Treatment of Depression

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Disclosures

"My spouse/partner and I have the following relevant financial relationship with a commercial interest to disclose:

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Managing Adolescent Depression
The Complete Guide for Primary Care Clinicians
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Guidelines for Adolescent Depression in Primary Care

Part I

- *Pediatrics*. 2018;141(3):e20174081 http://pediatrics.aappublications.org/content/141/3/e20174081
- **Guidelines for Adolescent Depression in Primary Care (GLAD-PC): I. Practice Preparation, Identification, Assessment, and Initial Management**
- Zuckerbrot RA, Cheung AH, Jensen PS, Stein REK, Laraque D; GLAD-PC Steering Group

Part II

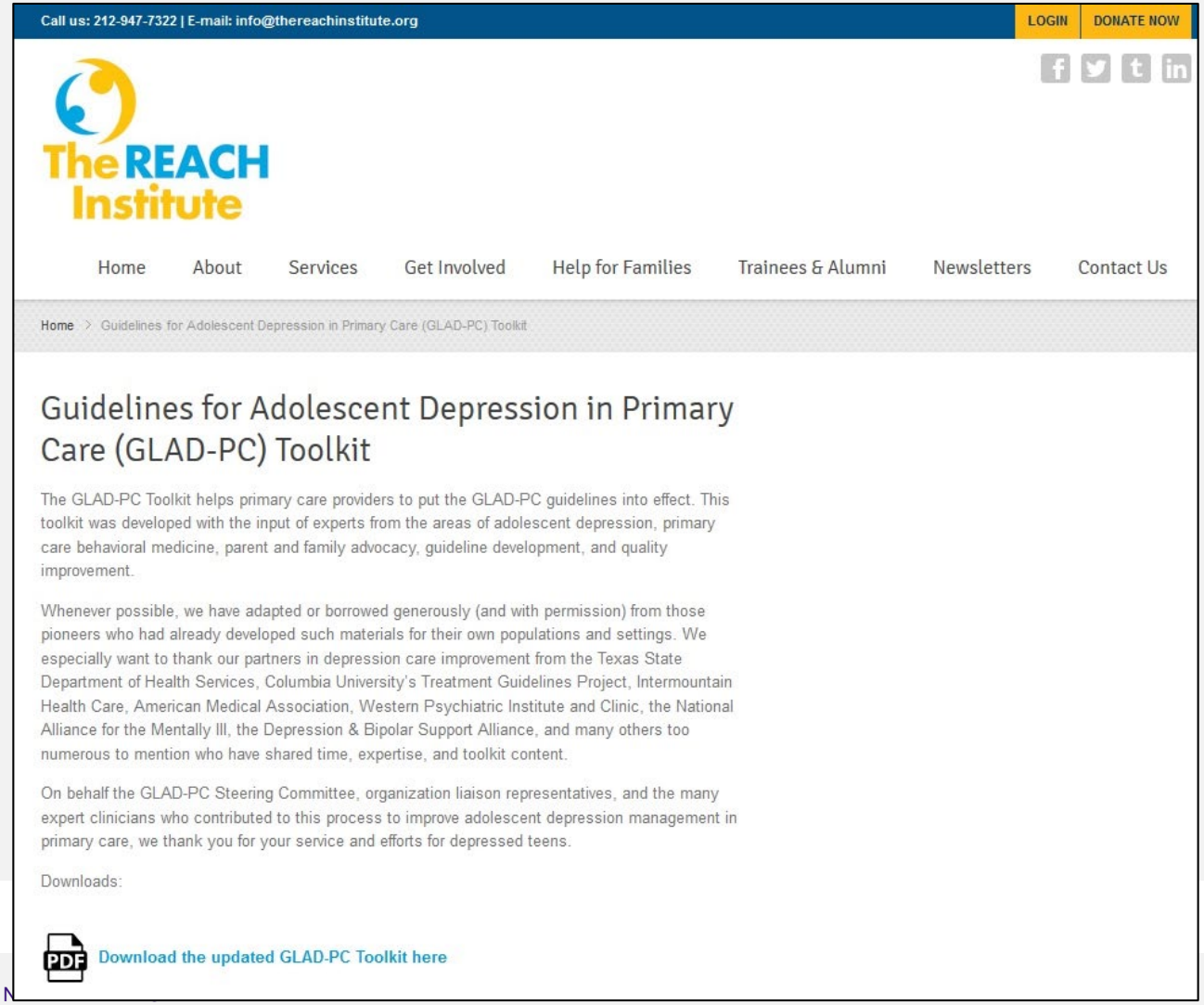
- *Pediatrics*. 2018;141(3):e20174082 http://pediatrics.aappublications.org/content/141/3/e20174082
- **Guidelines for Adolescent Depression in Primary Care (GLAD-PC): II. Treatment and Ongoing Management**
- Cheung AH, Zuckerbrot RA, Jensen PS, Laraque D, Stein REK; GLAD-PC Steering Group

