



Primary Care Depression Toolkit

Enclosed is a package of supporting tools proven to be effective in the treatment of Depression. The goal of this Depression toolkit is to support the screening for and treatment of depression at the primary care level. This is important because depression is projected to become the leading cause of disability by 2020. Approximately 10% of individuals treated in a primary care setting have major depression.

We recognize that many of our health plan members feel most comfortable with their Primary Care Physician (PCP) as the initial point of contact for all health concerns. With that in mind, the significance of the role that PCP's play in the diagnosis and treatment of depression cannot be understated. We hope you will have the opportunity to utilize the information in this toolkit to enhance screening for and discussion about potential behavioral health issues with your patients.

This toolkit is intended to provide a basic understanding of depression by assisting PCP's in recognizing signs of depression in patients, utilizing a reliable screening tool, initiating treatment and where to refer the member for additional treatment and support.

What is Depression?

Depression is a mental illness that impacts a person's mind and behaviors, as well as the entire body. It can lead to or exacerbate a variety of emotional and physical problems that interfere with a person's daily functioning and reduce the overall quality of life. Depression has been linked with other chronic health problems including but not limited to chronic pain, cancer, diabetes, heart disease and HIV/AIDS.

Dealing with more than one health problem at a time can be difficult, so proper treatment is important. Signs of depression can often be vague or generalized to other chronic health problems making it easy to overlook in a routine office visit.

general symptoms

The following are considered common symptoms of depression and should lead to a PCP completing a preliminary depression screening at the time of the visit.

Adults

- Persistent sad, anxious or "empty" feelings
- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness or helplessness
- Irritability, restlessness
- Loss of interest in activities or hobbies once pleasurable
- Fatigue and decreased energy
- Difficulty concentrating, remembering details and making decisions
- Insomnia, early-morning wakefulness or excessive sleeping
- Overeating, or appetite loss
- Thoughts of suicide, suicide attempts
- Aches or pains, headaches, cramps or digestive problems that do not ease even with treatment

Children

- Decreased interest in activities or inability to enjoy previously interests
- Hopelessness
- Persistent boredom; low energy
- Social isolation; poor communication
- Low self-esteem and guilt
- Extreme sensitivity to rejection or failure
- Increased irritability, anger or hostility
- Difficulty with relationships
- Frequent complaints of physical illnesses such as headaches and stomachaches
- Frequent absences from school or poor performance in school
- Poor concentration
- A major change in eating and/or sleeping patterns
- Thoughts or expressions of suicide or self-destructive behavior

Screening Tools & Resources

Simple general screening tools that can be completed by the patient or administered during an office visit include:



The Patient Health Questionnaire-2 (PHQ2) is a simple screening tool utilized in primary care settings if a patient exhibits any signs and symptoms of depression. Patients who screen positive should be further evaluated.



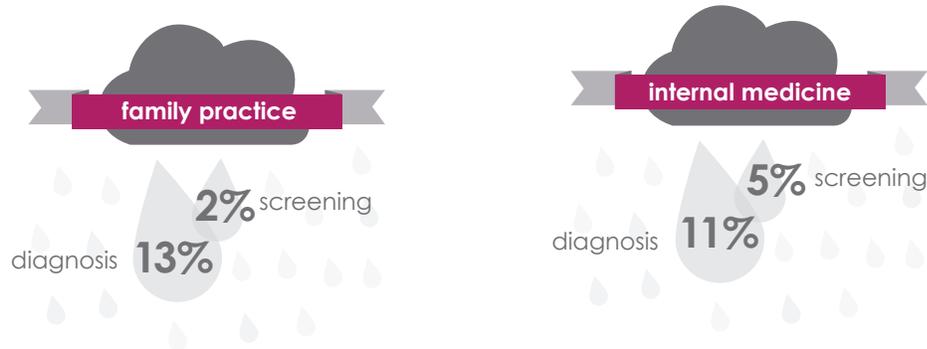
Patient Health Questionnaire-9 (PHQ9) is a slightly expanded version of the PHQ2. This tool can help track a patient's overall depression severity as well as the specific symptoms that are improving or not with treatment.



The Edinburgh Depression Scale (EDS) is a 10 item self-report measure designed to screen women for symptoms of emotional distress during pregnancy and the postnatal period.

Analysis of National Ambulatory Medical Care Surveys reveals that despite the high prevalence of depression in primary care (10 to 12 percent), screening is extremely low at 2 to 4 percent (see the graphic below from the American Academy of Family Physicians).

Percentage of visits with depression diagnosis and screening



Cherry DK, et al. National ambulatory medical care survey: 2006 summary. *Adv Data.* 2008;(3):1-39.

Best Practices

Interventions for the treatment of depression falls into two main categories: psychosocial and pharmacological interventions. Psychosocial interventions such as Cognitive Behavioral Therapy, Interpersonal Therapy, Psychodynamic Therapy and Dialectical Behavior Therapy can be useful. Pharmacological management includes, most often, prescribing Antidepressants- including SSRI's, SNRI's, MAOI's, Atypical, Tricyclic and Tetracyclic. A follow-up appointment should occur within 12 weeks of diagnosing and initiating treatment of an adult with an antidepressant medication. Another follow-up appointment should occur within the next 90 days to ensure effective continuation of treatment.

For additional Information about the PHQ2, PHQ9, EDS or other depression screening tools and resources go to:

www.nami.org

www.samhsa.gov

www.iccmhc.org

www.nimh.nih.gov