

Optimistic News and Practical Tools

The Role of Primary Care in Screening and Managing Teen Depression

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Educational Objectives

Learn:

- steps for initial depression screening and management in primary care
- when to refer to mental health providers
- tools for providers and patients
- principles of collaborative care and staff roles

Goals

Inspire you to embrace the role of primary care in screening and managing depression

Motivate you to use tools and links provided here

Convince you to design your own practice to provide team based collaborative care

Demonstrate how different institutions and clinicians can collaborate to improve teen mental health care

Mental Health Screening & Depression Management: Integral to Pediatric Primary Care

Why: Mental health issues are common in teens and can portend complex medical and mental disorders in adulthood

Why primary care:

- Primary care is usually the first and often the only contact that patients have with health care professionals.
- Primary care interventions can be sufficient, without need for referral to mental health specialists.

Who says so:



AAFP

ACP

AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY



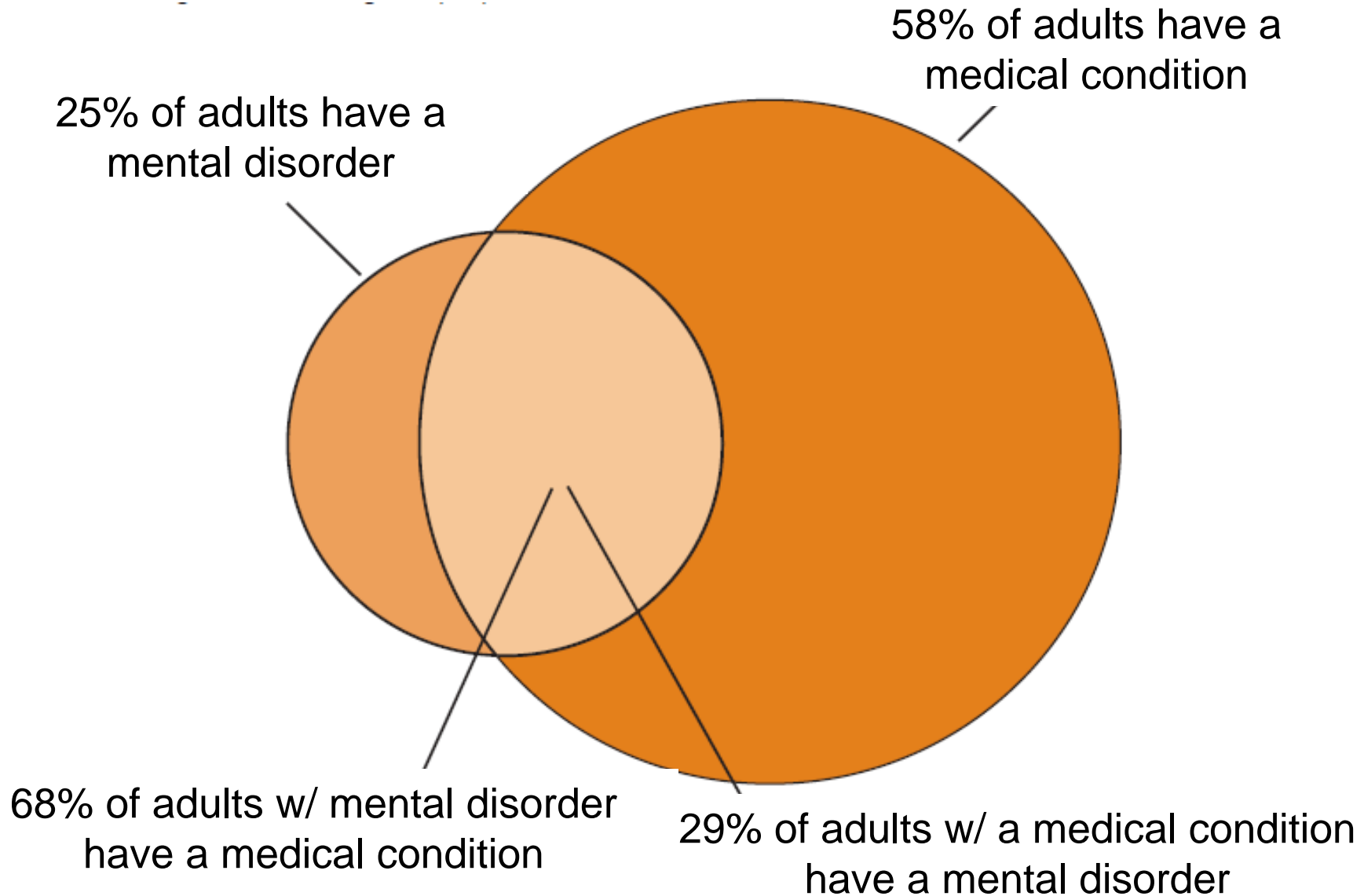
Depression is Common in Teens

Prevalence: 10 - 15 % at any one time

20% of teens have depression before adulthood

Suicide is the 3rd leading cause of death among teens and young adults

Protect Teens' Future: Mental & Medical Disorders Commonly Co Exist in Adults



Source: Adapted from the National Comorbidity Survey Replication, 2001–2003 (3, 83)

Adverse Childhood Events (ACE)

correlate with future health outcomes and risk factors for leading causes of death in adults

Recurrent physical abuse

Recurrent emotional abuse

Sexual abuse

EtOH or drug abuser in the home

Household member incarcerated

Household member chronically depressed, mentally ill, suicidal, or institutionalized

Mother treated violently

One or no parents

Emotional or physical neglect

<http://www.cestudy.org/>

2009 US Preventive Services Task Force Recommendation
Depression Screening

“Screen for major depressive disorder

when systems are in place to ensure

- accurate diagnosis,
- psychotherapy
and
- follow-up”

American Academy of Pediatrics

“...Screen all school aged children ... for symptoms of mental illness and impaired psychosocial functioning at health maintenance visits ... and when risks or concerns are identified).”

Task Force on Mental Health, *Pediatrics* June 2010

“The need for primary care clinicians to manage children with mental health concerns only will continue to increase in the future.” AAP website accessed Mar 6, 2011

What are your barriers to screening for depression?

