

# Recognizing and Managing Depression in Primary Care

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## USPSTF Recommendation

- Screening of adolescents (12-18 yrs) for major depressive disorder (MDD) when systems are in place to ensure accurate diagnosis, psychotherapy (CBT or interpersonal) and follow up.
  - March 2009  
<http://www.ahrq.gov/clinic/uspstf09/depression/chdeprss.htm>

## Outline

- General Overview
- How to Make the Diagnosis
  - Hx taking
  - Physical exam
  - Screening Instruments
- Epidemiology
- Management

## Major Depressive Disorder

- Primary care clinicians say of the teens they see:
  - 9-21% have MDD
- Impact school performance
- Substance use/abuse
- Associated with increased risk of suicidal behavior

## Possible symptoms of MDD

- Appetite disturbance
- Sleep disturbance
- Fatigue or loss of energy
- Cardiopulmonary symptoms
- GI symptoms
- Neuromuscular symptoms
- Gynecological symptoms
- Dermatological symptoms
- Behavioral symptoms

## History and Physical Exam

- Patient history
  - HEADSSS
- Family history (may need to ask parents separately)
- Complete physical exam
- BMI
- Neuro exam
- Consider labs

## HEEADSSS

- Home
- Education/Employment
- Eating
- Activities
- Drugs
- Sex
- Suicide/Safety
- Strengths

## SIGECAPS

looks for criteria for Major Depressive Disorder

- S** - **Sleep disturbance:** insomnia or hypersomnia
- I** - **Interest or pleasure:** diminished in almost all activities
- G** - **Guilt:** feelings of excessive worthlessness or guilt
- E** - **Energy:** fatigue or energy loss nearly every day
- C** - **Concentration:** diminished.
- A** - **Appetite:** weight loss or decreased appetite
- P** - **Psychomotor** agitation or retardation
- S** - **Suicide:** recurrent thoughts of death or suicidal ideation

## Screening Instruments

- PHQ-A
  - Patient Health Questionnaire for Adolescents
- BDI – PC
  - Beck Depression Inventory – Primary Care

## Symptoms and Criteria for a Major Depressive Episode

- Depressed mood or loss of interest for a 2-week period (or irritability among children and adolescents), plus:
- Four or more of the following symptoms in the same 2-week period:
  - Weight loss or weight gain
  - Insomnia or hypersomnia
  - Being restless or being slow (psychomotor agitation or retardation)
  - Fatigue or loss of energy
  - Feelings of worthlessness or inappropriate guilt
  - Inability to concentrate
  - Recurrent thoughts of death or suicide ideations or plans

## Symptoms in Adolescents

<u>DSM-IV sx of MDD</u>	<u>As seen in teens</u>
Depressed mood most of the day	Irritable or cranky mood
Loss of interest in once favorite activities	Loss of interest in sports, video games, activities with friends
Weight loss/gain	Somatic complaints, failure to gain wt
Insomnia/hypersomnia	Excess late night TV, refusal to wake for school
Psychomotor agitation/retardation	Talk of running away from home
Fatigue, loss of energy	Persistent boredom
Decreased concentration, indecisive	Poor school performance, frequent absences
Loss of self esteem, guilt	Oppositional/negative behavior

## Depressive symptoms in Teens

- More sleep and appetite disturbances, delusions, suicidal ideation and attempts, and impairment of functioning than younger children with MDD
- More behavioral problems and fewer neurovegetative symptoms than adults with MDD

## Differential diagnosis of depression

- Anemia
- Mononucleosis
- Hypothyroidism
- Hyperthyroidism
- Inflammatory bowel disease
- Collagen vascular disease

## Major Depression & Co-morbidity

- 76% with major depression also had other diagnoses, two thirds of which preceded the depression diagnosis.
- Previous diagnoses among the 76% include:
  - Anxiety disorders (40%)
  - Conduct disorders (25%)
  - Addictive disorders (12%)

Source: Kessler, 1998

## Symptoms of Bipolar disorder in adolescence:

- Markedly labile mood
- Agitated behavior
- Pressured speech
- Racing thoughts
- Sleep disturbances
- Reckless behaviors
- Illicit activities
- Spending sprees
- Psychotic symptoms such as hallucinations, delusions, irrational thoughts

## Risk factors for Depression

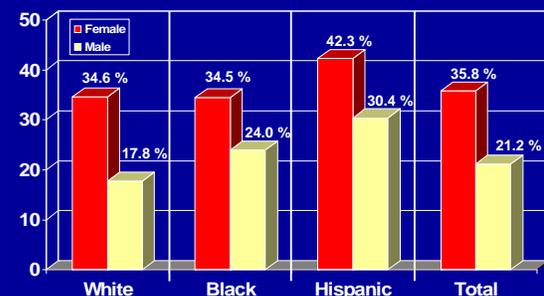
- Genetics
  - 20% have + family hx; female gender
- Biology
  - puberty, premenstrual, postpartum
- Environment
  - Family conflict, substance use at home
- Negative life events
  - Divorce, loss of parent
- Individual factors
  - Poor self esteem, poor school performance
- Co morbidities
  - Mental health
  - Chronic medical conditions

## Epidemiology of Depression

- Prevalence of MDD in children (< 13 y.o.) is 2.8%, with 1:1 ratio of girls to boys
- In adolescence (13-18 y.o.), prevalence is 5.6%, with a higher prevalence for girls than boys (5.9% vs. 4.6%)
- Lifetime prevalence among adolescents is 20%.