Guidelines for Adolescent Depression in Primary Care

GLAD – PC

Toolkit

GLAD-PC Toolkit: www.gladpc.org



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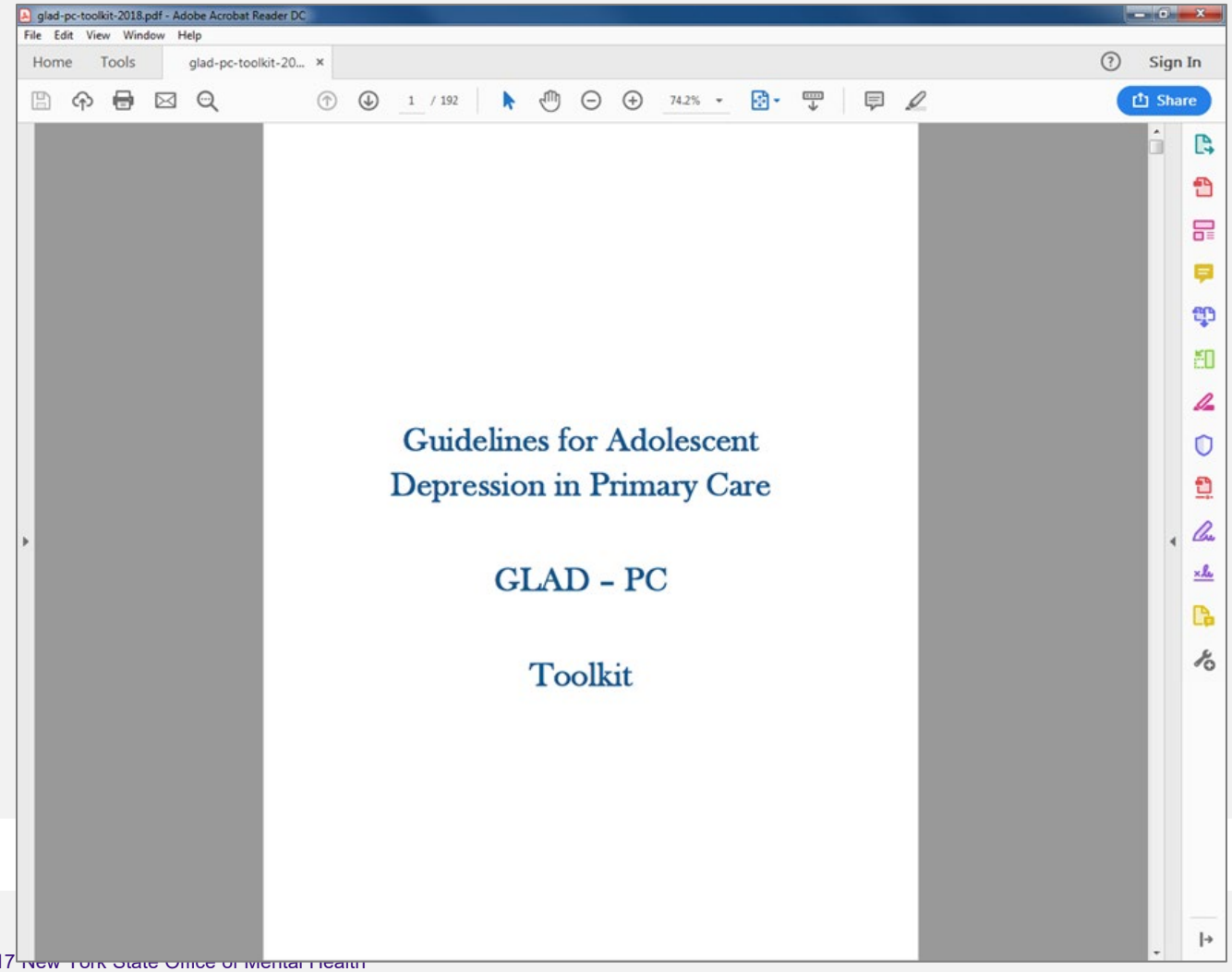
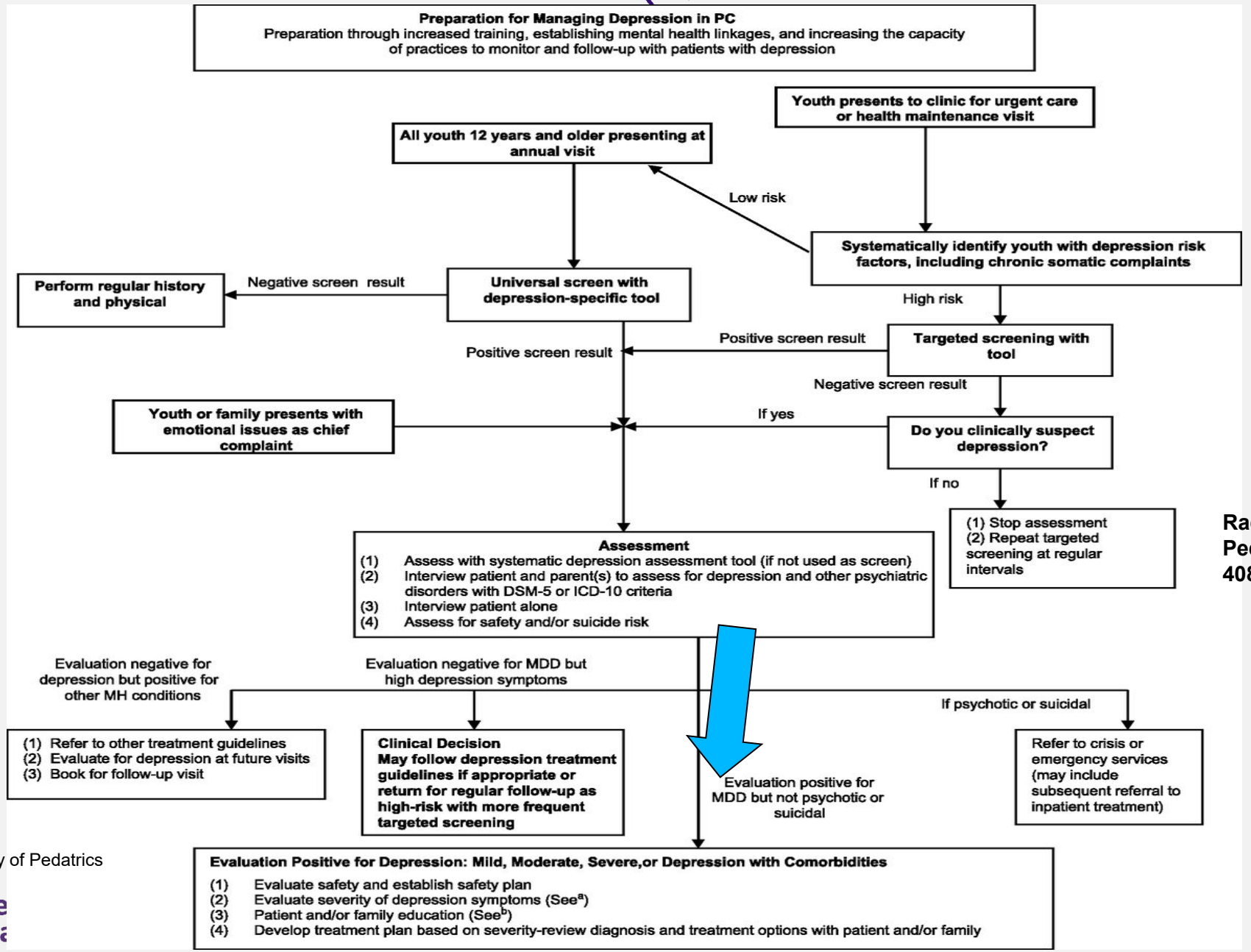


