

Depression and Anxiety

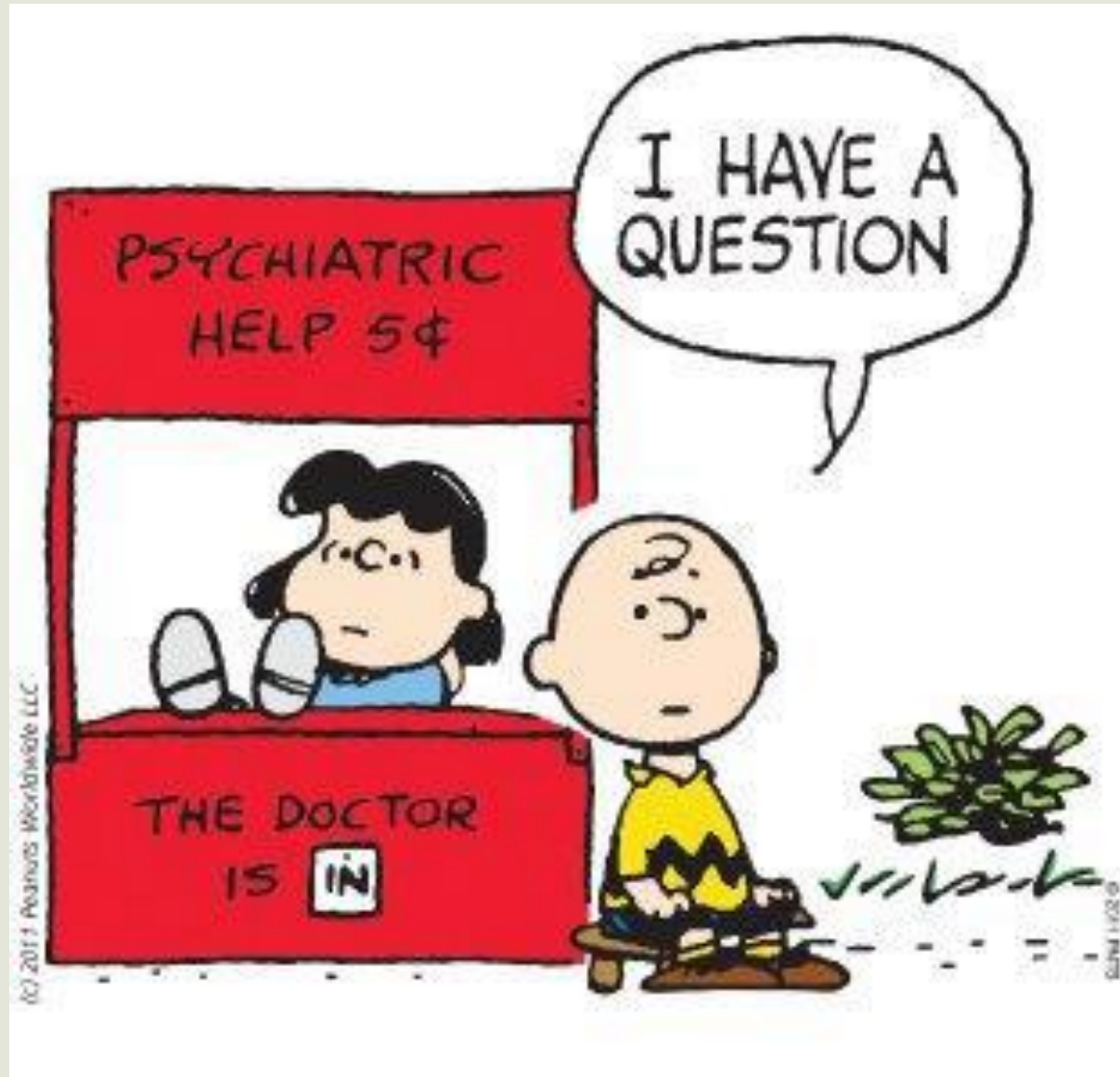
Merida Grant, PhD

University of Alabama-Birmingham Department of Psychiatry



Disclosures

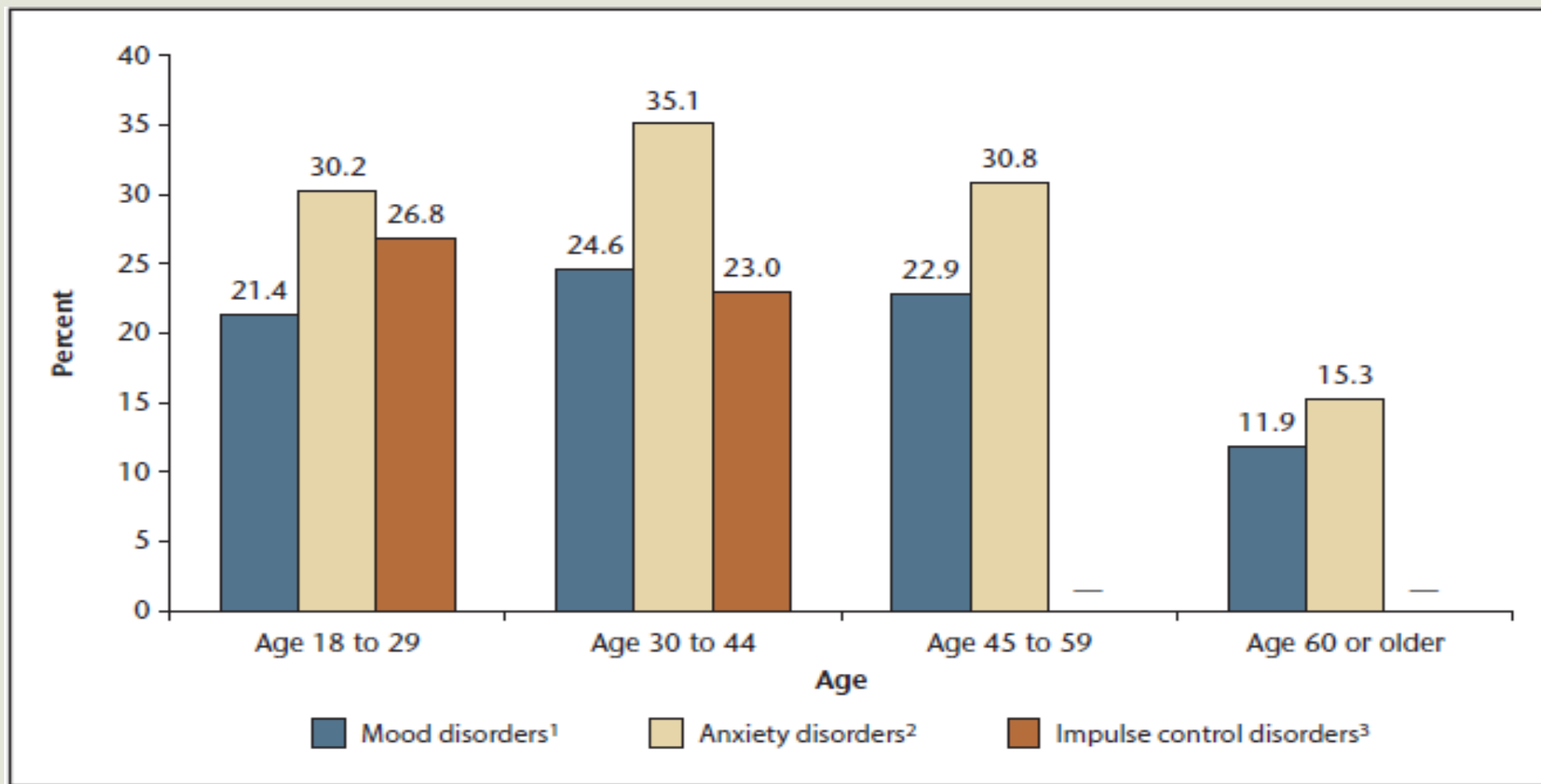
- I have no financial relationships to disclose relating to the subject matter of this presentation



Learning Objectives

1. Review diagnostic criteria for Mood and Anxiety Disorders
2. Familiarize physicians and nurses with standardized assessment tools
3. Measurement-based treatment to target approaches
4. Coordination of care with collaborative team