1. Don't know how
2. Uncomfortable addressing depression
3. Don't know what to do next
4. None: I already screen pts

What are your barriers to treating depression?

1. Don't know how
2. Takes too much time
3. Inadequate reimbursement
4. Inadequate psychiatrist back up
5. None: I already treat pts

Overcoming Barriers (We have the apps ...)

- Concerns about discomfort or inadequate skills
 - We already manage depressed pts, identified or not
 - Tools and workflows are available
 - 1^o care mgmt of depression is feasible, often sufficient
- Concerns about reimbursement / time
 - Coding tools
 - Staff support and care management models of care
- Concerns about access to behavioral health providers
 - Most pts don't need referral
 - Tips for families to help navigate the “system”

Tools for Physicians

Wall Flyer and Handout about Depression

Screening Tools for Mental Health

Treatment Guides for Depression

Release of Information Forms

Forms for structured communication

between 1^o care, schools, and mental health providers

Anti Depressant Medication Guides

CPT coding tips

Lists of local psychiatrists and psychotherapists **

Where to obtain emergency evaluation and hospitalization **

* Must be locally developed

Tools for Families

Handouts on mental health topics

depression, substance abuse, anxiety, stress etc.

Structured care plans:

patient's action plan before next visit

Handout: Tips for Accessing Mental Health Providers

Resources for teens, parents on mental health

books, telephone numbers, websites

HEADSSSS UP: Basic Psychosocial Assessment

Home environment

**Education / Employment / Eating / Exercise
Activities and Peer Relationships**

Drugs / Tobacco / Alcohol

Depression / Mood

Sexuality

Suicide

Safety

Spirituality

Opening the Door to the Conversation: Depression Flyer / Handout

Understanding Depression



What are the signs of depression?

If you have felt many of these symptoms nearly every day for two weeks or longer, you may have clinical depression, not just common sadness:

- Depressed mood: feeling sad, tearful, irritable, or easily angered
- Little interest or pleasure in activities you used to enjoy
- Increase or decrease in appetite or weight
- Sleeping much more or much less than usual
- Restlessness or decreased activity
- Fatigue or loss of energy
- Feelings of worthlessness or guilt
- Difficulty concentrating or making decisions
- Thoughts of death or suicide
- Persistent negative thoughts

Sometimes depression can manifest as anxiety, with symptoms such as:

- Trouble sleeping
- Tense feelings
- Preoccupation with unpleasant or irrational worries
- Fear that something awful might happen

Depression is treatable. The first step is to seek help.

