Depression in the Primary Care Setting: Evaluation and Treatment Options

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Objectives

- Identify basic diagnostic criteria of various depressive types
- Discuss medical work-up indicated for evaluation of other potential causes/contributing factors to depression.
- Treatment options for the management of depression.
- Several times DSM 5 will be referenced. This is the Diagnostic and Statistical Manual of Mental Disorders 5th Edition

Differential Diagnoses for Depression

- Disruptive Mood Dysregulation Disorder (predominately in pediatrics)
- ***MAJOR DEPRESSIVE DISORDER***
- Persistent Depressive Disorder (previously known as Dysthymia)
- Premenstrual Dysphoric Disorder
- ***Substance/Medication-induced Depressive Disorder***
- ***Depressive Disorder Due to Another Medical Condition***
- Other Specified Depressive Disorder
- Unspecified Depressive Disorder
- With or Without Modifiers

- Not technically depressive disorders, but similar symptom presentations
  - Adjustment disorder with depressed mood
  - Grief/Bereavement

Various Modifiers for Depressive Disorders (…with…)

- Anxious distress
- Mixed features
- Melancholic features
- Atypical features
- Psychotic features
- Catatonia
- Peripartum Onset
- Seasonal pattern

Screening tools

- Patient Health Questionnaire aka PHQ-9 (Brief PHQ-2 but if positive, proceed to PHQ-9)
- https://www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf
- American Academy of Family Physicians Screening for depression
- https://www.aafp.org/afp/2012/0115/p139.html

Major Depressive Disorder

- Can be single episode or recurrent
- 5 or more symptoms present during the same 2 week period and represent change from previous functioning
  - Must have at least depressed mood or loss of interest or pleasure as a symptom

- S- sleep changes (up or down)
- I- interest (loss)
- G- guilt (devaluation)
- E- energy (lack of)
- C- cognition/concentration
- A- appetite (weight changes)
- P- psychomotor agitation (anxiety) or retardation (lethargic)
- S- suicidal ideation or preoccupation with death

Quizical (Thanks Dr. Segers)

- According to the World Health Organization, depression affects approximately how many people?
  - A. 100,000
  - B. 200,000
  - C. 300,000
  - D. 400,000
  - E. 1,000,000

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- According to the DSM 5, the twelve month prevalence of Major Depressive Disorder in the United States is approximately _____.
  - A. 3%
  - B. 5%
  - C. 7%
  - D. 9%
  - E. 15%

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- The World Health Organization reports that suicide is the _____ leading cause of death in 15-29 year olds.
  - A. First
  - B. Second
  - C. Third
  - D. Fourth
  - E. Fifth

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https://youtu.be/XiCrniLQGYc

Another great video example, but advisory for language should be included. https://youtu.be/jg3IP7ngf1I

Case

- Mary is a 29 year old female who was adopted at birth and doesn't know her biologic family history. She presents to your clinic for her initial appointment to establish care. She reports that she hasn't seen a primary care doctor since she was in college. Denies any known medical problems or past surgeries. Drinks alcohol once per month. Denies tobacco or drug use. While completing a depression screen, Mary reports that she has felt depressed for approximately 6 months. Her symptoms include low mood, decreased interest in activity, poor sleep (both initiating and maintaining sleep), decreased ability to concentrate, poor appetite, and feeling like she is a burden to her adoptive family and friends. While she sometimes wishes she could go to sleep and not wake up, she denies active thoughts to take her life as this is against her religion and also identifies her family and friends as a protective factor because she knows how much that could affect them. Additionally, she reports that she is still able to go to work, but feels more fatigue and less satisfaction from her job.

- Her physical exam in overall within normal limits aside from some trace edema in her ankles. Vital signs are within normal limits.

What next for Mary?

- A. Order labs as this is the first appointment she has had with a doctor since college.
- B. Start treatment for depression as she clearly meets criteria for Major Depressive Disorder.
- C. Refer her to a psychiatrist as this is severe depression that should be addressed by a specialist.
- D. Immediately refer her to an inpatient psychiatric treatment facility due to safety concerns.