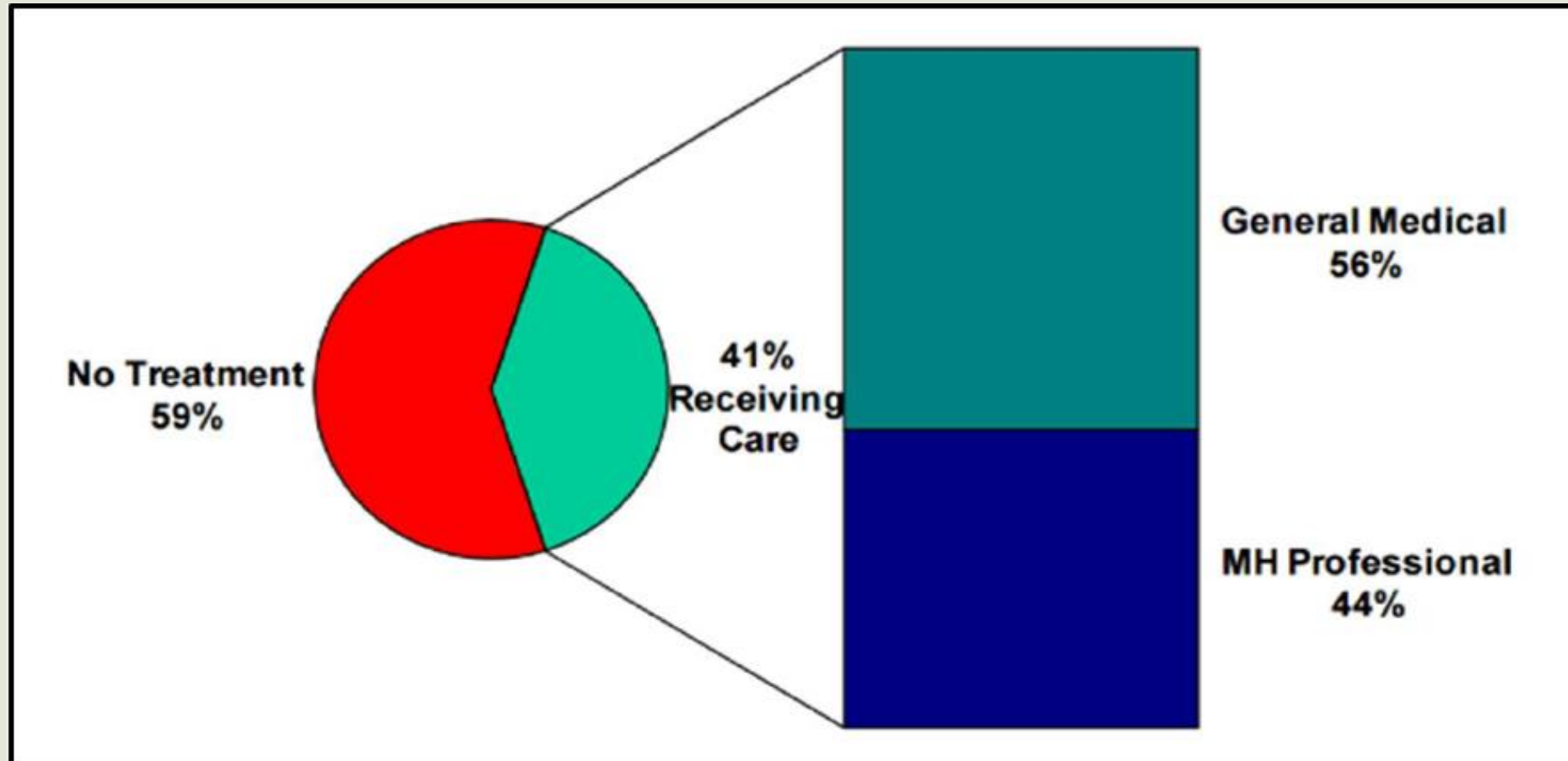
Lifetime Prevalence of Mood and Anxiety Disorders in Adults



Unrecognized and Untreated Mental Illness

- Between 25 to 33% of patients treated in primary care settings meet criteria for a psychiatric disorder [Barrett et al, 1988]
- The most common disorders are mood, anxiety and substance abuse disorders, constituting up to 20% of cases
- Upwards of half of these patients go unrecognized and untreated [Boris et al 1988]

Primary Care is the *De Facto* Mental Health Care System



Wang et al Twelve-Month Use of Mental Health Services in the U.S. Arch Gen Psych, 62, Jun 2005

Mood Disorders

- Mood disorders are characterized by a serious change in mood that cause disruption to life activities. Though many different subtypes are recognized, three major states of mood disorders exist: depressive, manic, and bipolar.
- Major depressive disorder is characterized by overall depressed mood for a two week period or loss of pleasure in enjoyable activities. Elevated moods are characterized by mania or hypomania. The cycling between both depressed and manic moods is characteristic of bipolar mood disorders.
- These disorders may vary by subtype and severity.

Anxiety Disorders

- Anxiety disorders involve more than temporary worry or fear. For a person with an anxiety disorder, the anxiety does not go away and can get worse over time. The symptoms can interfere with daily activities such as job performance, school work, and relationships.
- There are several types of anxiety disorders, including generalized anxiety disorder, panic disorder, and various phobia-related disorders.

