

# Depression in My Patients- What's my role?

Tracey Criss, MD

Associate Professor of Psychiatry, VTCSOM

Associate Dean for Clinical Science Years 3 and 4, VTCSOM

Vice President of Medical Staff Affairs, Carilion Medical Center



# Where we are going

- Pretest
- Challenges in primary care
- Symptoms, epidemiology of depression
- Suicide data
- Case study
- Treatment of depression
- Effects of COVID-19
- Health disparities
- Prognosis of depression
- Posttest
- Question and answer period-Drs White, Hartman, Adams, and Criss

# Learning Objectives

- Explain the importance of treating depression.
- Recognize signs/symptoms of depression.
- List options utilized in the treatment of depression.
- Identify the effects of COVID-19 on mental health.
- Explain how to maximize the treatment of depression in primary care.

# Pretest questions

1) The longer a depression episode goes on the harder it is to treat.

A) True

B) False



2) Risk factors for suicide include all of the following except:

A) Being a physician.

B) Male

C) Family history

D) Married status

E) Substance abuse



3)The diagnosis of COVID-19 is a risk factor for psychiatric illness and vice versa.

A)True

B)False



4) Which class of medicines require dietary restrictions and should not be mixed with Demerol?

A) SSRIs

B) SNRIs

C) Others-Wellbutrin XL, Remeron

D) MAOIs



5) A patient with current sadness, loss of interest and energy, and no past episodes of staying up for several days in a row, excessive spending, multiple sexual encounters and a change in mood likely has which diagnosis:

A) Schizophrenia

B) Bipolar Disorder, depressed phase

C) Major Depressive Episode, Single or Recurrent Episode

D) Borderline Personality Disorder



# Am I important as a PCP?

- PCPs see almost 2x as many mental health patients as psychiatrists due to barriers in treatment(wait times, cost, stigma)
- Provide first-line access to behavioral health resources
- Multiple causes of depression-biological, psychological, social-make PCPs ideally positioned to develop therapeutic, healing relationships.

Journal of Family Practice, April 2017, Vol 6, No 4

# Challenges for the non-psychiatrist

- “Is it depression or what is it?”
- “What meds can I use? I don’t know how to treat it!”
- “I don’t have time to ask about it!”

# Yes, you are important

- Early recognition and treatment are crucial, as duration of untreated depression correlates with worse outcomes
- 80% of those who commit suicide have seen PCP within one year, but only 25-30% have seen a psychiatric clinician.

FOCUS, April 24, 2020, Up to Date Nov 2020

# Also.....

In Canada:

- Independent risk factor for cardiovascular disease
- Conditions most strongly associated with depression:  
migraines, MS, epilepsy, back problems, emphysema/COPD, cancer, asthma

Psychiatry Research 220 s1(2014) S45-S5

A blurred, grayscale image of a person's silhouette, appearing to be in a state of distress or despair, with their head bowed. The image is centered in the background. The top of the slide features a decorative header with wavy blue and teal lines.

**DEPRESSION KILLS PEOPLE**

# Epidemiology for 12 months

- 7.1% of all U.S. adults.
- higher among adult females (8.7%) compared to males (5.3%).
- highest among individuals aged 18-25 (13.1%).
- highest among adults reporting two or more races (11.3%).

NIH/SAMHSA from 2017

# Ask about.....

- Sleep
- Interest
- Guilty feelings
- Energy
- Concentration
- Appetite
- Psychomotor retardation or agitation
- Sadness and suicidal thoughts



# Suicide

- Growing health problem
- 10<sup>th</sup> leading cause of death, 2<sup>nd</sup> leading cause ages 10-34
- One suicide every 11 minutes
- Firearms are most common method



