Treatment of Depression in Primary Care/Outpatient Setting

Mamta Parikh, PharmD, BCPS, BCPP
Assistant Professor, Clinical and Administrative Sciences
Notre Dame of Maryland University
School of Pharmacy
Objectives:

1. Review the signs/symptoms and diagnostic criteria for depression
2. Complete and assess a standardized assessment of depression
3. Review the major classes of antidepressants and their place in treatment of depression
4. Understand the treatment approach to depression in the primary care setting
Background: Mental Health Provider Shortage

• US Department of Health and Human Services

Current

Supply: 45,580 psychiatrists

# needed to meet demand: 2,800 psychiatrists

6.4% Shortage

2025

# needed to meet demand: 6,090 psychiatrists

12% Shortage

40% Practicing psychiatrists do not take insurance

Other healthcare professionals will be providing psychiatric care

National Council for Behavioral Health, March 2017
Mental Health in a Primary Care Setting: Challenges

- Insufficient training of PCPs in management of mental disorders
- Brevity of primary care visits
- Competing demands of preventive care and treatment of comorbid medical conditions
- Reimbursement systems that constraint payment to PCPs for adequate treatment of mental disorders
Primary Care – Mental Health: Care Models

Coordinated
- Behavioral health (BH) screenings conducted in primary care (PC) settings
- PC provider to deliver BH services using specific algorithms
- Referral relationship between PC and BH settings
- Connections made between patients and community resources

Co-Located
- Medical and BH services located in the same facility
- Referral process for medical patients to be seen by BH provider
- Enhanced communication between PC and BH provider

Integrated
- Medical and BH services located in same facility or separate locations
- Team consists of PC and BH providers
- Team works together to deliver care following an established protocol

Depression: Clinical Presentation

- Sleep
- Interest
- Guilt
- Energy
- Concentration
- Appetite
- Psychomotor retardation
- Suicidality
Depression: DSM-V Diagnostic Criteria

A. **Five (or more)** of the following symptoms have been present during the same **2-week period** and represent a change from previous functioning; **at least one** of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

1. Depressed mood most of the day, nearly every day
2. Diminished interest or pleasure in all (or almost all) activities
3. Significant weight loss or weight gain when not dieting; increase or decrease in appetite
4. Insomnia or hypersomnia every day
5. Psychomotor agitation or retardation nearly every day
6. Fatigue or loss of energy nearly every day
7. Feelings of worthlessness or guilt nearly every day
8. Diminished ability to think or concentrate or indecisiveness nearly every day
9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

B. The symptoms cause **clinically significant distress or impairment** in social, occupational, or other important areas of functioning.

C. The episode is **not attributable to** the physiological effects of a substance or to another medical condition.
Pharmacist Patient Care Process for Depression
Depression: Collect

- Chief Complaint (CC)
- History of Present Illness (HPI)
- Past Medical History (PMH)
- Family History (FH)
- Social History (SH) – alcohol, tobacco, illicit drug use
- Past Psychiatric History
- Medication Allergies
- Current Medications
- Labs – CMP, CBC, TSH, B12
- Psychiatric assessment (scale)
## Depression: Collect

<table>
<thead>
<tr>
<th>Past Psychiatric History</th>
<th>Psychiatric Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Previous psychiatric diagnoses</td>
<td>• Hamilton Depression Rating Scale (HAMD-D)</td>
</tr>
<tr>
<td>• Previous psychiatric episodes</td>
<td>• Patient Health Questionnaire (PHQ-9)</td>
</tr>
<tr>
<td>• Presentation</td>
<td>• Geriatric Depression Screening (GDS)</td>
</tr>
<tr>
<td>• Duration of episode</td>
<td></td>
</tr>
<tr>
<td>• Time between episodes</td>
<td></td>
</tr>
<tr>
<td>• Inpatient hospitalization required?</td>
<td></td>
</tr>
<tr>
<td>• Previous medication trials</td>
<td></td>
</tr>
<tr>
<td>• Medication</td>
<td></td>
</tr>
<tr>
<td>• Dose</td>
<td></td>
</tr>
<tr>
<td>• Frequency</td>
<td></td>
</tr>
<tr>
<td>• Duration of therapy</td>
<td></td>
</tr>
<tr>
<td>• Reason for discontinuation</td>
<td></td>
</tr>
</tbody>
</table>
Depression: Assess

