciliation at every visit
- Monitoring progress – keeping track
“Hello, Loblaws? Do you sell dog food for very naughty puppies? No? Well, I certainly don’t blame you. Goodbye.”
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