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As part of your visit, you obtain labs which come back as follows:

- CBC notable for Hemoglobin of 10.8. She did report in office that she was currently on her menstrual cycle.
- Comprehensive metabolic panel which was within normal limits
- TSH is 65
- Free T4 is 0.2

- Examples of medical issues that can cause and/or mimic depression
  - Endocrinology: thyroid disorders, diabetes, Addison's disease
  - Neurologic: stroke, seizures, multiple sclerosis, Parkinson's disease, Traumatic brain injury, Neurocognitive disorders, Sleep apnea
  - Cardiovascular: Coronary Artery Disease, myocardial infarction
  - Infectious: HIV, Lyme disease, Neurosyphilis, Hepatitis C
  - Malignancies: Paraneoplastic syndromes, Brain neoplasms, Pancreatic cancer, lung cancer
  - Nutritional deficiencies: Vitamin B12, Vitamin D, and Folate
  - Encephalopathy (aka Delirium, especially hypoactive delirium)

Furthermore, multiple medications have been linked with depression

- Antiepileptic drugs
- Interferon alfa
- Corticosteroids
- Isotretinoin
- Varenicline and Bupropion for smoking cessation

- While initial studies reported that Beta blockers had the potential to cause depression, further review did not show an increased risk.

- After supplement with Levothyroxine and rechecking her labs, her TSH and Free T4 have returned to normal. However, Mary still reports ongoing depressive symptoms which may have improved slightly, but are still impacting her function.
- After discussing options, she is agreeable to start an antidepressant.
- Which of the following would be the most appropriate next step?
  - A. Start Sertraline 150 mg daily.
  - B. Start Paroxetine 30 mg daily.
  - C. Start Escitalopram 10 mg daily.
  - D. Start Bupropion XL 450 mg daily.
  - E. Start Amitriptyline 75 mg at bedtime.

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Mary agrees to take escitalopram 10 mg daily.

At a 3 month check up, Mary reports that she is 75% better in regard to depression, but still struggling with motivation and interest in activities. However, when you try to increase the dose of escitalopram, she experiences headaches. Given her improvement, she wants to stay on the Escitalopram 10 mg daily but asks about what other medications she could try to help her symptoms.

Depression Medication Options

https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Pharmacy-Education-Materials/Downloads/ad-adult-dosingchart.pdf

Primary Antidepressants

- SSRIs
- SNRIs
- TCAs
- MAOIs
- Other (Bupropion, Mirtazapine, Trazodone, Nefazodone, Vilazodone)

Augmentation Agents

- Antipsychotics
- Mood stabilizers
- Lithium
- Stimulants

A COMPARISON OF DEPRESSION MEDICATIONS

		Anti-colinergic	Sleepy	Insomnia/ Aggitation	Orthostatic Hypotension	QT	GI	Weight Gain	Sexual	Approx. cost per month	Comments
SSRI	*Citalopram/ Escitalopram* (Celexa/Lexapro)	0	0	1+	1+	1+	1+	1+	3+	$4 $20	Escitalopram (Lexapro) is the S isomer of citalopram. Citalopram is cheaper.
SSRI	*Fluoxetine* (Prozac)	0	0	2+	1+	1+	1+	1+	3+	$4	Has the longest halflife. Therefore, caution with using in elderly
SSRI	*Paroxetine* (Paxil)	1+	1+	1+	2+	1+	1+	2+	4+	$4	Shortest halflife. **Pregnancy class D**
SSRI	*Sertraline* (Zoloft)	0	0	2+	1+	1+	2+	1+	3+	$10	Has many other indications besides depression such as panic disorder
DOPAMINE NOREPINEPHRINE REUPTAKE INHIBITOR	*Bupropion* (Wellbutrin)	0	0	2+	0	1+	1+	0	0	$30	Frequently used as adjunct to SSRIs for depression. Also used for tobacco cessation. Can decrease seizure threshold
SNRI	*Venlafaxine ER* (Effexor XR)	0	0	2+	0	1+	2+	0	3+	$19	May increase blood pressure
SEROTONIN MODULATOR	*Trazodone*	0	4+	0	1+ or 3+	1+ or 2+	1+ or 3+	1+ or 2+	1+	$4	Often used off-label for treating insomnia. Doses for treating insomnia are much lower.
NORADRENERGIC AND SPECIFIC SEROTONERGIC ANTIDEPRESSANT	*Mirtazapine* (Remeron)	1+	4+	0	0	1+	0	4+	1+	$15	May be reasonable to start on undernurished patients
TCA	*Amitriptyline* (Elavil)	4+	4+	0	3+	3+	1+	4+	3+	$4	Lethal in overdose. Also used for treating migraines and chronic pain.