What causes depression?

Depression is not a sign that you are weak. Depression is a common, treatable and serious medical condition. Depression is usually the result of several factors, such as:

Stressful events: such as job loss, financial strain, conflict in a relationship, death of a loved one. Stresses may be recent or may build gradually.

Family history: depression is more common in people who have close relatives with depression.

Medical conditions: pain, chronic disease, loss of function, or other illness can lead to depression, as can hormone changes, such as during menstrual cycles, post partum and menopause.

How is depression evaluated?

Your doctor may ask you to complete a screening questionnaire. Then he or she should ask questions to check for medical illness, family history, use of alcohol and other substances, and other concerns.

How is depression treated?

Some or all of the following steps may be appropriate, depending on your own wishes and the severity of your depression. Discuss these options with your doctor.

1. Lifestyle changes are recommended for all people with depression, including:

• Exercising regularly	• Setting a routine sleep pattern
• Healthy eating	• Avoiding alcohol and other "recreational" drugs
• Making time for pleasurable activities	• Spending time with friends and loved ones

2. Regular meetings with doctors and a psychotherapist:

- Seeing your primary care doctor regularly: this plus lifestyle changes may lift mild depression
- Meeting with a therapist for "talk" therapy regularly
- Meeting with a psychiatrist for "talk" therapy and/or medication

3. Anti depressant medication: Please discuss with your doctor the risk and benefits of medication, how to take and adjust doses and manage side effects. Regular follow up with your doctor is important.

4. Involve your family and close friends: support and encouragement of loved ones can be very helpful.

Following through with treatment

- It is very important for you to come to every appointment with your doctor and therapist.
- If your doctor has prescribed an anti depressant medication, take it as directed. If you have concerns or side effects, discuss them with your doctor; don't just stop take the medication on your own.

Other resources for information

- National Institutes of Health: Depression website (<http://www.nlm.nih.gov/health/topics/depression/index.shtml>)
- <http://www.pamf.org/healtheducation/>
- American Foundation for Suicide Prevention; www.afsp.org

If you feel severely depressed or have persistent thoughts of death or of harming yourself, please seek help immediately. Call your doctor promptly. For urgent needs, call 911.

Readily Accessible Screening Tools

Depression:

PHQ 9	9 questions about depression & its severity
PHQ 2 → 9	2 question screen, then 9 if screen is positive
PHQ 9 for Teens	PHQ 9 + 2 q's about suicidality

Depression, ADD, Anxiety, Conduct

Pediatric Symptom Checklist For Youth and Parent

37 questions about mood, behavior, attention issues
2 questions about suicidal thoughts, plans

Drugs and Alcohol:

CRAFFT	3 initial questions, then 6 more
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PHQ 9 Modified for Teens

Name _____ Birthdate _____ Doctor _____ Today's Date _____

A Survey from Your Healthcare Provider

Part of routine screening for your health includes considering mood and emotional concerns. Instructions: How often have you been bothered by each of the following symptoms during the past two weeks? For each symptom put an "X" in the box beneath the answer that best describes how you have been feeling.

	(0) Not At All	(1) Several Days	(2) More Than Half the Days	(3) Nearly Every Day
Feeling down, depressed, irritable or hopeless?				
Little interest or pleasure in doing things?				
Trouble falling or staying asleep or sleeping too much?				
Poor appetite, weight loss, or overeating?				
Feeling tired or having little energy?				
Feeling bad about yourself --or feeling that you are a failure, or have let yourself or your family down?				
Trouble concentrating on things, like school work, reading or watching TV?				
Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?				
Thoughts that you would be better off dead, or of hurting yourself in some way?				