Let’s continue where we left off…

Clinical assessment flowchart.



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Initial Management

A. Decide if Mild, Moderate or Severe
B. Establish a Safety Plan
C. Patient and Family education
D. Develop a treatment plan based on severity

A. Decide if Mild, Moderate, Severe

MILD

MODERATE

SEVERE

Clinical impressions from interview
Standardized rating scales
Number of DSM-5 criteria
Level of impairment, Safety issues

Severity Determination

Framework for Grading Severity of Depressive Episodes

In both the DSM-5 and the ICD-10, severity of depressive episodes is based on the number, type, and severity of symptoms, as well as the degree of functional impairment. The DSM-5 guidelines are summarized in the table below.

DSM-5 Guidelines for Grading Severity Depression

Category	Mild	Moderate	Severe
Number of symptoms	Closer to 5	*	Closer to 9
Severity of symptoms	Distressing but manageable	*	Seriously distressing and unmanageable
Degree of functional impairment	Minor impairment	*	Symptoms markedly interfere

* According to the DSM-5, in "moderate" episodes of depression, "the number of symptoms, the intensity of symptoms, and/or the functional impairment are between those specified for 'mild' and 'severe.'"

In addition to the above framework, individual rating scales are associated with their own indicators of severity, as indicated elsewhere in this section.

B. Safety Planning

- Assess Current risk
- If safe to go home:
  - Encourage parents to “sanitize” the home
  - Make a written plan (or on the iphone, ipad, etc.) with steps agreed upon by all parties as to what to do at what point –NOT A PROMISE TO NOT HARM
    - Hierarchy of Support systems and comforting activities (music, art, sports, etc.)
      - When should friends be contacted
      - When should parents be contacted
      - When should the PCP be contacted
      - When should 911 be contacted
      - When should a suicide crisis line be contacted

C. Patient and Family Education

- Explaining depression as a common and treatable condition is one of the most important steps to be done in primary care
- Giving written materials to your patients can go a long way in helping to keep them engaged in the mental health process
  - NAMI FAMILY GUIDE
  - GLAD-PC Toolkit Handouts

