Treating Major Depressive Disorder: Considerations in Applying the Evidence - Frankly Speaking EP 38

Transcript Details

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Dr. Frank Domino:

Jose is a 46-year-old male in your practice. He has a past medical history of obesity, low back pain, type 2 diabetes, and dysthymia. He presents today with concerns of malaise, difficulty sleeping, and some trouble focusing at work. He feels he has no energy and comments that life seems to be more challenging than ever. His PHQ-9 score has risen to 15 from 4 just a few weeks ago. What is your plan of care for him today? Joining me today is Ken Peterson, Assistant Professor at the University of Massachusetts Medical School, Graduate School of Nursing and Family Nurse Practitioner to discuss the management of major depressive disorders in the primary care setting. Welcome to the show, Ken.

Kenneth Peterson:

Thank you.

Dr. Domino:

Can you tell me a little bit about what the best evidence is telling us around the diagnosis and treatment of major depressive disorder in our community-based primary care practices?

Kenneth Peterson:

So over the past few years, we've seen new evidence, basically systematic review research that's pulled together a lot of the different strategies and interventions for treating depression. Most

specifically, the Agency for Healthcare Research and Quality, in 2015, published the systematic review that looked at random control trials from about 1990 to 2015, and taking into consideration treatment modalities like psychotherapy, complementary therapies, alternative medications like St. John's wort, the things that we know people do, acupuncture, exercise modalities like yoga. And they really looked at the evidence specifically and graded it and rated it based on quality to determine which were the most effective interventions, pretty much based on the analysis of all those different approaches, cognitive behavioral therapy, and the use of medications specifically the second generation antidepressant medications had the best evidence in terms of having the best effect in treating our patients with depression.

Dr. Domino:

Wow. That... I have plenty of patients who will try anything besides taking a medication or going for any sort of therapy, so that's really remarkable to hear. We need to reinforce with our patients that depression is no different than hypertension or diabetes, sometimes you need to take a medication, and sometimes you need help changing your lifestyle to get better. Can you tell us some of the details, the pros and cons of these recommendations?

Kenneth Peterson:

Sure. I think we need to think about the fact that depression is a treatable problem, and that we, as primary care providers, if we intervene appropriately and at the right times can make a significant impact, particularly in the first several weeks, the first couple of months of when patients have their illnesses exacerbated, if they have a chronic problem or not. So that's really important. I think what we need to consider, our patient's needs and what our patients might respond best to in terms of the recommendation that we make. And so if we think about cognitive behavioral therapy as a recommendation for a particular patient, we need to make sure that that's the appropriate treatment for that particular patient.

There may be some contraindications for using that particular treatment modality in some patients that may have a past history of trauma or other types of concerns, and that may set the patient up for a worse course essentially, especially at the beginning of the illness. And also, if we

look to the other side and think about the medication interventions, we have to think about the side effect profiles of medications and which medications may be best for particular patients based on their symptoms that they're presenting with.

Dr. Domino:

Let's think about that a second, do you have any thoughts of... What's a certain comorbidity that might make you choose an SNRI versus an SSRI?

Kenneth Peterson:

So if you think about patient symptoms, and certainly with depression, there's a constellation of symptoms that can develop in patients with more anhedonic symptoms, low-energy type symptoms, you might choose an SNRI or an SSRI that has more activation effects to it to help that particular patient. Something like sleep, for example, if a patient's presenting with significant sleep difficulties, you would look to one of those medications that has more of a sedative type effect to help that particular patient.

Dr. Domino:

I think that that's great advice. It's very hard, in my community, to get patient's insurance to cover a trip to seeing a therapist for cognitive behavioral therapy. Any advice on how to make that successful transition, both in the patient's eyes and if there's a challenge with insurance, and any thoughts about any digital tools?

Kenneth Peterson:

Sure. That's a great point to bring up, Frank. I think we are challenged, in particular in my practice, I work in an urban setting and I work with an underserved population. And if you look at the community agencies that help with therapy and psychiatry for our patients, there's long wait lists and our patients have challenges. We've been lucky, we've had some behavioral health services on site in primary care, which has been really helpful and they've been able to help us with those challenges of working with insurance companies, if that's the issue, or strategizing with different agencies to prioritize a patient and move them up higher on the list.

Certainly if you don't have someone on staff that can help you do that, you have to know your community, you have to know what resources are available. Simple things like creating a list of agencies or practices that might be available for patients is quite helpful so that patients know directly where to go and how to access those. So I like to think about journaling apps or white noise apps, and there's a variety of websites out there that have some options for patients. Frank, do you have any recommendations on apps or other resources that might be helpful?

Dr. Domino:

I do not know of any apps, per se, that help assist in cognitive behavioral therapy, although I know they're out there and we'll have them on the landing page associated with this. I do know some apps and some websites I do use for patients who have significant activation issues, in particular with anxiety. So I use the website stressremedy.com, where there's quite a few podcasts that are freely available, and there's no commercial influence, and they're... I actually sit and listen to them with patients. The other app that I recommend the most for mindfulness and meditation and centering is published by the Veterans Association called Breathe2Relax, and the 2 is the number two. It was primarily designed for folks who are returning from military experience with PTSD, and I found it works just wonderfully for anyone who needs some help not perseverating or having significant anxiety issues. Ken, any final thoughts about best practices we should be engaging in when we make the diagnosis of depression in our practices?

Kenneth Peterson:

Yes, I think that we really need to be mindful of implementing recommendations, such as this systematic review evidence that really helps us know what truly works. We're challenged in primary care practices with many things now, and if we think about the outcomes of our patients with depression or the successful treatment of our patients with depression or any other type of chronic illness, we really have to think about a practice-based approach or a more organized way to do that. I mean patients are challenged with issues of adherence and follow-up, like we said, even finding practices that will be able to see them in regards to the cognitive behavioral therapy.

So there needs to be systems in place in practices where you have almost your own guideline of implementing, and the opportunity or ability to follow patients once you've started them on a medication or make sure that they're not lost to follow-up at certain stages of the illness. I think that's really where the best practice is, and the patients that are home models and those types of quality improvement practices are helping us see that that's really what we need to do. So that would be my main recommendation.

Dr. Domino:

Thanks, Ken, for joining us on this important topic. Practice pointer: 16% of the population will develop a major depressive disorder over the course of their lifetime. Best evidence says to use both second generation anti-depressants and cognitive behavioral therapy in the management of major depression in the primary care setting. Join us next time where we talk about the adverse risks associated with pediatric cold and cough medicine.