Depression Severity Rating

< 5 None

5 – 9 Mild

10 – 14 Moderate

15 – 19 Mod. Severe

20 + Severe

Impact on Function

Not difficult

Somewhat Difficult

Very difficult

Extremely Difficult

In the **past year** have you felt depressed or sad most days, even if you felt OK sometimes? Yes No

If you are experiencing any of the problems on this form, 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

Has there been a time in the past month when you have had serious thoughts about ending your life? Yes No

Have you **ever**, in your **whole life**, tried to kill yourself or made a suicide attempt? Yes No

Major Depressive Disorder Diagnosis DSM IV

≥ 5 of 9 SX (must include mood issue) + impaired function

- Mood: irritable or depressed plus
- Sleep: increased or insomnia
- Interest: markedly decreased in activities
- Guilt: feeling worthless, inappropriate guilt
- Energy: fatigue or loss of energy
- Concentration: hard to think/concentrate
- Appetite: significant wt loss / gain (~ 5% change)
- Activity: physically slowed or agitated
- Suicide: thoughts, attempts, death thoughts

Primary care response once depression is identified

- Assess severity of depression
- Manage suicidal patient
- Check for other conditions:
 - substance use, alcohol
 - psychiatric illness
(ADHD, bipolar, eating disorder, schizophrenia)
 - physical illness
 - learning issues
 - abuse
- Start treatment

Initial Depression Management in 1⁰ Care

- Form an alliance and affirm hope: “active support”
 - Be Genuine: "I'm concerned about you. I'm on your side...We'll get through this."
 - Support resilience, point out teen’s coping strengths
- Educate, counsel pt & family about depression, tx options
- Establish a safety plan
- Develop treatment plan and goals regarding function in home, school and peer relationships

AAP <http://www.aap.org/stress/teen1-a.cfm>

Book: Ginsburg K, Building Resilience in Children and Teens: *Giving Your Child Roots and Wings*

Initial Management of Depression in 1⁰ Care (cont.)

- Share resources for peer / family support:
 - phone numbers, websites, handouts
- Have family sign release of information form for communication with school, mental health providers
- Share questions & information with school staff, mental health care providers.
- Arrange close follow up: next week
- Refer pt and family to mental health care providers when appropriate ~ 10% of pts screened

Treating Moderate Depression without complicating features

Recommend psychotherapy and
Consider SSRI rx or Refer to Psychiatrist

If teen / family decline psychotherapy or psychiatry:

- Continue active support through PCP
- See pt wkly or every other wk until sx improve or psych care begun

For the few who need more than Primary Care Management: Medication and Talk Therapy: What Works?

Combo of SSRI and Talk Tx is best:

TADS Study : 439 teens 13 - 17 y with moderate to severe depression

Improved @ 12 wks: 71% Combo (v. 61% SSRI v. 44% Talk)
by @ 36 wks: similar outcomes for all groups

Remission: faster for combo tx

by 36 wks: 55% for fluoxetine, 60% combo, 64% CBT

Anti depressants can take 1 – 3 months to work

Once stable continue med for 6 - 9 mo

Teen must agree

Talk Therapy: What Works?

Cognitive Behavioral Therapy (CBT) is effective and less costly than other talk tx, eg Interpersonal Therapy

CBT Principles: thoughts cause feelings & behaviors, not external things (people, situations, events).

Focus: Change the way you think and react in order to feel & act better even if externalities don't change.

Approaches: attend to thoughts and behaviors, practice to change them (in contrast to Interpersonal Therapy, which focuses primarily on improving relationships)

Recommended by WHO

Adopted by National Health Service, UK

SSRI Anti Depressant Prescription for Teens by PCPs

Who says so? AAP, AACAP, PC-Glad - II

Why?

Many teens and / or parents are reluctant to seek help from mental health providers.

Widespread problems with limited or delayed access to psychiatrists for teens

Which pts? * uncomplicated mild depression that persists
* moderate depression

How? Guidelines are clear about how to start meds, follow pts and when to seek specialty referral

SSRIs for Depression in Children and Teens

Medication (generic)	Trade Name	Initial Dose	Dose changes	Maximum Daily Dose	FDA Approved	RCT shows efficacy	Anticholinergic Side Effects
Fluoxetine	Prozac	10 mg QD/QOD	10 Š 20 mg	60 mg	Yes	Yes	esp nausea, sexual dysfunction, anorexia
Escitalopram	Lexapro	5 mg QD/QOD	5 mg	20 mg	Yes	Yes	+
Sertraline	Zoloft	25 mg QD/QOD	12.5 Š 25 mg	200 mg	No	Yes	diarrhea & male sexual dysfunction
Citalopram	Celexa	10 mg QD/QOD	10 mg	60 mg	No	Yes	+

Collaborative Care for Depression is Best: It Takes a Team

Collaborative care = multi disciplinary team

screen, tx, track, coordinate care, follow pts betw visits

Improves clinical outcomes

Cost effective for society and some health systems:

Saves \$3,363 overall (\$677 outpt, \$2,686 inpt)
over 4 years for older adults

□

Unutzer et al. Am J Manag Care 2008; 14:95-100.

