



DEPRESSION MANAGEMENT TOOL KIT

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THE JOHN D. & CATHERINE T. MACARTHUR FOUNDATION'S
INITIATIVE ON DEPRESSION & PRIMARY CARE AND 3CM, LLC

The John D. and Catherine T. MacArthur Foundation Initiative on Depression and Primary Care in 1995. Since then, the Initiative has pursued the mission of enhancing recognition and management of patients suffering from depression and seen in primary care. We have studied approaches to depression care, developed and tested educational and office system-based interventions to improve these approaches, and established close working relationships with dissemination partners including specialty organizations, leaders interested in high quality depression care and other researchers. Recently, we have expanded the scope of this work to include Post Traumatic Stress Disorder working with the Department of Defense.

The MacArthur tool kit, first developed in 2004 through the Initiative and updated here, supports primary care clinicians in caring for their patients who suffer from depression. The care management process recommended here builds on US Preventive Service Task Force, NIMH guidelines and other evidence-based sources. Tools have been adopted from published and ongoing studies. In addition, we remain grateful to Kathryn Rost, David Brody, Steven Cole, Ted Amman and Jeffrey Smith for developing prototypes that guided this work.

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MacArthur Initiative Depression Tool Kit

The MacArthur Foundation Initiative on Depression and Primary Care Depression Tool Kit is intended to help primary care clinicians recognize and manage depression. The Kit includes easy to use tools to assist with:

- Recognizing and diagnosing depression;
- Educating patients about depression, assessing treatment preferences, engaging their participation and explaining the process of care;
- Using evidence-based guidelines and management tools for treating depression; and
- Monitoring patient response to treatment.

OVERVIEW OF THE DEPRESSION CARE PROCESS

<p><i>Step I:</i> <u><i>Recognition & Diagnosis</i></u></p>	<p>The clinician suspects that a patient may be depressed. Some patients self-identify, but many others present with somatic complaints. Most clinicians rely on their general impression to recognize these patients; some clinicians use screening tools. Formal assessment follows to confirm diagnosis.</p>
<p><i>Step II:</i> <u><i>Patient Education</i></u></p>	<p>If diagnosis is confirmed, the clinician and staff educate the patient about depression and the care process, engage the patient and determine patient preference for treatment.</p>
<p><i>Step III:</i> <u><i>Treatment</i></u></p>	<p>The clinician and patient select an appropriate management approach for treating depression</p> <ul style="list-style-type: none"> ▪ Watchful waiting, with supportive counseling ▪ Antidepressant medications ▪ Mental health referral for psychological counseling ▪ Combination of antidepressants and psychological counseling ▪ Rarely, referral to emergency services is indicated due to risk of harm
<p><i>Step IV:</i> <u><i>Monitoring</i></u></p>	<p>The clinician and support staff monitor compliance with the plan and improvements in symptoms/function and modify treatment as appropriate to strive for remission.</p>

ATTACHED TOOLS FOR MANAGING DEPRESSION

APPENDIX I

Recognition and Diagnostic Information

- Clinician Memory Aids
- PHQ-9 Patient Questionnaire
- Scoring PHQ-9

APPENDIX II

Patient Education Materials

- Patient Handouts
- External Resources

APPENDIX III

Treatment Information

- Treatment Fact Sheets
- Drug Administration Information

APPENDIX IV

Monitoring and Follow-Up Information

- Monitoring Tools
- Referral Tools

I. RECOGNIZING DEPRESSION AND DIAGNOSTIC EVALUATION

Some clinicians rely solely on their usual routines to identify depression. Some use memory aids to assure completeness. Others use a more formal approach to diagnosis by using a patient questionnaire. APPENDIX I contains memory aids and the PHQ-9, a screening instrument.

OVERVIEW OF THE SCREENING PROCESS

Step A	Through interview and examination, the clinician may suspect depression.
Step B	Diagnostic criteria are explored and (if appropriate) a depression diagnosis is confirmed.
Step C	Rule out other causes of depressive symptoms.

IA. RECOGNITION TOOLS: CLINICIAN MEMORY AIDS

Clinician memory aids are briefly described below.

Two Question Screen

During patient interview, two questions have been shown to be effective for identifying patients who may be depressed (page 14).

Interview Questions

Direct questions about patient mood and function may help clinicians recognize patients who may be depressed (page 14).

DSM - IV Criteria for Depression

A list of the 9 criteria for diagnosing Depression, with instruction of how to interpret patient responses (page 15).

Assessment Checklist

A list of measures and historical factors that are important when evaluating a depression diagnosis (page 15).

Suicide Risk Questions

Suicide risk needs to be assessed whenever a diagnosis of depression is made. Some scripted questions are provided (see page 15).