Assessment and Measurement Based Care

Measurement-Based Care

- Clinical outcome measures have been used in health care for decades [e.g. acquisition of patient's vitals]
- Similar measures of behavioral health have not been acquired in a standard fashion in primary care settings
- These measures can *identify persons who may not otherwise be recognized* as needing behavioral health care services
- Important: Use of validated rating instruments

Assessment Toolkit

Patient Health Questionnaire-9 (PHQ-9) Self-report measure

PHQ-9 Score	GAD-7 Score	Severity	Proposed Treatment Actions
0 - 4	0 - 5	None	None
5 - 9	6 - 10	Mild	Watchful waiting, repeating at follow-up.
10 - 14	11 - 15	Moderate	Consider CBT and pharmacotherapy.
15 - 19	16 - 21	Moderately Severe	Immediate initiation of pharmacotherapy and CBT.
20 - 27		Severe	Initiation of pharmacotherapy and CBT. Consider specialist referral to psychiatrist.

PHQ9P

PATIENT HEALTH QUESTIONNAIRE - 9				
Comments:				
Over the last 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	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
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	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
<div>0 + + + = Total Score: </div>				
If you checked off <u>any</u> problems, 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 <input type="checkbox"/>	Somewhat difficult <input type="checkbox"/>	Very difficult <input type="checkbox"/>	Extremely difficult <input type="checkbox"/>	
Developed by Drs. Robert L. Spitzer, Janet B. W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. Copyright © Pfizer Inc. All rights reserved. Reproduced with permission. EP0805.PHQ9P				
Patient's name:				Date:

Generalized Anxiety Disorder-7 (GAD-7) Self-Report

PHQ-9 Score	GAD-7 Score	Severity	Proposed Treatment Actions
0 - 4	0 - 5	None	None
5 - 9	6 - 10	Mild	Watchful waiting, repeating at follow-up.
10 - 14	11 - 15	Moderate	Consider CBT and pharmacotherapy.
15 - 19		Moderately Severe	Immediate initiation of pharmacotherapy and CBT.
20 - 27	16 - 21	Severe	Initiation of pharmacotherapy and CBT. Consider specialist referral to psychiatrist.

GAD-7

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

(Use "✓" to indicate your answer)

1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

(For office coding: Total Score T___ = ___ + ___ + ___)

Mood Disorders Questionnaire (MDQ) Self-Report

- YES to ≥ 7 or more of the 13 item in Question 1
AND
- YES to Question number 2
AND
- “Moderate Problem” or “Serious Problem” to Question 3

Hirschfeld, RMA et al, 2000, Arch Gen Psychiatry, 1873-75.