# Suicide

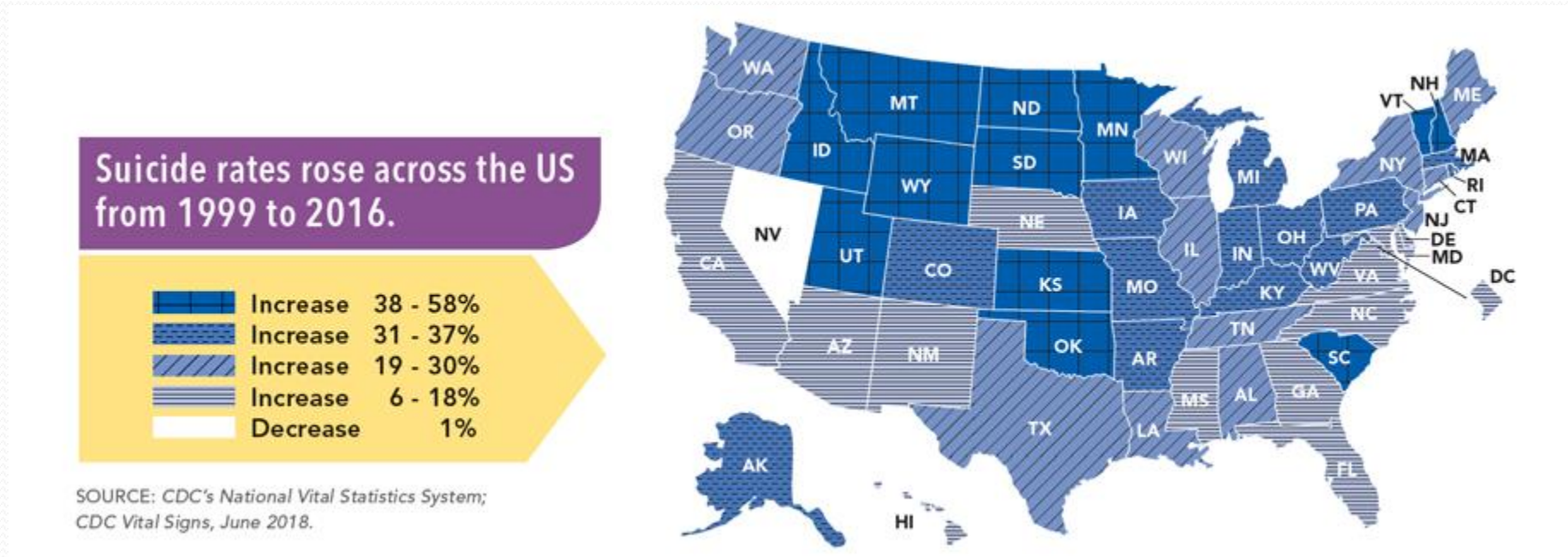
- Men 3x more often
- Woman 4x more likely to attempt
- Males – suicide peaks after age of 75
- Females – suicide peaks after age of 45
- Best indicators for risk are a prior attempt, current SI.
- Less Catholics or married people
- 80% of people who commit suicide have a depressive disorder
- Higher risk in substance abusers
- Physicians
- Family history