Who says? > 30 RCTs confirm this, eg IMPACT model

Gilbody S et al. Collaborative care for depression: a cumulative meta-analysis and review of longer-term outcomes. Arch Intern Med. 2006;166(21):2314-2321

Collaborative Care for Depression

PCPs and mental health providers working together:

- Co location in same clinic

- Consults by phone, e - consults

- Sharing notes efficiently thru EHR or fax/mail

Maximize EHR tools:

- track visits, PHQ scores, reminders, communicate w/ pts and team

Care Managers: MA, RN, or therapist

- educate, support pt self management

- recommend stepped care, adjusted for severity and response to tx

- arrange follow up at regular intervals

- coordinate w/ PCP and mental health providers

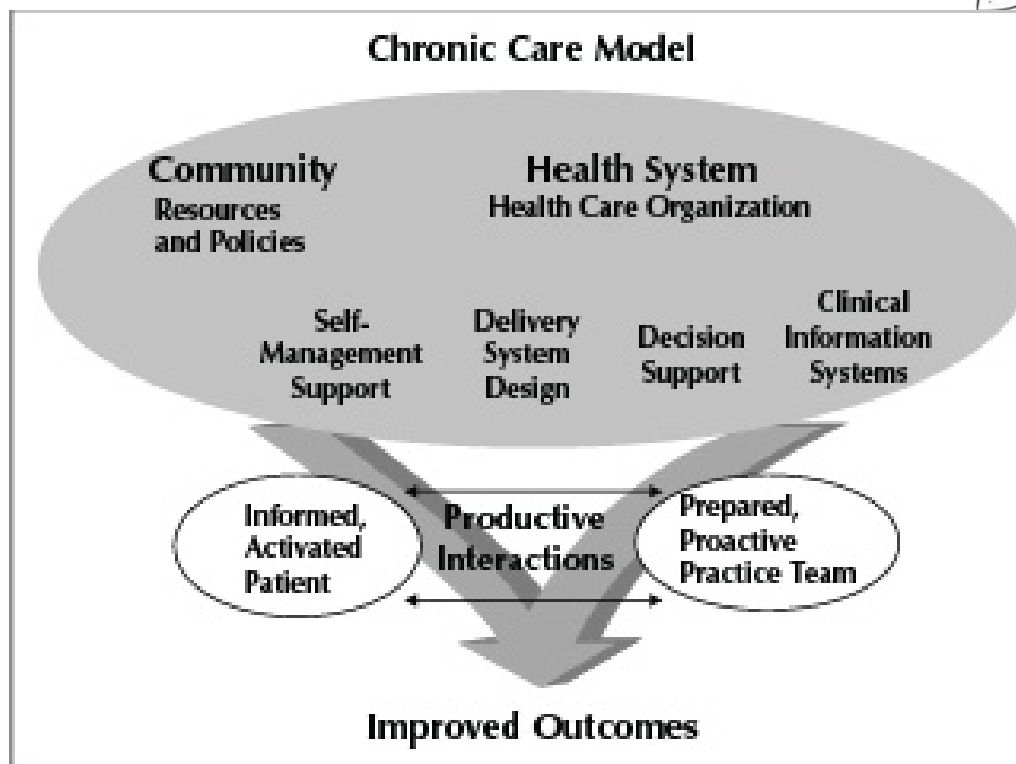
Train staff for this work: on line (free!) or in person

<http://impact-uw.org/training/web.html>

Collaborative Care: By Many Other Names..



Chronic Care Model



Pt Centered Medical Home

Pt centered, comprehensive, coordinate, superb access, and systems approach to quality and safety

ACOs

Who is using it: Mayo Clinic, Intermountain Health, Minnesota, U Washington, many public health clinics

Current Areas of Uncertainty

Can we demonstrate that collaborative care for teen depression saves money?