### Assess

- Risk factors
- Etiology
- Depression severity
- Appropriateness of current therapy (if applicable)
- Goals of therapy
  - Response – 50% reduction in score
- Potential treatment options
- Non-pharmacologic options

### PHQ-9 Score

<table>
<thead>
<tr>
<th>PHQ-9 Score</th>
<th>Depression Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 - 27</td>
<td>Severe</td>
</tr>
<tr>
<td>15 - 19</td>
<td>Moderately Severe</td>
</tr>
<tr>
<td>10 - 14</td>
<td>Moderate</td>
</tr>
<tr>
<td>5 - 9</td>
<td>Minimal</td>
</tr>
<tr>
<td>≤ 5</td>
<td>Normal</td>
</tr>
</tbody>
</table>
Depression: Treatment Algorithm

SSRI/SNRI/Bupropion

Assess 4 – 6 weeks

- Response
  - Continue

- No Response
  - Switch or augment
**Depression: Selecting the appropriate antidepressant**

- What has worked in the past?
- What are the targeted symptoms? (Hypersomnia, insomnia, decreased appetite, etc.)
- Do they have any comorbidities that eliminate certain treatment options?
- Are there any significant drug interactions with the patient’s other medications?
- Patient preference
Depression: Non-Pharmacologic Treatment

- Cognitive Behavioral Therapy (CBT)
- Interpersonal Therapy (IPT)
- Motivational Interviewing (MI)

Engaging
Focusing
Evoking
Planning

# Depression: Selective Serotonin Reuptake Inhibitors (SSRIs)

<table>
<thead>
<tr>
<th>Medication</th>
<th>Usual Dosage Range (mg/day)</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paroxetine (Paxil®)</td>
<td>20 – 50</td>
<td>Sedative effects beneficial in patients with insomnia</td>
<td>Weight gain&lt;br&gt;Sexual dysfunction&lt;br&gt;Withdrawal common&lt;br&gt;GI side effects</td>
</tr>
<tr>
<td>Sertraline (Zoloft®)</td>
<td>50 – 200</td>
<td>Beneficial in patients with hypersomnia, increased appetite</td>
<td>More GI side effects&lt;br&gt;Titration required</td>
</tr>
<tr>
<td>Citalopram (Celexa®)</td>
<td>20 – 40</td>
<td>Neither sedating or activating</td>
<td>QTc prolongation limiting dosage in geriatric population</td>
</tr>
<tr>
<td>Escitalopram (Lexapro®)</td>
<td>10 – 20</td>
<td>Neither sedating or activating</td>
<td></td>
</tr>
<tr>
<td>Fluoxetine (Prozac®)</td>
<td>20 – 80</td>
<td>Beneficial for atypical features (hypersomnia, increased appetite), fatigue, and low energy</td>
<td>Activating effects can increase anxiety short-term</td>
</tr>
</tbody>
</table>
# Depression: Selective Serotonin Reuptake Inhibitors (SSRIs)

<table>
<thead>
<tr>
<th>Medication</th>
<th>Usual Dosage Range (mg/day)</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vilazodone (Vibryd®)</td>
<td>40</td>
<td>Beneficial for mixed anxiety and depression</td>
<td>Must be taken with food</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Low incidence of sexual dysfunction</td>
<td>Cost</td>
</tr>
<tr>
<td>Vortioxetine (Trintellix®)</td>
<td>5 – 20</td>
<td>Beneficial for cognitive symptoms of depression</td>
<td>Cost</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Low incidence of sexual dysfunction</td>
<td></td>
</tr>
</tbody>
</table>
### Depression: Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)

<table>
<thead>
<tr>
<th>Medication</th>
<th>Usual Dosage Range (mg/day)</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venlafaxine (Effexor®)</td>
<td>75 – 225</td>
<td>Beneficial for atypical features, comorbid anxiety, somatic symptoms, fatigue, and pain</td>
<td>Hypertension may limit use in patients with cardiac disease</td>
</tr>
<tr>
<td>Duloxetine (Cymbalta®)</td>
<td>40 – 60</td>
<td>Beneficial for atypical features, comorbid anxiety, somatic symptoms, fatigue, and pain</td>
<td>Urinary retention may limit use in patients with urologic disorders, prostate disorders</td>
</tr>
<tr>
<td>Levomilnacipran (Fetzima®)</td>
<td>40 – 120</td>
<td>Beneficial for somatic symptoms, fatigue, and pain</td>
<td>Cost</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Urinary retention may limit use in patients with urologic disorders, prostate disorders</td>
</tr>
</tbody>
</table>
## Depression: Tricyclic Antidepressants (TCAs)