# Suicide and Military

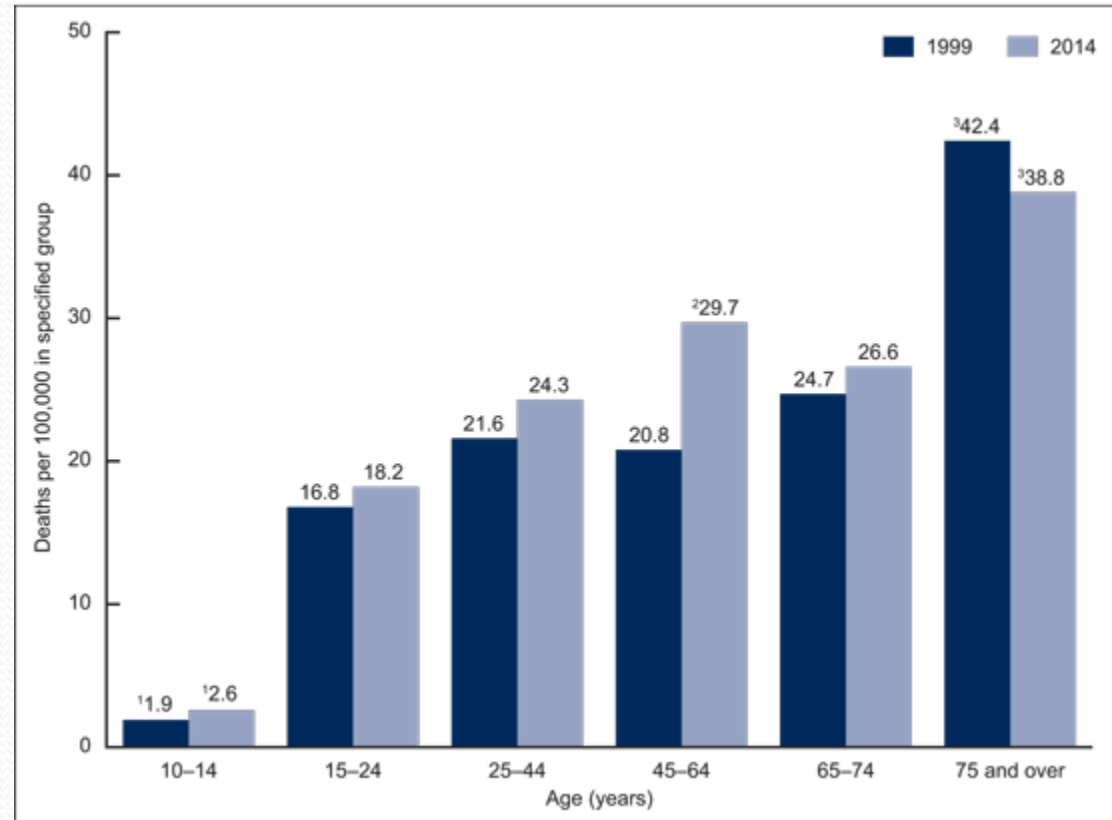
- Steady increase since 2003 in active duty soldiers
- 2003-2008-80 % increase
- Nearly 50% are between ages of 18-24
- Nearly 80% have been in active combat

