**14. Depression By Ilana Ramer Bass**

**Overview**

**Screening:**

* **PHQ-2** for every patient once a year
	+ (1) During the last month, have you often been bothered by feeling down, depressed or hopeless? (yes/no)
	+ (2) During the last month, have you often been bothered by having little interest or pleasure in doing things? (yes/no)

**Diagnosis:**

* Administer the **PHQ-9** if screen positive with PHQ-2
	+ Both 89% sensitive and 78% specific
	+ Consider a depressive disorder if score >5
	+ Major Depressive Disorder—5 out of 9 for > 2 weeks; must include question #1 or #2

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* Also must consider:
	+ Bipolar disease, substance abuse, seasonal affective disorder, adjustment disorder, borderline personality, bereavement, post-partum depression
	+ Medications (steroids, beta blockers, interferon), dementia, hypothyroidism, pancreatic cancer, Parkinson’s disease, hypercalcemia

**Treatment:**

* Psychotherapy vs. pharmacotherapy

“**+**” signifies that, on average, the medication is more likely to cause the given side-effect

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Medication** | **Usual dose range** | **Drowsy/****sedating** | **Insomnia/**activating | **Weight gain** | **Sexual side effects** | **GI upset** | **P-450 inhibition** | **Notes** |
| SSRIs |  |  |  |  |  |  |  |  |
| escitalopram*Lexapro* | 10-20mg qd | 0 | 1+ | 1+ | 1+ | 1+ | 1+ | Tolerated Efficacy  |
| sertraline*Zoloft* | 50-200mg qd | 0 | 2+ | 1+ | 2+ | 2+ | 1+ | Tolerated Efficacy |
| fluoxetine*Prozac* | 20-80mg qd | 0 | 2+ | 0 | 2+ | 3+ | 2+ | Wt neutral, no w/drawal |
| citalopram*Celexa>* | 10-40mg qd | 0 | 1+ | 1+ | 1+ | 1+ | 1+ | QT:ECG Monitor |
| paroxetine*Paxil* | 20-60mg qd | 2+ | 1+ | 1+ | 3+ | 2+ | 2+ | SE ++, + w/drawal |
| **SNRIs** |  |  |  |  |  |  |  |  |
| venlafaxine*Effexor XR*† | 75-375mg qd | 0 | 2+ | 0 | 1+ | 2+ | 1+ | Tx hot flash, w/drawal |
| duloxetine*Cymbalta*‡ | 30-60mg bid | 0 | 2+ | 0 | 1+ | 2+ | 2+ | Tx pain fibromyalgia, np |
| **DNRI** |  |  |  |  |  |  |  |  |
| bupropion*Wellbutrin XL*§ | 150-450mg qd | 0 | 2+ | -1∫ | 0 | 1+ | 1+ | -Smoking +seizuresmild wt loss |
| **NSSA** |  |  |  |  |  |  |  |  |
| mirtazepine*Remeron*  | 15-45mg qhs | 4+ | 0 | 3+ | 0/1+ | 0 | 0/1+ | Sleep and eat |

> may prolong QT – max dose 40mg – check ECG prior to start and upon each titration.

† may raise blood pressure

‡indicated for chronic pain

§lowers seizure threshold

 paradoxical effect of increased sedation at lower doses

**∫** bupropion is associated with mild weight loss, on average

**AT IMA**

* PHQ-2 is administered by the MA before the encounter 🡪 if positive, administer the PHQ-9 form
	+ Calculate the score and enter it into Epic by going to “flowsheets”🡪 search “PHQ-9” and enter their score for each question (0-3)🡪 press “file” to save
	+ Sometimes the patient screens positive but does not get the PHQ-9 form; in that case, you will see a BPA notification to proceed to PHQ-9
* Options for mental health referral—*there are many options and this is always changing so confirm referral pathways using the IMA app\*\**
	+ (1) IMA Eval—consult “IMA Mental Health Evaluation”
		- Wednesday mornings; 2nd year residents precepted by Dr. Small and Dr. Peccoralo
		- For further evaluation and medical management of patients with depression and anxiety
	+ (2) Depression Care Program: consult “IMA behavioral health”
		- Short term (~6 month) talk therapy with SWs Samantha Herrera and Lizbeth Valencia
		- Must have PHQ-9 >9 and Medicaid insurance
	+ (3) IMA psych
		- For patients with bipolar disorder, personality disorder, ADD/ADHD, OCD, refractory or severe depression, PTSD, severe anxiety with functional impairment, SI/HI
	+ (4) External referral
		- IMA SW Triage can assists with identifying resources and making appointments
	+ (5) If active SI/HI, consider sending patient to psych ED—*follow directions in the app*

**Social Determinants of Health:**

* Risk factors for depression:
	+ Single/divorced, substance use, lack of support system, adverse childhood experiences/trauma, chronic illnesses, high frequency utilizers
* Risk factors for suicide:
	+ Isolation, substance abuse, new diagnosis, old white men, young adults, weapon owners, socioeconomic status, unemployment, history of psychiatric illness
* Protective factors:
	+ Social support, religion/faith, caregiver role, forward-thinking

**Community Resources:** see app for further details

* Institute for Family Health – 212-423-4200🡪 can do long-term counseling
* Union Settlement – 212-828-6144
* Metropolitan Hospital – 212-423-6645🡪 fastest way to get psychiatric evaluation but can be hard to get information/records from them

**Population Health**

* Depression is the most common psychiatric disorder and the most common mental health condition among patients seen in primary care.
* Screening is important because depression can be difficult to detect; untreated depression is associated with decreased quality of life, increased mortality and increased economic burden.