Treatment of Adult Patients with *Major Depressive Disorder*

Important Points to Remember

Depression is a common mental disorder. Major depressive disorder is the most prevalent and disabling form of depression. An estimated 17.3 million adults in the United States had a least one major depressive episode, which represented 7.1% of all U.S. adults. Depressive disorders reduce functioning and often recur.

Evidence-based guidelines provide a pathway to improve the health and well-being of a patient suffering with depression by:

- Assessing the patient's condition and determining the best treatment method.
- Optimizing the use of therapy to improve symptoms and functioning, treating acute phase, preventing relapse and improving both health and quality of life outcomes.
- Minimizing preventable complications and morbidity.
- Emphasizing the use of patient-centered care.

CareSource seeks to educate our members on recognizing the signs and symptoms of depression and directing members to professional and self-help resources.

Care Management Referral Contact Information:
1-844-438-9498

CareSource24®, Available 24/7 Nurse Advice Line:
1-844-206-5944 ext. 1747801

AT RISK POPULATIONS: LIFE STAGE ISSUES

Screening in Antenatal and Postnatal Women

Pregnant and postpartum women are at elevated risk for depression and should be screened for depression in their first contact with their health care provider in both the antenatal and the postnatal periods. Screening is typically repeated in the postpartum period at four to six weeks and three to four months after birth.

Early detection of depression during pregnancy is critical because depression can adversely affect both birth outcomes and neonatal health in addition to its effects on the mother. Untreated postpartum depression can impair mother-infant attachments and have cognitive, emotional and behavioral consequences for children. Both the Edinburgh Postnatal Depression Scale (EPDS) and the PHQ-2 (Patient Health Questionnaire) are sensitive screening tools for use in postpartum women.

Screening in Older Adults

For older adults with chronic illness or physical disability, including those expected to remain in a long-term care facility, depression may be erroneously regarded as expected or inevitable, and therefore untreatable. As a result, it is common for major depressive disorder to be undiagnosed and untreated among older adults.

The PHQ-2 and PHQ-9 are still the primary recommended screening and assessment tools in elderly populations, with comparable sensitivity, but they lower specificity than a longer screen. The Geriatric Depression Scale includes items that are less somatically based to identify depression independent of physical condition for adults aged 65 and older.

DEPRESSION CO-OCCURRING WITH OTHER CONDITIONS

Screening in Individuals with Chronic Medical Illness

Depression is also one of the most common complications of chronic illness. It is estimated that up to one-third of individuals with a serious medical condition have symptoms of depression. Any chronic illness can trigger depression, however it is identified as a high co-morbidity associated with, coronary artery disease, Parkinson's disease, multiple sclerosis, stroke, cancer and diabetes.

Depression is considered to be a largely biological illness, but can result from a combination of genetic, biological, environmental and psychological factors. When treating patients who are at particularly high risk for depression due to chronic mental illness, clinicians should have a high index of suspicion for depression and screen accordingly.

Substance Abuse

A patient with major depressive disorder who has a co-occurring substance use disorder is more likely to require hospitalization, more likely to attempt suicide and less likely to adhere to treatment than a patient with major depressive disorder of similar severity uncomplicated by substance use. Anxiety, posttraumatic stress disorder (PTSD) and substance misuse are common co-occurring conditions that may worsen the existing depression and complicate treatment.

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Assessment

- PHQ-2, recommended that all patients not currently receiving treatment for depression be screened for depression.
- For patients with suspected depression, we recommend an assessment for acute safety risks (e.g., harm to self or others, psychotic features) during the initial assessment and periodically thereafter as needed. Also, an appropriate diagnostic evaluation needs to occur that includes a determination of functional status, medical history and relevant family history.
- PHQ-9, (Patient Health Questionnaire 9), is recommended for patients with a diagnosis of MDD, as a quantitative measure of depression severity in the initial treatment planning and to monitor treatment progress.

Treatment Recommendations

Although depression can be a devastating illness, it often responds to treatment. There are a variety of treatment options available for people with depression, including medications and psychotherapy.

- **Treatment Planning:** Patient education and outline treatment options, including risks and benefits.
  - Develop individualized treatment plan using shared decision-making
  - Define the provider, patient and support network's roles
- **First Line Treatment, Uncomplicated mild to moderate MDD:** Offer one of the following treatments based on patient preference, safety/side effect profile, history/family history of prior response to medication, concurrent medical illnesses, concurrently prescribed medications, cost of medication and provider training/competence:
  - Evidence-based psychotherapy
  - Evidence-based pharmacotherapy
- **Evidence-Based Pharmacotherapy:** Medication is recommended as an initial treatment choice for patients with mild to moderate major depressive disorder and definitely should be provided for those with severe major depressive disorder. Good practice requires health partners to review their patients' use of other prescribed medications and over-the-counter drugs.
- **Evidence-Based Psychotherapy:** Clinical evidence supports the use of Cognitive-Behavioral Therapy (CBT), interpersonal psychotherapy, psychodynamic therapy, problem solving therapy and other therapy modalities when utilized in individual and group formats. These therapies have been shown to be effective on their own and in combination with pharmacotherapy across populations.
- **Treatment of Severe, Chronic or Recurrent MDD:** Offer a combination of pharmacotherapy and evidence-based psychotherapy for the treatment of patients with MDD during a new episode of care when MDD is characterized as:
  - Severe, PHQ-9 > 20
  - Chronic (duration greater than two years)
  - Recurrent (with three or more episodes)
- **Monitoring (All Severities and Complexities):** After initiation of therapy or a change in treatment, we recommend monitoring patients at least monthly until the patient achieves remission. At minimum, assessments should include a measure of symptoms, adherence to medication and psychotherapy, and emergence of adverse effects.
- **Older Adults ≥ 65 years of age (mild to moderate MDD):** Offer evidence-based psychotherapy as a first-line treatment. Patient preference and the additional safety risks of pharmacotherapy should be considered when making this decision.
- **Promote Adoption of healthy lifestyle practices:**
  - Patient education on the benefits of exercise as an adjunct to other evidence-based treatments
  - Promote healthy eating
  - Decrease use of tobacco, alcohol and other unsafe drugs

The VA/DoD Clinical Practice Guideline for the Management of Major Depressive Disorder, Version, 3.0-2016 is the primary source document for this information and can be accessed in full at: healthquality.va.gov/guidelines/MH/mdd/VADoDMDDCPGFINAL82916.pdf

Other resources include: National Institute of Mental Health (NIMH) Prevalence of Major Depressive Episode Among Adults. nimh.nih.gov/health/statistics/major-depression.shtml#:~:text=An%20estimated%2017.3%20million%20adults,compared%20to%20males%20(5.3%25)

Our online Provider Portal allows you to access critical information 24/7. CareSource offers its providers a comprehensive suite of informational online tools that can help increase efficiency and improve patient outcomes. Some of these tools include:

- **Member Profile –** With its comprehensive view of patient medical and pharmacy data, the Member profile can help you determine an accurate diagnosis more efficiently and reduce duplicate services, as well as unnecessary diagnostic tests.
- **Provider Portal Access –** providerportal.caresource.com/
- **Clinical Practice Registry –** This proactive online tool emphasizes preventive care by identifying and prioritizing health care screenings and tests. The primary benefit of the Registry is population management. You can quickly sort your CareSource membership into actionable groups.

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