Adapted from UpToDate

Treatment of depression in pregnancy

Table 1

FDA Pregnancy Category of Antidepressant Medications

Category C	
SSRIs	Fluoxetine, sertraline, citalopram, escitalopram, fluvoxamine
TCAs	Amitriptyline, clomipramine, imipramine, nortriptyline, desipramine
SNRIs	Venlafaxine, duloxetine
MAOIs	Phenelzine, tranylcypromine, isocarboxazid, selegiline transdermal
Others	Bupropion, trazodone, nefazodone, mirtazapine
Category D	
SSRIs	Paroxetine

SSRIs: selective serotonin reuptake inhibitors; TCAs: tricyclic antidepressants; SNRIs: serotonin and norepinephrine reuptake inhibitors; MAOIs: monoamine oxidase inhibitors.

- Risk of untreated depression in pregnancy:
  - Low fetal birth weights
  - Poor nutrition
  - Poor self care
  - Premature labor
  - Reduce bonding
  - Increased risk of suicide and infanticide (rare)
- Risk of antidepressants in pregnancy
  - Early effects: congenital defects, Paroxetine associated with cardiac malformation
  - Late effects: persistent pulmonary hypertension of the newborn, neonatal withdrawal symptoms, increased risk of post partum bleeding

Special considerations for treatment of depression in teens and young adults

- Black box warning on all antidepressants
- Assess for bullying

Suicide

- Assessing suicide does not result in increased the rates of suicide
- Be open and up front about your assessment and the reasons for it.
- Open ended questions are better in some regard than yes no questions as patients sometimes try to answer in ways that will "please you".

- https://suicidepreventionlifeline.org/wp-content/uploads/2016/09/Suicide-Risk-Assessment-C-SSRS-Lifeline-Version-2014.pdf

Suicide Prevention Resources

Be a lifesaver

Visit
Your Primary Care Provider
Mental Health Professional
Walk-in Clinic
Emergency Department
Urgent Care Center

Suicide Prevention Lifeline
1-800-273-TALK (8255)
Veterans: Press 1

911 Call 911 for emergencies

Find a mental health provider
findtreatment.samhsa.gov
mentalhealthamerica.net/finding-help

CrisisChat.org

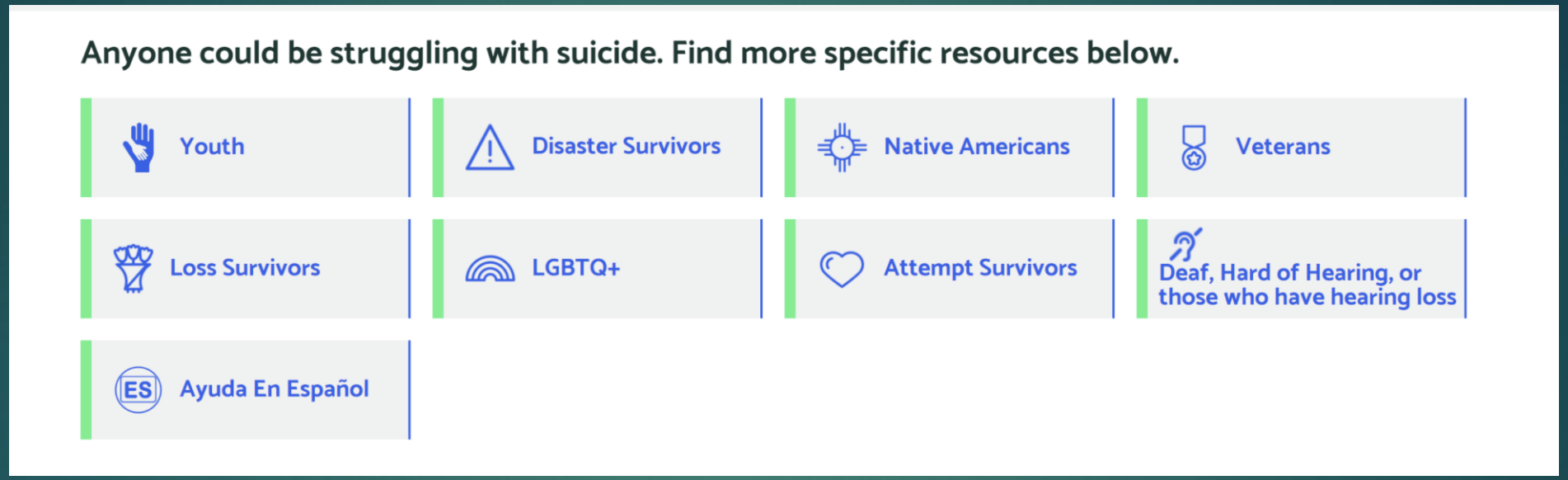
Text TALK to 741741
Text with a trained crisis counselor from the Crisis Text Line for free, 24/7

afsp.org/resources

American Foundation *for* Suicide Prevention

NATIONAL
SUICIDE
PREVENTION
LIFELINE™
1-800-273-TALK (8255)
suicidepreventionlifeline.org