MGH Psychiatry Update and Board Prep-Fourth Ed, p 614

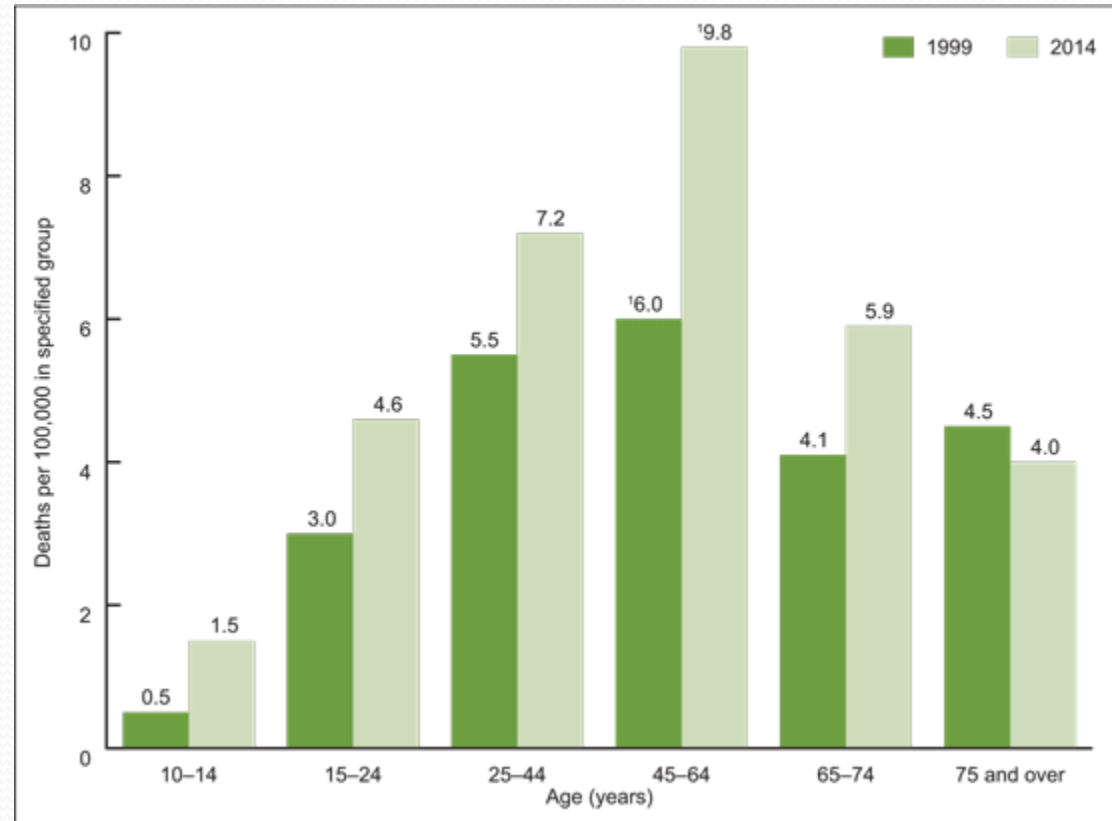
# Increases.....All but Nevada



# Males-1999 and 2014



# Females-1999 and 2014



Many factors contribute to suicide among those with and without known mental health conditions.



Note: Persons who died by suicide may have had multiple circumstances. Data on mental health conditions and other factors are from coroner/medical examiner and law enforcement reports. It is possible that mental health conditions or other circumstances could have been present and not diagnosed, known, or reported.

SOURCE: CDC's National Violent Death Reporting System, data from 27 states participating in 2015.

# Case study

- 39 year old female
- First episode of depression-typical symptoms and no high energy, no absence of sleep many nights in a row
- Depressed for several months and you started her on Prozac a few months ago and have raised the dose of Prozac to 40 mg.
- Medical issues-HTN, needs to lose about 20 pounds, no hx of diabetes or seizures
- Family hx positive for depression
- She still does not have remission of symptoms
- What should you do?



# Star-D Trial

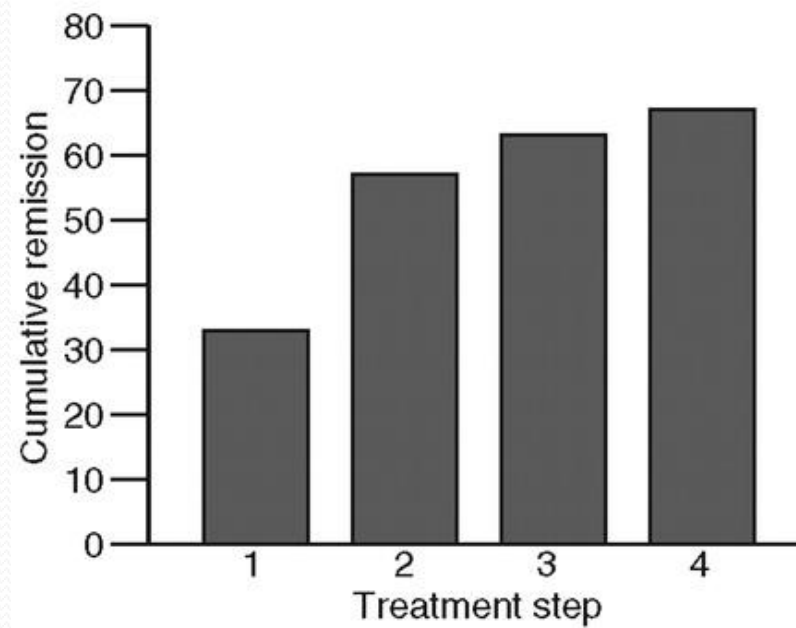
Level 2:

Switching to another SSRI or SNRI or Wellbutrin SR demonstrated that switching to another SSRI was just as effective as switching to another class.