C. Patient and Family Education: Basic interventions to help oneself or one's child

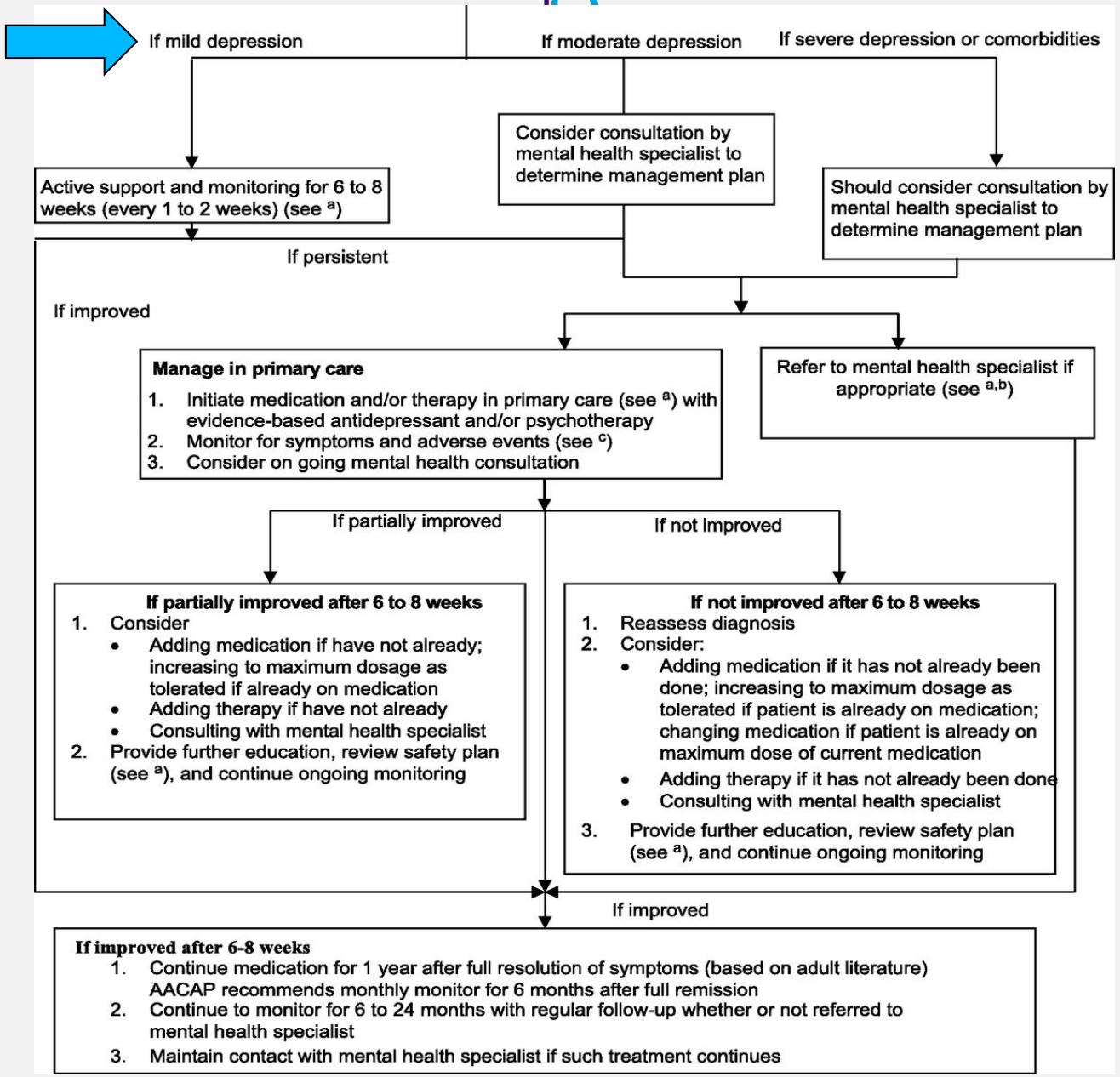
- Behavioral Activation
- Exercise
- Nutrition
- Spend time outside (commune with nature)
- Hang out with supportive friends
- Spiritual or other supportive community
- Altruism (volunteer opportunities)

D. Develop a Treatment Plan Based on Severity

- Part II of the Guidelines:
- Pediatrics. 2018 Feb
- **Guidelines for Adolescent Depression in Primary Care (GLAD-PC): II. Treatment and ongoing management.**
- Cheung AH[1], Zuckerbrot RA, Jensen PS, Laraque D, Stein RE; GLAD-PC Steering Group.