- https://suicidepreventionlifeline.org/



- http://cssrs.columbia.edu/the-columbia-scale-c-ssrs/cssrs-for-communities-and-healthcare/#filter=.general-use.english

Issues to address in depressed and suicidal patients

- Limit access to large quantities of medication
- Assess for comorbid substance use
- Assess for access to firearms
- Identify potential sources of support (friends, families, etc..)
- Develop an emergency action plan (just like you would for any medical emergency) to ensure you know how to respond in a crisis

Treatment resistant Depression Options

- Electroconvulsive therapy
- Transcranial Magnetic Stimulation
- Deep Brain Stimulation

New horizon for depression treatment

- More targeted depression treatments
- Brexanolone for postpartum depression
- Esketamine infusions

Therapy plays a significant role in the treatment of depression for the majority of patients.

HTTPS://WWW.PSYCHOLOGYTODAY.COM/US

Exercise has also demonstrated that it can be as effective for mild to moderate depression as medications.

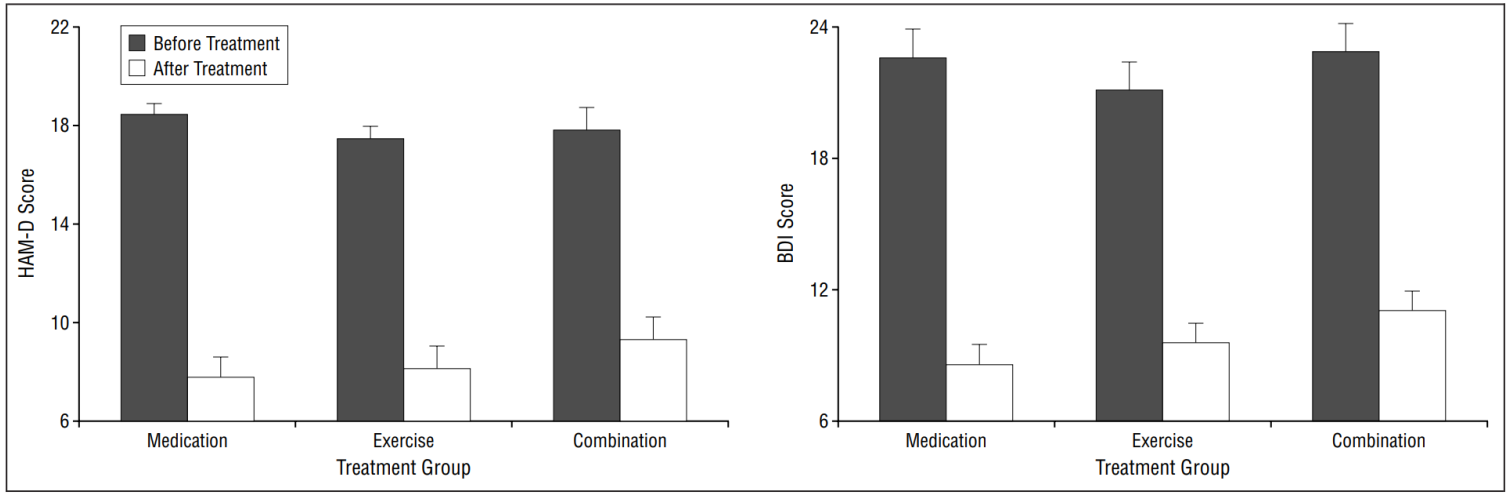


Figure 3. *Observed mean depression scores before and after treatment. All changes from pretreatment to posttreatment were statistically significant (P<.001 for all). The treatment groups did not differ on baseline or posttreatment levels of depression. Error bars represent SEs. HAM-D indicates Hamilton Rating Scale for Depression; BDI, Beck Depression Inventory.*

BASED ON DR. BLUMENTHAL ET AL WORK AND CONFIRMED OVER REPEAT STUDIES.

BEHAVIORAL ACTIVATION STRATEGIES

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Thank you.

Questions?