Ruling Out Other Causes of Depressive Symptoms

A list of medications and conditions to consider when diagnosing depression is provided (page 16).

IB. DIAGNOSTIC TOOLS: PHQ-9 PATIENT QUESTIONNAIRE

PHQ-9 may be used when a clinician suspects depression and/or the Two-Question Screen is positive. The PHQ-9 score also helps quantify the severity of depression. PHQ-9 can be self-administered by the patient before, during, or after the office visit. (A sample of the PHQ-9 can be found on page 17)

II. PATIENT EDUCATION MATERIALS

One of the key components of depression management is helping the patient recognize that he/she is depressed, that treatment is needed to improve the quality of life for both the patient and his/her family, and to engage their participation in the care process. Tools have been developed to help the clinician educate the patient about depression, what effective treatments are available, what they can expect from treatment and the patient's role in managing depression. (See APPENDIX II, Patient Education Materials.)

Approach to Patient Education

Some patients may not be willing to accept a diagnosis of depression or may begin treatment but then not continue. Clinicians and their office staff can help patients by providing educational materials and support in terms that the patient can understand. For example, if the patient believes stress is a major factor, the clinician should be sensitive to the patients understanding and not over-emphasize the role of biological factors. The clinician can consider including these items in their discussion with the patient:

- The cause, symptoms and natural history of depression.
- Treatment options, including indications, mechanisms of action, cost, risks and benefits.
- Anticipated outcomes in terms of symptom relief, functional ability and quality of life.
- Potential difficulties in complying with treatment and strategies to handle these problems.
- Early warning signs of relapse or recurrence.

<u>TOPIC OF HANDOUTS</u>	<u>TITLE</u>	<u>DESCRIPTION</u>
<i>UNDERSTANDING DEPRESSION</i>	What Is Depression	Concise, easy to understand information about depression and its treatment.
<i>MANAGING DEPRESSION</i>	Understand the Process for Managing Depression	List of steps involved in the treatment process.
<i>ANTIDEPRESSANT THERAPIES</i>	Persons Considering Medication Treatment	Explanations about how antidepressants work and steps the patient should take.
	Frequently Asked Questions About Antidepressants	Common questions and answers about antidepressant medications.
<i>PSYCHOLOGICAL COUNSELING</i>	Persons Considering Psychological Counseling Treatment	Explanations of types of mental health specialists, and what to expect from psychological counseling.
<i>OTHER MATERIALS</i>	Patient Education Materials	Self Management Handout Links with national organizations for patient education materials. (See Page 27)

III. TREATMENT INFORMATION

The information in this section is based on USPSTF recommendation on Major Depressive Disorder in adults (<http://www.ahrq.gov/clinic/uspstf/uspstf/uspstfdepr.htm>) as well as research in the field.

OVERVIEW OF THE TREATMENT PROCESS

<i>Step A</i>	Clinician selects treatment approach with the patient, then works with patient to set goals for treatment outcomes and discusses phases of treatment (acute, continuous and maintenance).
<i>Step B</i>	Clinician or support staff reassess patient symptoms and function after therapy has begun. Continues with therapies that reduce depressive symptoms or achieves remission. Adjusts therapies with partial or no response.
<i>Step C</i>	Follows Continuation/Maintenance guidelines to prevent relapse or recurrence.

Three Phases of Treatment

It may be useful to think of depression treatment as three phases. Each phase has a specific goal:

Acute	Aims to <u>minimize depressive symptoms and achieve remission.</u>
Continuation	Tries to prevent return of symptoms <u>during current episode.</u>
Maintenance	Focus is to prevent lifetime return of new episodes.

Treatment Section Format

The information in the treatment section is organized by treatment approach. The format of the treatment section and corresponding tools in APPENDIX III are described below:

- III-A. Supportive Counseling
- III-B. Antidepressants
- III-C. Referral to Psychological counseling
- III-D. Combined Treatment with Antidepressants & Psychological counseling
- III-E. Patient Response to Treatment

TREATMENT TOOLS IN APPENDIX III

- Supportive Counseling Guide Sheet - Clinicians who choose "office counseling" as a first line of treatment for patients will find this guide helpful. Information includes suggestions for approach, support strategies and coping strategies.
- Information Guide to Antidepressants - Listing of common antidepressants used to treat depression and updated March 2009. Information includes ranges of therapeutic dose, suggestions for initial dose and recommendations for titration. Also information is provided listing conditions/factors to consider when prescribing antidepressants.
- Antidepressant Fact Sheets - Information about elderly patients, non-responsive patients, contraindications, discontinuing antidepressants, and a side effect management guide, with alternative drug recommendations.