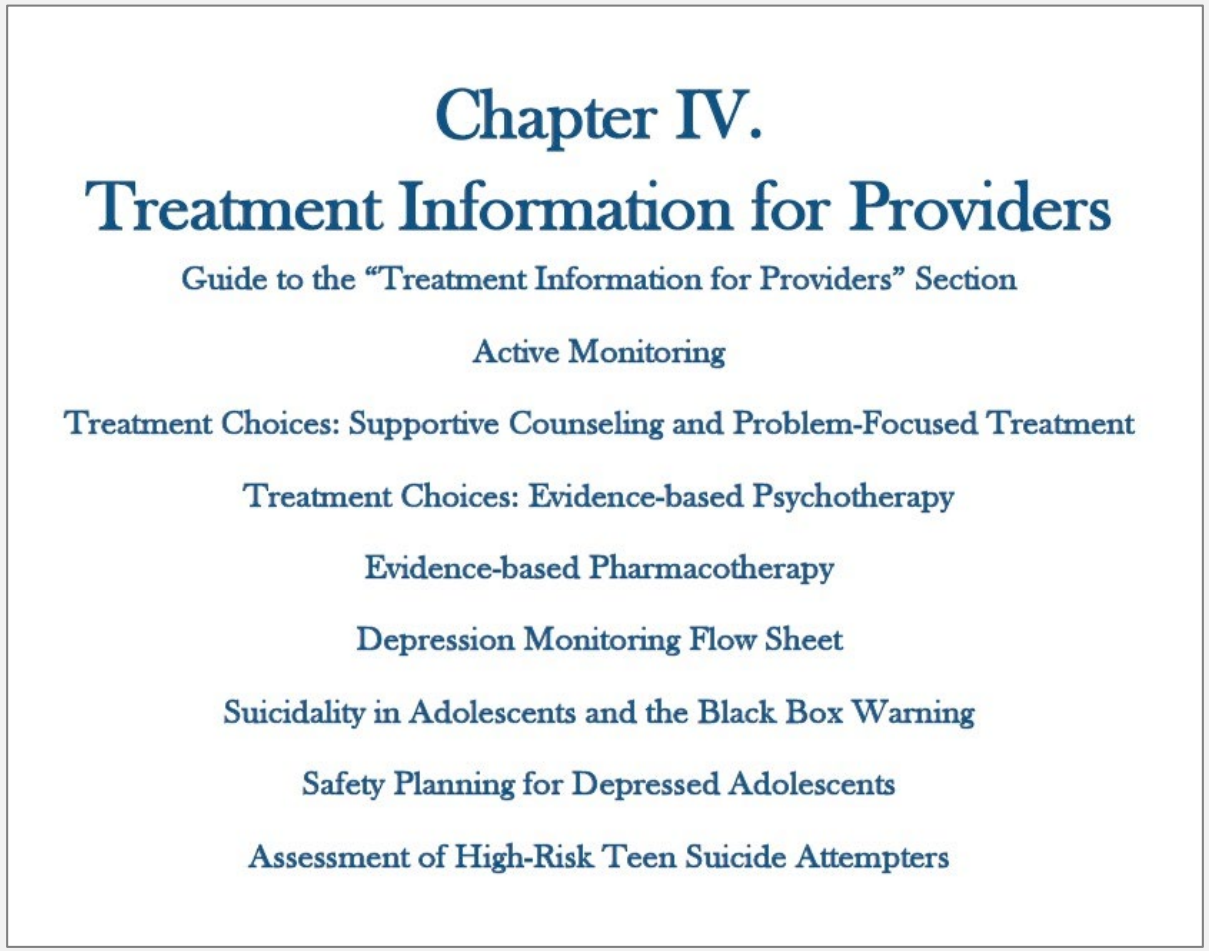
Mild Depression

Clinical Assessment Flowchart



Zuckerbrot RA, Cheung A, Jensen PS, Stein REK, Laraque D; GLAD-PC Steering Group. Guidelines for Adolescent Depression in Primary Care (GLAD-PC): Part II. Treatment and Ongoing Management. *Pediatrics* 2018;141(3):e20174082

GLAD-PC Toolkit Chapter IV



Chapter IV.
Treatment Information for Providers

Guide to the "Treatment Information for Providers" Section

Active Monitoring

Treatment Choices: Supportive Counseling and Problem-Focused Treatment

Treatment Choices: Evidence-based Psychotherapy

Evidence-based Pharmacotherapy

Depression Monitoring Flow Sheet

Suicidality in Adolescents and the Black Box Warning

Safety Planning for Depressed Adolescents

Assessment of High-Risk Teen Suicide Attempters

Active Monitoring & Close Follow-Up

Self-Care Success!

Things you can do to help yourself.

Name:_____ Date: _____

Instructions: When people are depressed they often forget to take care of themselves. By setting self-care goals you can take an active role in helping yourself feel better more quickly. Choose one or two of the areas below and set a goal. Make sure the goal is clear and reasonable. In the space below the boxes rate how likely you are to follow through on the goal(s) you set. If you are not very sure you can follow through on your goal you may want to find alternatives or make some adjustments.

Stay Physically Active

Each week during the next month I will spend at least _____ days doing the following physical activity for _____ minutes.

_____

_____

(Pick a specific date and time and make it reasonable!)

Schedule Pleasant Activities

Even though I may not feel motivated I will commit to scheduling ____fun activities each week for the next month. They are_____

_____

_____

(Specify when and with whom.)

Eat Balanced Meals

Even if I don't feel like it, I will eat _____ balanced meals per day to include

_____

_____

_____

_____

(Choose healthy foods.)

Spend Time With People Who Can Support You

During the next month I will spend at least ____ days for at least ___ minutes at a time with:

_____ doing:_____

_____ doing_____

_____ doing:_____

(Who?) (What?)

(e.g. talking, eating, playing)

Spend Time Relaxing

Each week I will spend at least _____ days relaxing for ____ minutes by participating in the following activities: _____

_____

_____

(e.g. reading, writing in a journal, deep breathing, muscle relaxation)

Small Goals & Simple Steps

The problem is:_____

_____

My goal is:_____

_____

Step 1:_____

_____

Step 2:_____

_____

Step 3:_____

How likely are you to follow through with these activities prior to your next visit?

Not Likely 1 2 3 4 5 6 7 8 9 10 Very Likely

What might get in the way of your completing these activities prior to your next visit?

_____

Solution(s) to the above barriers

_____

_____

_____

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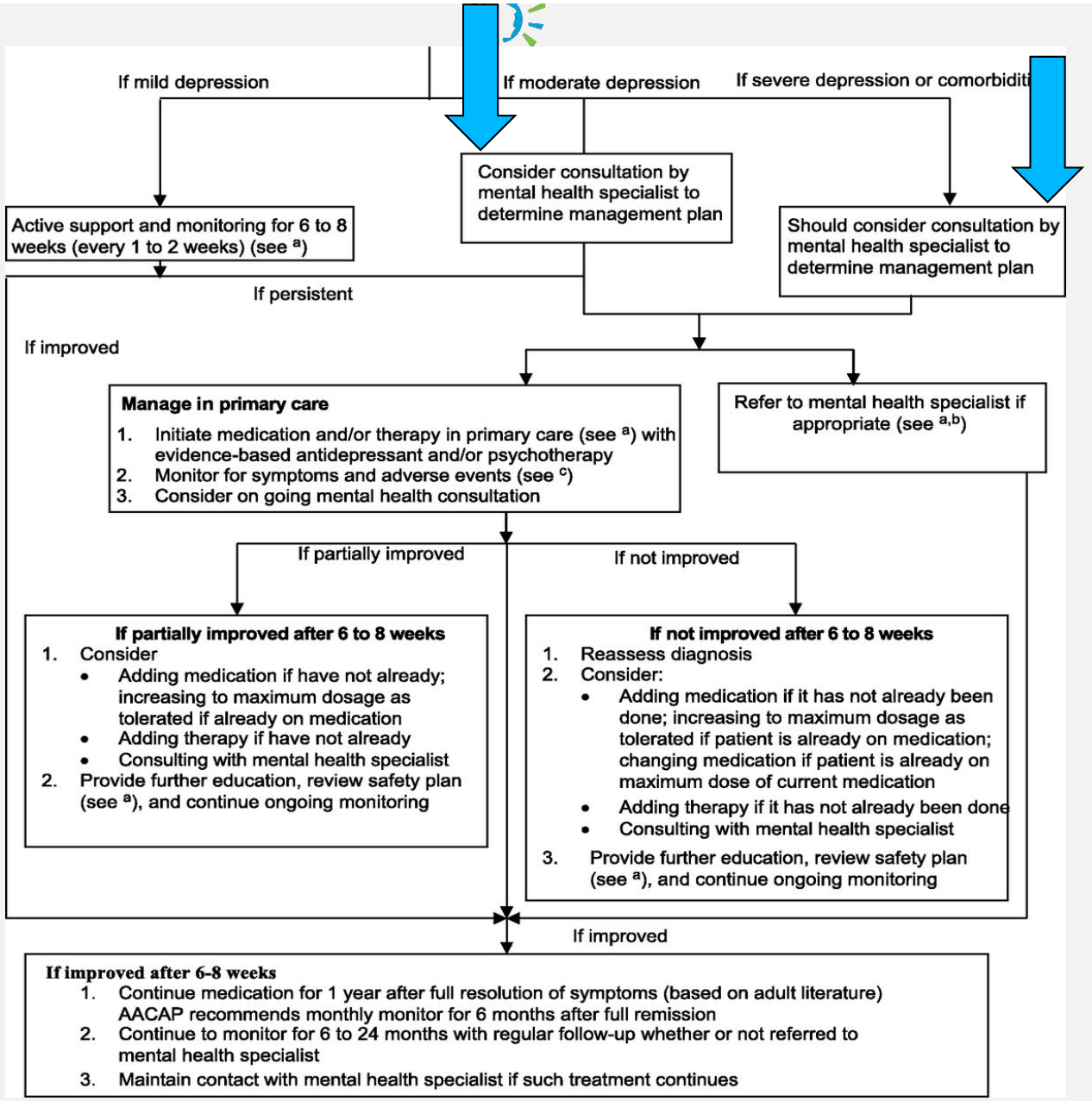
Moderate to Severe Depression