Could better enhanced “usual care” improve outcomes, without additional staff dedicated to full collaborative care?

What does it take to galvanize primary care practice change to improve screening and depression treatment?

Overcoming Barriers

“Don’t Ask, Don’t Treat” is an untenable position



Practice Resources in Syllabus

Screening Tools:

PHQ 9 modified for Teens, Pediatric Symptom Checklist

Depression management - two page summary

Wall Flyer and Handout about Depression

Anti Depressant Medication Guides

Anti Depressants FAQs for Patients

CPT coding tips for mental health encounters in primary care

Release of Information Form

Structured communication form: 1⁰ care, schools, mental health

Emergency eval'n & hospitalization: SF Bay Area resources

Hospital Based Psychiatric Facilities: SF Bay Area & Sacramento

Resource Guide for Teens and Families about Depression:

Websites, Telephone Numbers, Books

Tips for Families: Accessing Mental Health Providers

Internet Resources

**AAP: Addressing Mental Health Issues in Primary Care:
A Clinician's Toolkit**

<http://www.aap.org/commpeds/doch/mentalhealth/KeyResources.html>

Guidelines for Adolescent Depression in 1⁰ Care: Glad - PC

<http://www.glad-pc.org/>

TeenScreen: National Center for Mental Health Checkups

<http://www.teenscreen.org/programs/primary-care>

IMPACT: Evidence based depression care: <http://impact-uw.org/>

NAMI: resources for pts, families, providers <http://www.nami.org/>

**Heard Alliance: Collaborative of primary and mental health
providers in SF Bay Area Peninsula** www.HeardAlliance.org/

Information about SSRIs for Depression in Children and Teens

Side Effects: In general, any SSRI may cause: nausea, anxiety, agitation, anorexia, tremor, somnolence, sweating, dry mouth, headache, dizziness, diarrhea, constipation, or sexual dysfunction. Sx may ease in several weeks.

Psychotherapy strongly encouraged for all pts on SSRIs, esp. if not responding adequately to maximum med dose.

Changing medication: Consider when max dose maintained for 4-6 wks without response in target sx or if major side effects occur.

Maintaining medication: Continue 6 Š 12 months after sx end. Some teens need ≥ 2 yrs of meds to prevent relapse. See pts monthly once stabilized. Evaluate target sx, adverse reactions, and med adherence at each visit. Obtain teen and parent sx checklists q 3 months.

Stopping medication: Taper slowly, 1 Š 2 weeks between each dose reduction as follows: Fluoxetine - 10 mg; Sertraline - 25 mg; Citalopram - 10 mg; Escitalopram - 5 mg.

Concerns about Anti Depressant use in Children and Teens

In 2004, FDA reviewed 23 clinical trials: ~ 4,400 youth rx'ed any of nine antidepressants for depression, anxiety, or OCD.

Concerns: more suicidality in those pre disposed to this.
Pts rx'ed anti depressants reported more suicidal thoughts & attempts (“suicidality”) than pts on placebo (4% v. 2%).

Reassuring findings:

- No completed suicides
- Suicidality not induced in pts without prior suicidality
- Suicidality not increased in pts who already had suicidality
- All studies showed reduced suicidality over tx course

Regions in US w/ more SSRI rx's have lower suicide rates.

“Black Box” Warning about Anti Depressant use in Children and Teens

Antidepressants increased the risk compared to placebo of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults in short-term studies of major depressive disorder (MDD) and other psychiatric disorders.

Anyone considering the use of ...an antidepressant ... in a child, adolescent, or young adult must balance this risk with the clinical need....

Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide. Patients of all ages who are started on antidepressant therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescriber.

NIH Statements about Anti Depressants for Children and Teens since 2007

Results of a review of pediatric trials between 1988 and 2006 suggested that the benefits of antidepressant medications likely outweigh their risks to children and adolescents with major depression and anxiety disorders.

<http://www.nimh.nih.gov/health/topics/child-and-adolescent-mental-health/antidepressant-medications-for-children-and-adolescents-information-for-parents-and-caregivers.shtml>