



Treating Depression in the Primary Care Setting Nonpharmacologic Interventions

Presented by: Jonathan Betlinski, MD

Date: 09/18/2014

Disclosures and Learning Objectives

- Learning Objectives
 - Know the 9 diagnostic criteria for Major Depressive Disorder
 - Be able to determine depression severity using the PHQ-9
 - Know at least five nonpharmacologic treatments for depression

Disclosures: Dr. Jonathan Betlinski has nothing to disclose.

Depression in the Primary Care Setting

- Quick review of Screening for Depression
- Non-pharmacologic interventions for MDD
 - Exercise
 - Sleep Hygiene
 - Light Therapy
 - Psychotherapy
 - OTC ingestible treatments
- Next Week's Topic

Major Depressive Disorder

At least five 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) or 2)

- Depressed mood
- Markedly diminished interest
- Significant weight or appetite changes
- Insomnia or hypersomnia
- Psychomotor agitation or retardation
- Fatigue or loss of energy
- Feelings of worthlessness or guilt
- Diminished ability to think or concentrate, or indecisiveness
- Recurrent thoughts of death or suicidal thoughts

PHQ-9 helps clarify severity of depression

PHQ-9 screens for the 9 MDD criteria

- Score 0-4: No depression symptoms
 - Score 5-9: Minor depression symptoms
 - Score 10-14: Moderate depression symptoms
 - Score 15-19: Moderate to severe depression symptoms
 - Score 20 or more: Severe depression symptoms
-
- Sensitivity – 88% Specificity – 88%

http://www.cqaimh.org/pdf/tool_phq9.pdf

<http://www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf>

PHQ-9 for Adolescents

PHQ-9 works well in adolescents when a cut-off score of 11 is used

<http://pediatrics.aappublications.org/content/126/6/1117.full.pdf+html>

Some experts have modified the PHQ-9 for teens, known as the PHQ-A

http://depression.acponline.org/content/all/tools/dcg_o23.pdf

<http://ppn.mh.ohio.gov/portals/0/pdf/PHQ-9%20Modified%20for%20Teens.pdf>

Still others recommend an extended depression screening

<https://provider.ghc.org/open/caringForOurMembers/patientHealthEducation/screeningSchedules/depressionPHQ9Teen.pdf>

Nonpharmacologic Interventions

Antidepressants are no better than placebo for mild to moderate depression

http://medicine.plosjournals.org/archive/1549-1676/5/2/pdf/10.1371_journal.pmed.0050045-L.pdf

<http://jama.jamanetwork.com/article.aspx?articleid=185157>

Antidepressants may worsen bipolar disorder

<http://www.psycheducation.org/bipolar/controversy.htm>

Antidepressants tend to have drug-drug interactions

<http://www.drugs.com/drug-interactions/fluoxetine,prozac-index.html>

Antidepressants can be pretty aversive

<http://psychiatryonline.org/content.aspx?bookid=28§ionid=1667485>

Treatment of Depression in Primary Care

Other things masquerade as depression

- Hypothyroidism
- Sleep deprivation or sleep apnea
- Medication side effects
- Vitamin B12, D, or iron deficiencies
- Anemia
- Viruses

So start all treatment with a good work up

<http://www.nimh.nih.gov/health/publications/depression/index.shtml#pub6>

Exercise

Little reason to not try it

The best is whatever works for the patient

At the least, add it to other treatments

<http://psychiatryonline.org/content.aspx?bookid=28§ionid=1667485>

Just as effective as Sertraline

<http://www.reuters.com/article/2007/09/19/us-exercise-depression-idUSCOL96941220070919>

High energy expenditure is best, but any
exercise is better than no exercise

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3674785/pdf/nihms-386053.pdf>

Sleep Hygiene

Loss of sleep leads to depression

www.cnn.co/2010/HEALTH/06/09sleep.deprivation.depression

Treating insomnia with CBT can double chances of recovery from depression

<http://www.nytimes.com/2013/11/19/health/treating-insomnia-to-heal-depression.html?pagewanted=all>

So start with Sleep Hygiene

- Regular bed and awake times
- No naps
- Keep your room dark and quiet as possible
- Your bed is only for two things!

www.cci.health.wa.gov.au/docs/Info-sleep%20hygiene.pdf

Light Therapy

Appears effective for both SAD and MDD

The more intense the light, the better

Ideally, use first thing in the morning

Follow the package instructions

May need to monitor for hypomania

Low-risk, low-cost option

<http://pro.psychcentral.com/light-therapy-for-depression-does-itwork/002903/html>

<http://psychiatryonline.org/content.aspx?bookid=28§ionid=1667485>

<http://www.psycheducation.org/depression/LightTherapy.htm>

Psychotherapy

Types effective in acute depression

- Cognitive Behavioral Therapy
- Interpersonal Therapy
- Behavioral Therapies

As effective as medications in mild to moderate depression

Beneficial effect more prolonged than medications

May be preferable for women who want to get pregnant

<http://psychiatryonline.org/content.aspx?bookid=28§ionid=1667485>

<http://behavioralassociatesla.com/research-on-the-efficacy-of-cbt-treatment/>

Behavioral Activation

Schedule fun!

<http://www.cci.health.wa.gov.au/docs/WS-Behavioural%20Activation.pdf>

Schedule responsibilities

<http://www.therapistaid.com/content/0022.pdf>

Volunteer

Engage in your spiritual/religious tradition

Break things into manageable chunks

www.personal.kent.edu/~dfresco/CBT_Readings/BM_Lejuez_BATD_Manual.pdf

St. John's Wort

Superior to placebo at 300-1800mg/day
(maybe)

More tolerable than low-dose TCA's

Formulations are not standardized

Watch out for drug-drug interactions
(especially oral contraceptives)

Watch out for sun!

<http://psychiatryonline.org/content.aspx?bookid=28§ionid=1667485>

Other OTC Treatments need more research

- S-Adenosyl Methionine (SAMe)
 - Some studies show benefit similar to TCA's
 - Formulations are not standardized
- Omega-3 Fatty Acids
 - EPA better than DHA
 - Use 3 grams per day
- Folate and L-methyl-folate
 - Useful as an adjunct to medications

<http://psychiatryonline.org/content.aspx?bookid=28§ionid=1667485>

Non-Pharmacology for Treatment-Resistant

Four main therapies for Severe MDD

- ECT – Electroconvulsive Therapy
- rTMS – repetitive Transcranial Magnetic Stimulation
- VNS – Vagal Nerve Stimulation
- CBT – Cognitive Behavioral Therapy

<http://www.ncbi.nlm.nih.gov/pubmedhealth/n/cer33/pdf/>

Electroconvulsive Therapy

ECT may be first line therapy

- Severe depression with
 - Psychotic Features
 - Catatonia
 - Suicide Risk
 - Food refusal leading to nutritional compromise
 - Severe Medical Illness
- Those who have previously responded
- Those who prefer it

Transcranial Magnetic Stimulation

Uses MRI-strength magnetic pulses to stimulate superficial cortical neurons

Requires daily treatments

Approved by the FDA in 2008

Not considered a first-line treatment

<http://psychiatryonline.org/content.aspx?bookid=28§ionid=1667485>

Vagal Nerve Stimulation

Only approved for treatment resistant depression

May work better when used together with medications

Requires surgical implantation

Not indicated for first-line treatment

Treating Depression in Primary Care

Depression is common

Depression is treatable

PHQ-9 simplifies detecting and quantifying depression

The first steps in the treatment of recovery are usually nonpharmacological

The End!



Next Week's
Topic:

**Treating
Depression
With
Medications**