Clinical Assessment Flowchart



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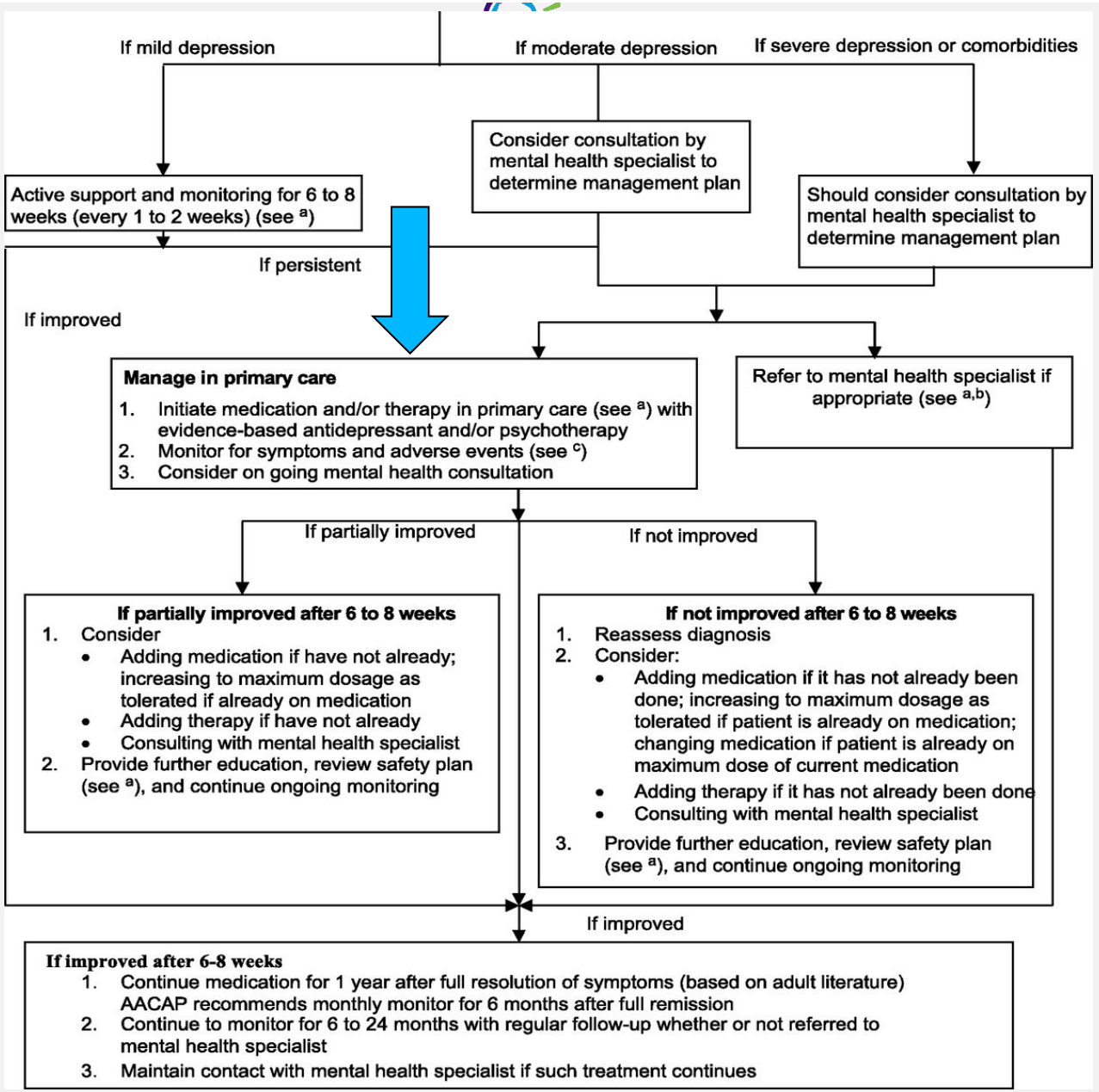
Making the Most of Your Referral

- Explain to the family why you are referring them somewhere.
- Explain to the family what the referral provider will do.
- Explain to the family your continued role in their care for this issue.
- Communicate with referral provider.
- Establish roles and responsibilities with mental health provider.