<table>
<thead>
<tr>
<th>Medication</th>
<th>Usual Dosage Range (mg/day)</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amitriptyline (Elavil®)</td>
<td>50 – 150</td>
<td>Beneficial for severe or treatment-resistant depression, chronic pain syndrome</td>
<td>Anticholinergic side effects Cardiac side effects</td>
</tr>
<tr>
<td>Imipramine (Tofranil®)</td>
<td>50 – 150</td>
<td>Beneficial for severe or treatment-resistant depression, chronic pain syndrome</td>
<td>Anticholinergic side effects Cardiac side effects</td>
</tr>
<tr>
<td>Nortriptyline (Pamelor®)</td>
<td>75 – 150</td>
<td>Beneficial for severe or treatment-resistant depression</td>
<td>Anticholinergic side effects Cardiac side effects</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Therapeutic drug monitoring available for compliance</td>
<td></td>
</tr>
</tbody>
</table>
# Depression: Other Antidepressants

<table>
<thead>
<tr>
<th>Medication</th>
<th>Usual Dosage Range (mg/day)</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bupropion (Wellbutrin®)</td>
<td>150 – 450</td>
<td>Beneficial for atypical symptoms, bipolar depression, nicotine use disorder</td>
<td>Lowers seizure threshold</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No weight gain and sexual dysfunction</td>
<td></td>
</tr>
<tr>
<td>Mirtazapine (Remeron®)</td>
<td>15 – 45</td>
<td>Augmentation to other antidepressants</td>
<td>Weight gain</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Beneficial for comorbid anxiety, insomnia</td>
<td></td>
</tr>
</tbody>
</table>
Depression: Plan

**Treatment**
- Patient-centered plan for medication therapy
- Patient-centered plan for non-pharmacologic therapy

**Efficacy Monitoring**
- Subjective observations of mental status
- Psychiatric assessment scores

**Safety Monitoring**
- Medication side effects
- Clinical deterioration of depression
- Suicidal/homicidal ideation
Depression: Implement

Implement: Patient Counselling

- Emphasize the importance of medication adherence
- Educate about the short-term side effects and the timeframe in which they will resolve (e.g., GI side effects)
- Set realistic expectations regarding the time it will take for symptoms to resolve
- Establish a suicide safety plan
- Engage the patient’s support system in monitoring for safety and efficacy
- Communicate treatment plan to primary provider

Joint Commission Pharmacist Patient Care Process
Depression: Follow-up

- Medication compliance
- Repeat psychiatric assessment
- Modify treatment plan according to assessment
- Address patient concerns
- Reinforce patient education

Joint Commission Pharmacist Patient Care Process
Effective Communication

Explain the Diagnosis

• Depression is a disorder with a physical basis and impacts patient’s emotional and physical condition
• Depression is a medical condition and should not be viewed as shameful
• When chemical imbalances and situational and life stressors are eliminated, symptoms will improve

Explain Treatment Plan

• Treatment options: Finding the right medication and optimum dose may take months because it each patient responds differently
• Length of treatment: At minimum, treatment lasts for months
• Frequency of follow-up contact: When treatment first begins, follow-up with patients should occur on weekly to biweekly basis

Explain Side Effects

• Some side effects can resolve with continued treatment
• Identify adverse effects that might be most upsetting to patient

Explain Treatment Success and Failure

• Medication trial of 4-6 weeks general results in substantial symptom relief
• Full response to treatment can be expected by 12 weeks

Explain the Importance of Treatment Adherence

• Risk of relapse increases when patients do not take their medications
• Identify and address potential difficulties in complying with treatment

Reinforce Education
Activity:

Complete the patient communication rubric and PPCP table for pharmacist – patient interaction
References:


Acknowledgements

Michaela Palma, PharmD Candidate 2018, Notre Dame of Maryland University, School of Pharmacy

Chibuike Nduanya, PharmD Candidate 2018, Notre Dame of Maryland University, School of Pharmacy
Treatment of Depression in Primary Care/Outpatient Setting

Mamta Parikh, PharmD, BCPS, BCPP
Assistant Professor, Clinical and Administrative Sciences
Notre Dame of Maryland University
School of Pharmacy