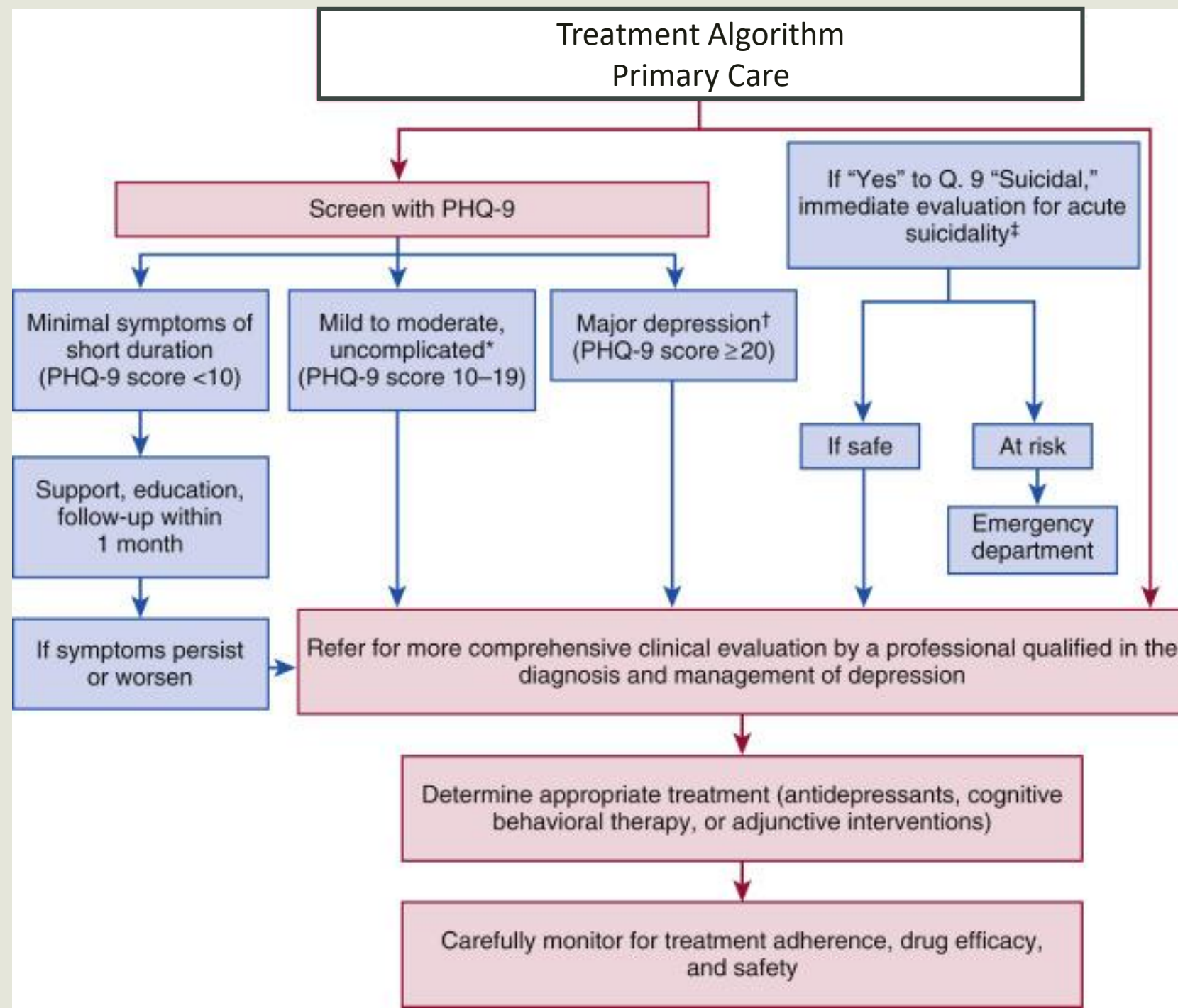
THE MOOD DISORDER QUESTIONNAIRE

Instructions: Please answer each question to the best of your ability.

	YES	NO
1. Has there ever been a period of time when you were not your usual self and...		
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	<input type="radio"/>	<input type="radio"/>
...you were so irritable that you shouted at people or started fights or arguments?	<input type="radio"/>	<input type="radio"/>
...you felt much more self-confident than usual?	<input type="radio"/>	<input type="radio"/>
...you got much less sleep than usual and found you didn't really miss it?	<input type="radio"/>	<input type="radio"/>
...you were much more talkative or spoke much faster than usual?	<input type="radio"/>	<input type="radio"/>
...thoughts raced through your head or you couldn't slow your mind down?	<input type="radio"/>	<input type="radio"/>
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	<input type="radio"/>	<input type="radio"/>
...you had much more energy than usual?	<input type="radio"/>	<input type="radio"/>
...you were much more active or did many more things than usual?	<input type="radio"/>	<input type="radio"/>
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	<input type="radio"/>	<input type="radio"/>
...you were much more interested in sex than usual?	<input type="radio"/>	<input type="radio"/>
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	<input type="radio"/>	<input type="radio"/>
...spending money got you or your family into trouble?	<input type="radio"/>	<input type="radio"/>
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?	<input type="radio"/>	<input type="radio"/>
3. How much of a problem did any of these cause you – like being unable to work; having family, money or legal troubles; getting into arguments or fights? <i>Please circle one response only.</i>		
No Problem Minor Problem Moderate Problem Serious Problem		
4. Have any of your blood relatives (i.e. children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	<input type="radio"/>	<input type="radio"/>
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	<input type="radio"/>	<input type="radio"/>

Treatment to Target

- Adjusting treatment plans based on symptom measures is one of the most important components of collaborative care.
- Clinicians modify treatment until the patient has at least a 50% reduction in measured symptoms (i.e., response).
- Repeated measurement of symptoms informs providers as to whether the patient is demonstrating full, partial or no response to treatment.
- This information is critically important in making decisions about how to adjust treatment.