Clinical Assessment Flowchart



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Psychotherapy for Depression

- Cognitive Behavioral Therapy (CBT)
- Interpersonal psychotherapy- Adolescent (IPT-A)
- Other therapies are difficult to manualize and test in a RCT (does not mean that they are ineffective)

CBT

- Most evidence for adolescent depression at this point

GETS KIDS MOVING and BUILDS SKILLS

- Behavioral Activation (Go watch the other kids play basketball even if you are too tired and not interested).
- Cognitive restructuring (The world is not out to get you. That is the depression talking.)
- Coping skills training (What can you do next time when you get into a fight instead of trying to hurt yourself?)
- Stress management (Deep breathing, listening to music, etc).

Evidence-Based Psychotherapy: Information for PCPs

Table 1. Cognitive Behavioral Therapy and Interpersonal Therapy

Therapy	Key Components	Manuals/Websites
CBT	Thoughts influence behaviors and feelings, and vice versa. Treatment targets patient's thoughts and behaviors to improve his/her mood. Essential elements of CBT include increasing pleasurable activities (behavioral activation), reducing negative thoughts (cognitive restructuring), and improving assertiveness and problem-solving skills to reduce feelings of hopelessness	Treating Depressed Children: Therapist Manual for "Taking Action" Kevin Stark, Ph.D., and Philip C.Kendall, Ph.D., 1996 53pp. Adolescent Coping with Depression Course Gregory Clarke, Ph.D., Peter Lewinsohn, PhD, Hyman Hops, Ph.D. 1990 https://research.kpchr.org/Research/Research-Areas/Mental-Health/Youth-Depression-Programs#Downloads USING CBT WITH CHILDREN *MGH Academy* http://mghcme.org/page/cognitive_behavioral_therapy
IPT	Interpersonal problems may cause or exacerbate depression and that depression, in turn, may exacerbate interpersonal problems. Treatment targets patient's interpersonal problems to improve both interpersonal functioning and his/her mood. Essential elements of interpersonal therapy include identifying an interpersonal problem area, improving interpersonal problem-solving skills, and modifying communication patterns	Interpersonal Psychotherapy for Depressed Adolescents, 2nd ed. Laura Mufson, Kristen Pollack Dorta, Donna Moreau, and Myrna M. Weissman. New York, Guilford Press 2011 (paperback), 315 pp

CBT=Cognitive Behavioral Therapy

IPT=Interpersonal Therapy

Borrowed and adapted with permission from the Columbia Treatment Guidelines (2002). Depressive Disorders (Version 2). Columbia University, Department of Child and Adolescent Psychiatry, New York, NY.

 Guidelines for Adolescent Depression in Primary Care. Version 3 88

Psychopharmacotherapy for Depression

- SSRIs (Selective Serotonin Reuptake Inhibitors) are first-line treatment in Adolescent Depression

WHICH SSRI?

FDA Approval for MDD in Teens?

- Fluoxetine
- Escitalopram

Evidence Base for MDD in Teens?

- Fluoxetine
- Escitalopram
- Sertraline
- Citalopram

WHICH SSRI?

FDA Approval for other disorders (safety established)?

- Fluoxetine
- Sertraline
- Fluvoxamine

Other Considerations?

- Prior treatment history
- Comorbidity
- Family member response
- Family preference
- Clinician experience

Treatment of Adolescent Depression Study (TADS)

March et al, 2004

- 439 adolescents, 12-17 years old, 13 sites, 12 weeks
- Study groups:
  - Medication (fluoxetine) alone: 60.6%
  - Cognitive Behavioral Therapy alone: 43.2%

    (not statistically different from placebo at 12 weeks)
  - CBT + fluoxetine: 71%
  - Placebo: 34.8%

CBT for Relapse Prevention

- Adding CBT after initial response to meds will keep improvement for longer-reduce time to relapse