**Figure 2**

Cumulative remission rate by  
STAR\*D treatment level



# Options

Another SSRI-Celexa, Paxil, Luvox, Lexapro, Zoloft

SNRI-Effexor XR, Cymbalta, Pristiq

TCA-Many including Imipramine, Pamelor

Atypical antidepressant class-Wellbutrin XL, Remeron

MAOI-Nardil, Parnate

# TRD-Pharmacological Strategies

## Augmentation:

- Lithium
- Thyroid medication
- Buspar, or Buspar plus melatonin
- Stimulants though evidence not there
- Abilify, Seroquel, Geodon
- SAME, L-MTHF, Topamax, Namenda, Pregabalin have shown effects
- Ketamine

# cont... TRD-Pharmacological Strategies

- Remeron plus Prozac
- Remeron plus Effexor XR
- Remeron plus Wellbutrin

# TRD-Non-Pharmacological Strategies

- Electroconvulsive Therapy
- Transcranial Magnetic Stimulation(TMS)
- Vagus Nerve Stimulation
- Deep Brain Stimulation
- Ablative Limbic System Surgery

# .....back to the case study

Lots of options:

Another SSRI

SNRI

TCA

Atypical antidepressant class

# Prognosis

- Initial treatment of mild to moderate unipolar major depression with antidepressants leads to response or remission in roughly 50 to 60 percent of patients


Up to Date Nov 2020

# Effects of COVID-19

- One in five COVID-19 patients are diagnosed with psych disorder within three months of testing positive.
- Having a psych disorder independently increases risk of COVID-19. 65% more likely to have COVID-19 dx.
- Within 14-90 days, 5.8% received first recorded dx of psych illness with risk greatest for anxiety, depression, insomnia.
- Rates of depression in US and UK elevated now-much stress and disruption

Clinical Psychiatry News, p1, 20, Dec 2020



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- 236, 379 patients with COVID-19
  - 33.62 % had neurological or psychiatric dx within six months
  - Risk was greater for those with ICU admissions, and those with encephalopathy.

The Lancet, April 6, 2021

# Effects of COVID-19

Also seeing PTSD in:

- those who have had COVID-19/potential death
- family members and health care workers who have witnessed suffering and death
- friends or family members who have learned of risk of or actual death
- individuals with extreme exposure to aversive details(journalists, first responders, medical examiners, hospital personnel)

Psychiatric Times, Jan 2021, Vol XXXVIII, p 9-11

# Effects on general population

- US web-based survey, 2020->5000 respondents
- Suicidal ideation in prior days-10.7%
  - Significantly higher for:
    - a)ages 18-24 yo(25.5%)
    - b)minority groups-Hispanics(18.6%), Blacks(15.1%)
    - c)nonpaid caregivers of adults(30.7%)
    - d)essential workers(21.7%)

# Suicide

- In last several weeks data has shown that the number of suicides was decreased in 2020.

# Interventions

- For healthcare workers:
  - Practical measures such as PPE, handwashing, decontamination of areas
  - Personnel policies with some reassignments
  - Stress self-care
  - Access to child care services during expanded work hours and school closures
  - Adequate rests and breaks
  - Hotline teams for psychological assessment

- Physician wellness programs to deal with burnout, adjustment problems, family issues, and other mental health sequelae



# Patients

- Avoid opioids for chronic pain
- Use evidence-based meds, refer for cognitive-behavioral therapy, and other psychotherapies.

# Health Disparities

- Burden of disability heaviest among untreated minorities.
- Among blacks, those with socioeconomic stress less likely to report or remain compliant
- Suffer prolonged, chronic debilitating effects
- Subtleties or uncommon presentations may not be recognized.
- Undiagnosed or misdiagnosed.

Neuropsychiatric Dis Treat 2019



# Systemic Racism

Study done at University of Virginia:

- Researchers examined role of racial bias in assessment/treatment of minorities
- Looked at false beliefs of medical students and residents regarding pain as experienced by blacks vs whites re: blacks tolerate it better
- 1/2 of sample endorsed this belief
- Informed their medical judgment and treatment plans

Neuropsychiatric Dis Treat 2019

# Post test questions

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# Hope.....