Impact of Comorbid Behavioral Health Issues

Prevalence of Medically Unexplained Pain Associated with Unrecognized Mood Disorders

Mood Disorder	N	Prevalence (CI 95%)
MDD	1792	56.2 (54.5;57.9)
Bipolar Disorder	46	1.4 (1.1; 1.9)
MDD caused by medical condition or medication	80	2.5 (2.0;3.1)

Health Care Utilization in Pain Patients with and without MDD

Vars	Total	No MDD	With MDD	P-value
Number of PC Visits Due to Pain in Prior 6 Weeks	2818	549	2269	<0.0001
Number of Visits to a Specialist in Prior 6 Weeks	1261	214	1047	0.0080
Number of Tests Undergone for Dx of Pain	1541	292	1249	0.6441
Number of Hospitalizations Due to Pain	627	114	513	0.3749

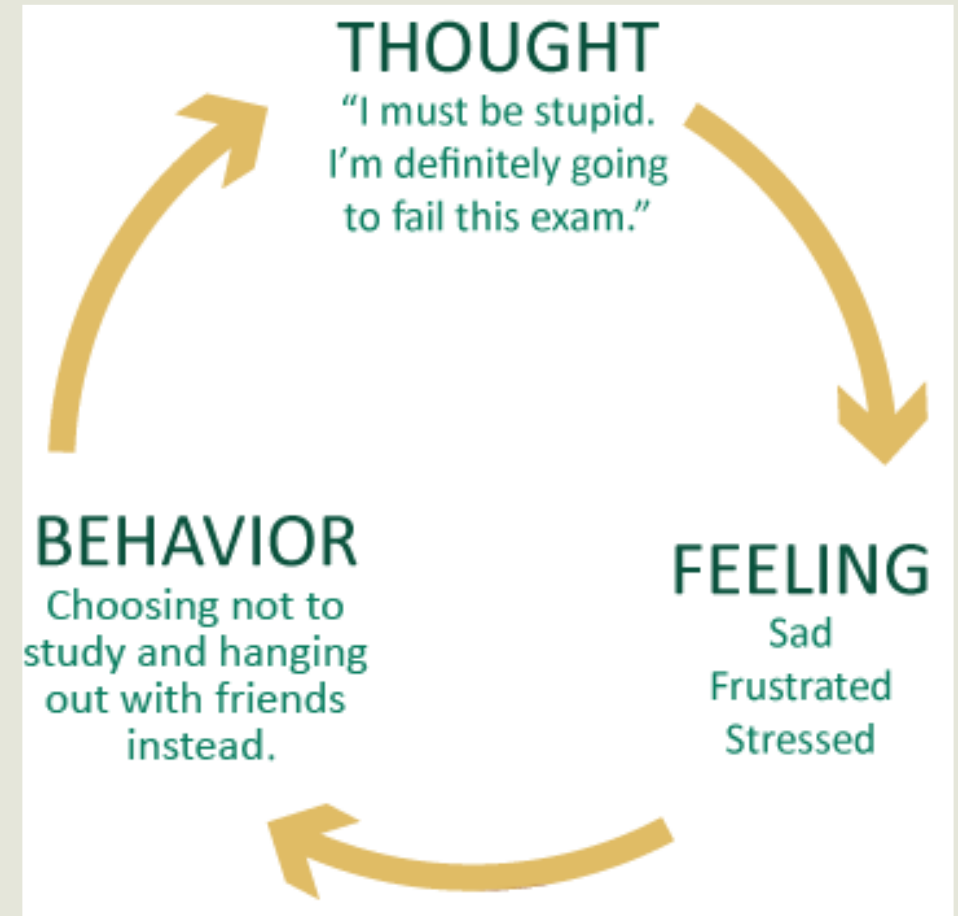
Relationship between GAD-7 Score and Disability Days, Symptom-Related Difficulty and Clinic Visits

GAD-7 Score	Mean # of disability days	Mean # of Physician Visits	Symptom Related Difficulty
0-4 (n=1182)	3.9	1.2	15.0
5-9 (n=511)	7.5	1.7	5.5
10-14 (n=264)	10.7	2.2	13.7
15-21 (n=171)	16.8	2.4	47.4