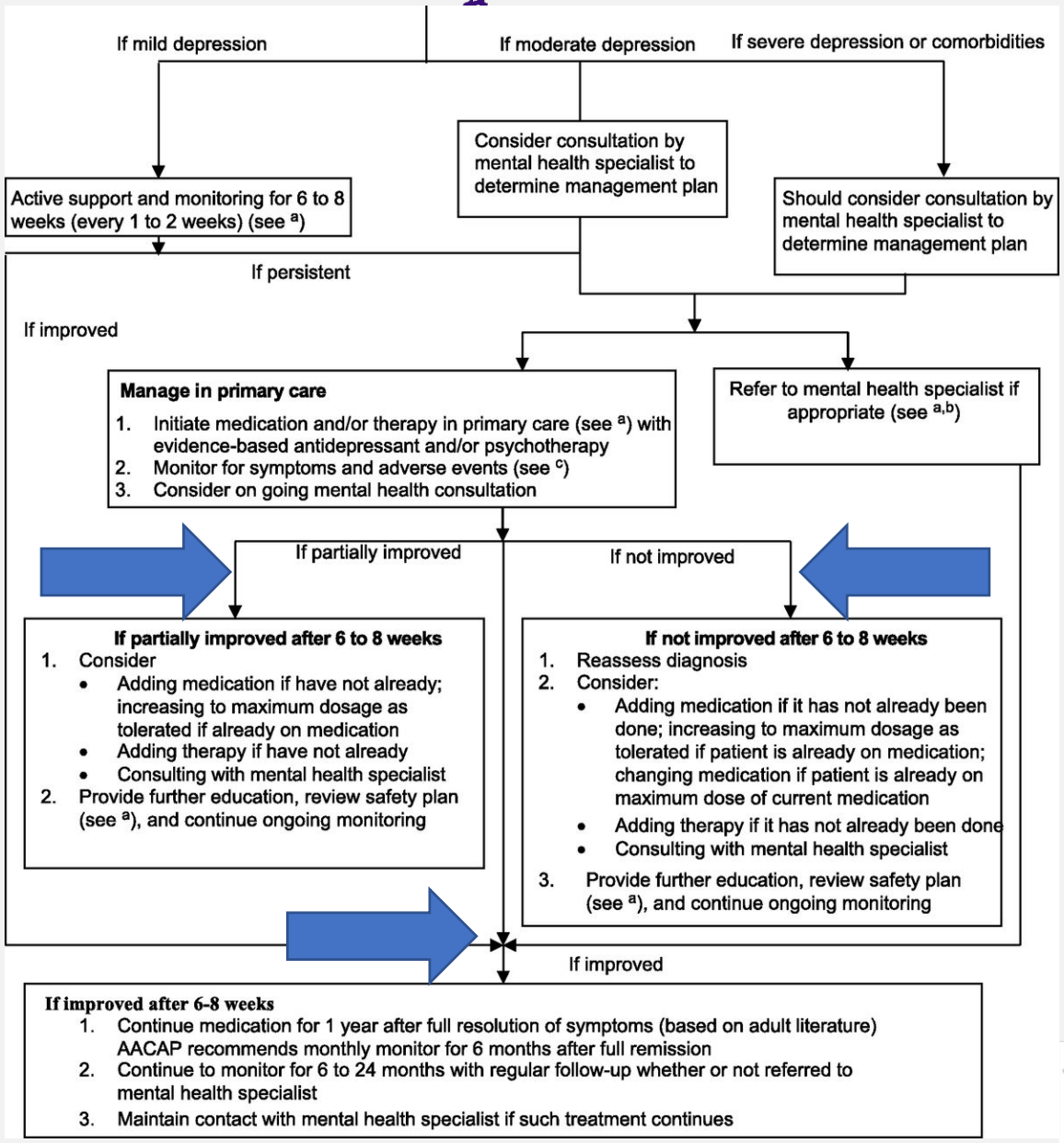
Am J Psychiatry. 2014 Oct;171(10):1083-90. doi: 10.1176/appi.ajp.2014.13111460.

Sequential treatment with fluoxetine and relapse--prevention CBT to improve outcomes in pediatric depression.

Kennard BD, Emslie GJ, Mayes TL, Nakonezny PA, Jones JM, Foxwell AA, King J.

Follow-Up

Follow-Up



Amy H. Cheung et al. Pediatrics doi:10.1542/peds.2017-4082

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FOLLOW UP: How's it going?

- Going well – full remission! >> Educate about the natural history of depression, goal of treatment for minimum 6-12 months after improvement
- Partial response – increase dose
- Doing poorly –
  - Reassess diagnosis
  - make a change in dose or medicine, add evidence based psychotherapy
  - **Call the Project TEACH Hotline**
  - Refer to Mental Health

SSRI How-Tos: Part I

- ✓Try to start with a first-line medication (FDA approved) unless other considerations take precedence
- ✓Start at a dose lower than the expected therapeutic dose (e.g fluoxetine 5 or 10 mg instead of fluoxetine 20 mg or escitalopram 5 mg instead of 10 mg)
- ✓If there are no side effects, go up in a week.
- ✓Warn families that the early doses are to acclimate and test the waters and not to expect a sudden recovery
- ✓Get to a therapeutic dose in 2-4 weeks (clinical judgement)
- ✓Patients should respond somewhat to therapeutic dose in 2-3 weeks.
- ✓If no response, increase dose.
- ✓If some response, wait 4-6 weeks (for full response to take effect) to decide if dose should be increased.

SSRI How-Tos: Part II

- ✓Monitor for side effects
- ✓Monitor for suicidality
- ✓Monitor for improvement in symptoms and functioning
- ✓If patient does not respond at higher doses of SSRI, consider change of medication
- ✓Next step in medication is to try a different SSRI (not to switch classes)
- ✓How to switch from one medication to another (cross-tapering vs. stopping and starting, cross-tapering slowly vs cross-tapering quickly, etc.) depends on many factors including but not limited to which specific SSRIs, the side effects, the response, and the clinical picture→CALL PROJECT TEACH

What could go wrong?

- Side effects – many are possible (see GLAD PC toolkit for list)

  Suicidality: Medication-induced versus medication undertreatment?

  GI / stomach upset: usually transient after a few weeks

  Sexual: Must be discussed at onset alone with teens

  "Call if you notice any problems, any issues"

  Ask specifically at f/u visits as teens may be too embarrassed to bring it up

* Patients stopping med for "side effects" that are actually just part of the primary disorder – fatigue, appetite changes, etc

* Recurrence – more likely if you treat partially (too low a dose or too short a duration)

In Summary…

INITIAL MANAGEMENT IN PRIMARY CARE (safety planning, psychoeducation, and treatment planning based on severity) is a vital component

TAILOR THE TREATMENT (psychotherapy, SSRI, or both)

FOLLOW UP to see if adequate (see often and soon)

ADJUST (dosage, meds, therapy)

FOLLOW UP as story unfolds

STAY INVOLVED