## Depression: Broad Measure

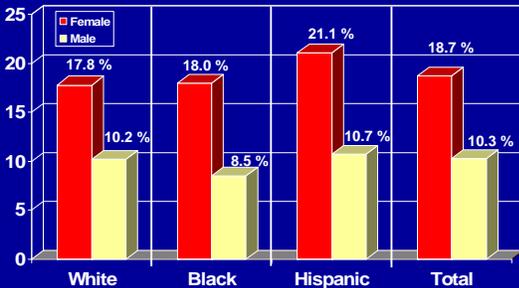
Sadness or Hopelessness which Prevented Usual Activities by Gender and Race/Ethnicity, High School Students, 2007



Source: Grunbaum et al., 2008; YRBS; Self-report

## Suicide: Seriously Considered

Gender and Race/Ethnicity, High School Students, 2008



Source: Grunbaum et al., 2008; YRBS; Self-report

## Epidemiology of depression

- At any given time, up to one in 13 adolescents have major depression making it more common than asthma
- Each successive generation since 1940 is at greater risk of developing depression, and is identified at a younger age

## Prognosis

- 70% of youth with a major depressive episode will have another episode in next 5 years
- Youth with depression have a 4x increased risk of an adult depressive disorder
- 20-40% of children with major depression will develop bipolar disorder eventually
- Can lead to impaired functioning in relationships, school etc...

## Principles of Treatment

- Ensure safety
- Develop an alliance with the teen and parents
  - Confidentiality?
- Psycho-education
  - Addresses signs and symptoms of depression
  - Stresses importance of psychotherapy and psychiatric medications
  - Addresses misconceptions

## Indications for PCP Care vs Specialist in Adolescents with Depression

### Indications for PCP

- Initial episode of depression
- Absence of coexisting conditions
- Ability to make a no suicide contract

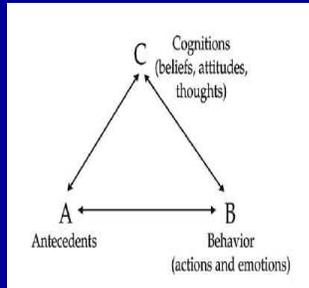
### Indications for Specialist

- Chronic, recurrent depression
- Lack of response to initial treatment
- Coexisting substance abuse
- Recent suicide attempt or current suicidal ideation
- Psychosis
- Bipolar
- High level of family discord
- Inability of family to monitor patient's safety

## Depression-Treatment Options

- Cognitive Behavioral Therapy (CBT)
- Interpersonal therapy
- Pharmacotherapy
  - First line therapy, SSRI's
  - Others– SNRI's, Bupropion, TCA's,
- Combinations of the above methods works best
- Family therapy

## ABCs of CBT



**You cannot control how you feel, but you can control what you think about, and this can influence how you feel**

## Cognitive Behavioral Therapy

- Treatment targets patient's thoughts and behaviors to improve mood
- Essential elements of CBT include:
  - increasing pleasurable activities
  - reducing negative thoughts
  - and improving assertiveness and problem-solving skills to reduce feelings of helplessness.

## Interpersonal therapy for depression

- Interpersonal problems may cause or exacerbate depression and that depression, in turn, may exacerbate interpersonal problems.
- Treatment will target patient's interpersonal problems to improve both interpersonal functioning and his/her mood.

## Pharmacological Treatment

- Selective Serotonin Reuptake Inhibitors (SSRIs) are first line for medication for adolescents for depression and anxiety
- Fluoxetine, only drug approved for treatment of MDD among youth.

## What is a “Black Box Warning?”

- It is a required statement on the package insert that accompanies every prescription
- It is the strongest warning from the FDA to prescribers and patients regarding possible adverse effects of a medication
- **HOWEVER**, it is *not* a contraindication for use of a medication

## Black Box Warning

- FDA put on all antidepressants in 2004.
- “..increase the risk of suicidal thinking and behavior (suicidality) in children and adolescents with major depressive disorder (MDD) or other psychiatric disorders.”
- Rx with SSRI's leads to 1-2% absolute increase in risk of suicidality

## If starting an antidepressant

- Confirm your diagnosis
  - BDI, PHQ-A
- Start low and advance slowly
- Follow up frequently-the black box warning recommends weekly for the first 4 weeks and when a dosage change is made
- If no improvement after 6 weeks consider changing meds and reconfirm diagnosis
- If the patient has a family member who has had a good response to a particular SSRI, that may be helpful in selecting a medication.

## Talking points to patients and families about SSRI's

- Need to supervise medication administration;
- If your child has threatened or attempted suicide, keep medication in a secure location.
- Likely duration of medication treatment 6 months to 1 year after symptoms improve and sometimes longer
- Medication should be stopped gradually under doctor's supervision, due to the possibility of withdrawal symptoms

## SSRI's Side Effects

- Nausea
- Loss of appetite
- GI upset
- Minimal weight loss
- Headache
- Agitation
- Akathisia
- Sexual dysfunction
- Increased clotting time
- Hypomania or mania
- Sedation or insomnia
- Vivid dreams

## Questions at follow up

- Missed doses
- Stomachaches/Headaches
- Restlessness
- Unsettled thoughts
- Suicidal thoughts
- Positive effects

## Initial strategies

- Know the resources in your community
- Education for patients and families
- No suicide contracts
- Removing **firearms**, medications, sharp objects from where they are accessible.

## Summary

- Major burden – disabling condition
- Hx taking/Screening tests are effective in making dx of MDD
- Effective treatment leads to decrease in symptoms & improved functioning
- Harm from treatment – minimal