Treatment

Cognitive Behavioral Therapy

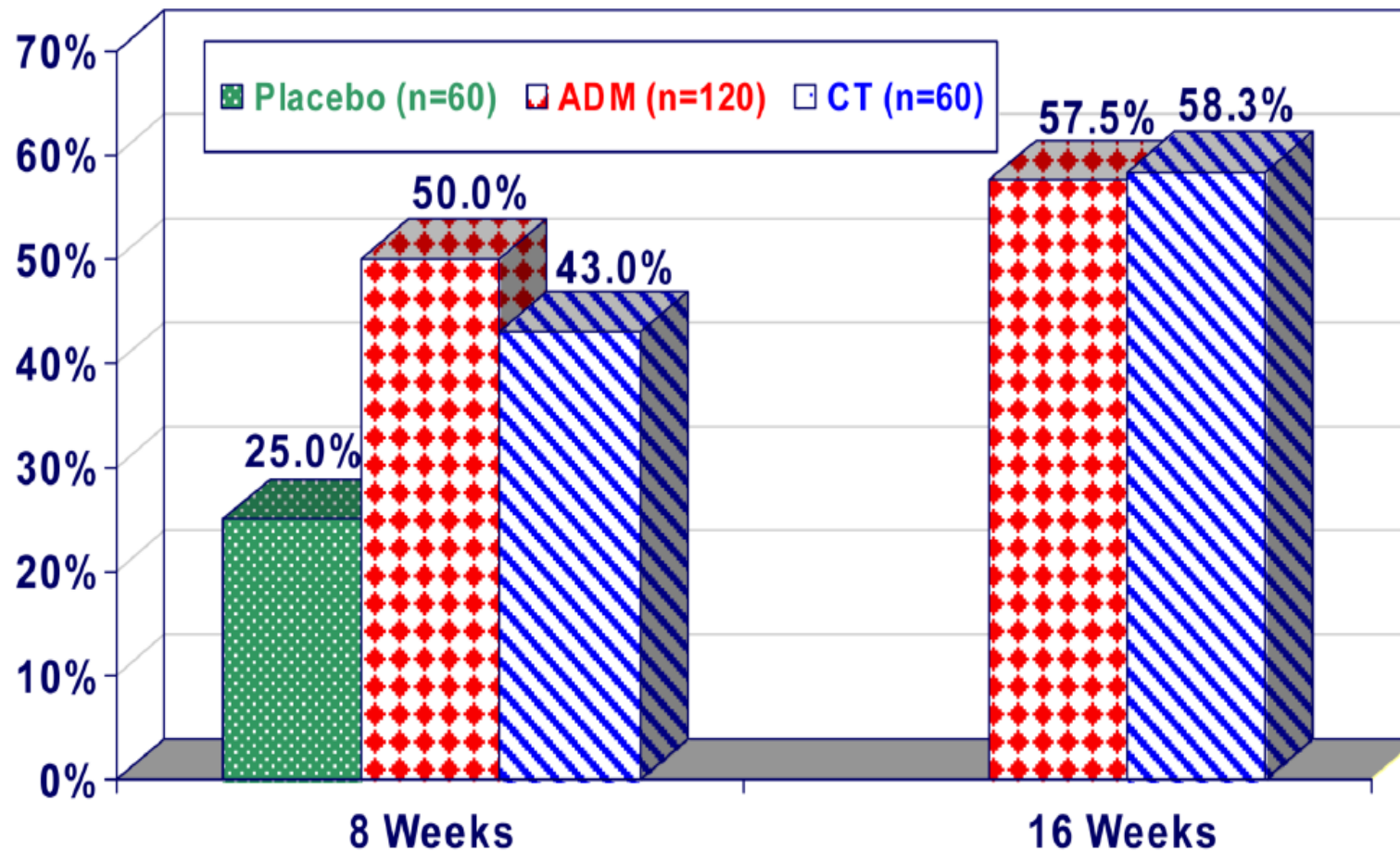
- Develop patient rapport
- Psychoeducation: Provide an overview of rationale
- Cognitive: Learn to identify and challenge false beliefs/ cognitive distortions
- Behavioral: Generate and employ problem-solving strategies and exposure therapy to address fear/avoidance



Medication Management

Medication	Advantage	Disadvantage
Fluoxetine (Prozac)	Generic available; long half-life; No withdrawal	More activating; long time till steady-state
Citalopram (Celexa)	Generic available; few drug interactions	Possible prolonged QT interval with titration
Paroxetine (Paxil)	Generic available; mildly sedating	Short half-life; FDA advisory for pregnant women; weakly anticholinergic
Sertraline (Zoloft)	Generic available; few drug interactions	Initial gastrointestinal complaints
Escitalopram (Lexapro)	Few drug interactions	
Duloxetine (Cymbalta)	Useful for treatment of comorbid pain	More activating
Venlafaxine ER (Effexor ER)	Useful for comorbid pain; few drug interactions	Short half-life; increased BP with titration; hypo/hyponatremia

CBT and Antidepressants: Comparable Response Rates



Suicidality

Anxiety Disorders and Suicidality in Primary Care

Patients Meeting Criteria for At Least 1 Anxiety Disorder of Moderate Severity	% Endorsing (n= 1002)
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Think that you were better off dead or wish you were dead. (Passive ideation)	25.3
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Want to harm yourself or to hurt or injure yourself. (Non-suicidal self-injurious thoughts)	5.1
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Think about suicide.	13.4
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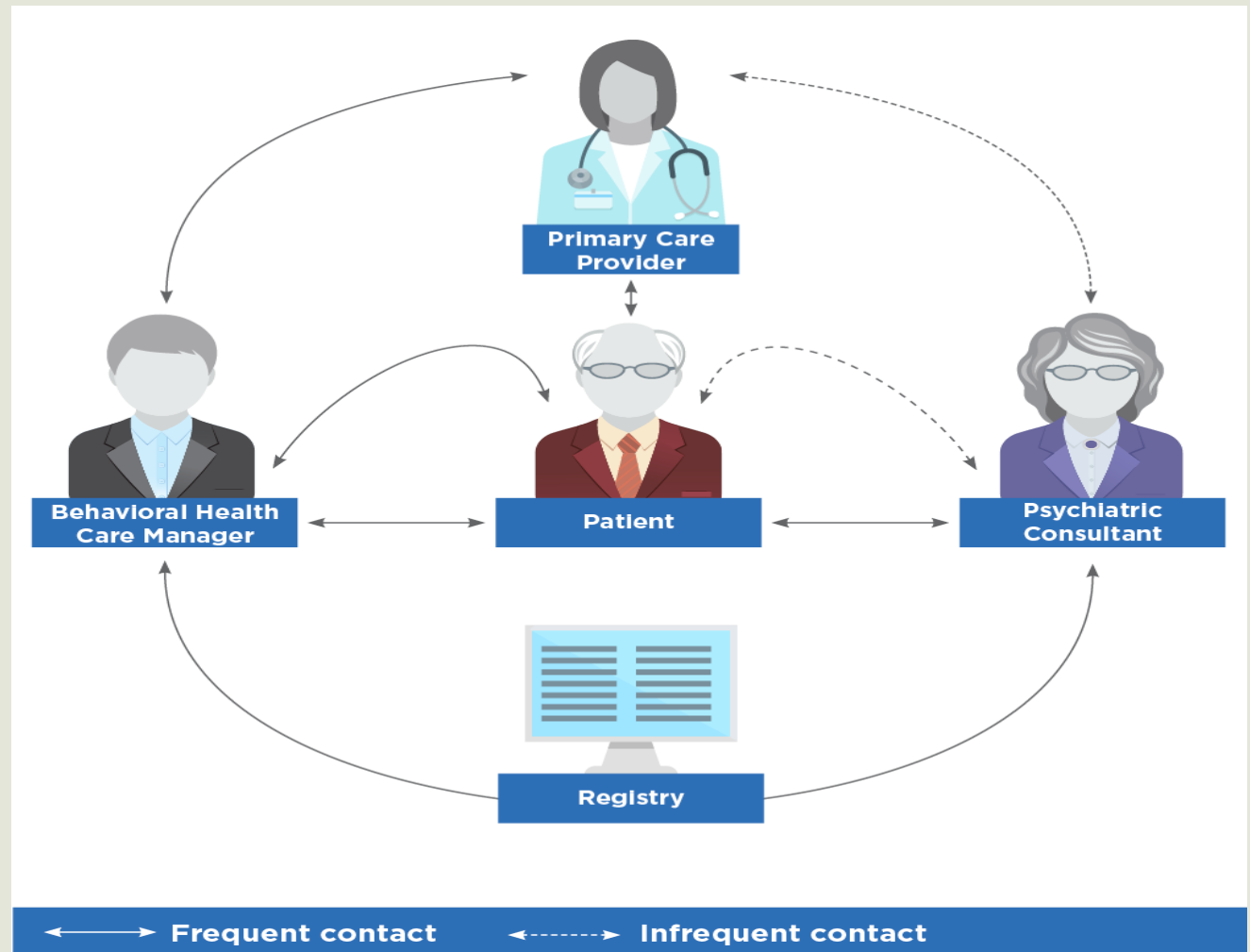
Deliberately harm or injure yourself. (Non-suicidal self-injurious actions/behaviors).	2.2
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In your lifetime did you ever make a suicide attempt. (History of attempts).	17.8
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Summary

Collaborative Care Team/Measurement Guided Care

- Establish a trusting relationship with patient
- Measurement Guided Assessment
- Protocol: Patient preference and treatment availability
- Coordination of care is essential; make referral if/when needed



Thank You

Merida M. Grant, PhD
Associate Professor
University of Alabama-Birmingham
Email: mgrant@uabmc.edu

