Does Screening for Depression Work?

- USPHSTF recommends screening for depression for all adults including pregnant and postpartum women (Grade B recommendation - moderate benefit)

- Adequate systems should be in place to ensure effective Rx and follow up

- Convincing evidence that screening improves the accurate identification of depression in primary care settings and

- Treatment in the primary care setting decreases clinical morbidity and improves outcomes

*JAMA 2016 January;315;380*
Which Screening Tools to Use?

- Multiple available questionnaires
- Administration times range from 1-5 minutes
- High sensitivity (80-90%) but only fair specificity (57-85%)

*The Rational Clinical Examination. Is this patient clinically depressed? JAMA 2002;287:1160*
PHQ-9: Over the Past 2 Weeks, Have You Been Bothered by:

1. Little interest or pleasure in doing things
2. Feeling down, depressed, or hopeless
3. Trouble falling/staying asleep, sleeping too much
4. Feeling tired or having little energy
5. Poor appetite or overeating
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down.
7. Trouble concentrating on things, such as reading the newspaper or watching television.
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual.
9. Thoughts that you would be better off dead or of hurting yourself in some way.

<table>
<thead>
<tr>
<th>Depression Severity</th>
<th>Score</th>
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<tbody>
<tr>
<td>Minimal</td>
<td>4</td>
</tr>
<tr>
<td>Mild</td>
<td>5-9</td>
</tr>
<tr>
<td>Moderate</td>
<td>10-14</td>
</tr>
<tr>
<td>Moderately severe</td>
<td>15-19</td>
</tr>
<tr>
<td>Severe</td>
<td>20-27</td>
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</tbody>
</table>

Total Score = ___ + ___ + ___ + ___
### Operating Characteristics of PHQ-9: Score 10 (Moderate) Discriminates Well

<table>
<thead>
<tr>
<th>PHQ-9 Score</th>
<th>Sensitivity %</th>
<th>Specificity %</th>
<th>LR +</th>
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<tbody>
<tr>
<td>≥ 9</td>
<td>95</td>
<td>84</td>
<td>6.0</td>
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<tr>
<td>≥10</td>
<td>88</td>
<td>88</td>
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<td>≥11</td>
<td>83</td>
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<td>≥12</td>
<td>83</td>
<td>92</td>
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<td>≥13</td>
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<td>≥14</td>
<td>73</td>
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<tr>
<td>≥15</td>
<td>68</td>
<td>95</td>
<td>13.6</td>
</tr>
</tbody>
</table>

*JGIM 2001;16:606*
1. ‘During the past month, have you often been bothered by feeling down, depressed or hopeless?’

2. ‘During the past month, have you often been bothered by having little interest or pleasure in doing things?’

96% sensitive but only 57% specific for at least one positive response
Follow up of Screening Tool

• Screening tools
  - High sensitivity
  - Lower specificity

• Some false positives will occur

• Follow up with additional questions to probe for diagnosis of depression

• Consulting family members may add information
DSM 5 Criteria for MDD

- Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.
  - Depressed mood
  - Loss of interest in most activities
  - Significant weight loss
  - Insomnia or hypersomnia nearly every day.
  - Psychomotor agitation or retardation nearly every day
  - Fatigue or loss of energy nearly every day.
  - Feelings of worthlessness or excessive or inappropriate guilt
  - Diminished ability to think or concentrate, or indecisiveness,
  - Recurrent thoughts of death/suicide

- The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
After Diagnosing Depression, Screen for Suicide Risk

• Three simple questions
  - Have you struggled with suicidal feelings?
  - Do you currently have a plan?
  - Do you see yourself acting on it?

• Try to avoid using terms such as “Are you thinking of hurting yourself” or “Can you keep your self safe?”

• Do not fear that asking questions will suggest the idea of suicide to a patient; patients are relieved to discuss
Introducing Treatment, I

- Default view of most patients is that all mental illness is “craziness”

- So when offered a “depression pill” it may be confirmation that they are
  - Crazy
  - Weak
  - Bad
  - Not trying hard enough

Introducing Treatment, II

- Therefore, it is often a relief to patient if they hear that they are not “crazy.”

- Likewise, often very helpful to *first* ask “What would you think of trying a medication for depression?”

- Patients’ biggest fears: zombie-ism, dependence, weight gain, personality change
Sample Case

- 52 yo married man with no prior psych treatment now says “My wife says you’ve got to help me with my moodiness.”

- First became depressed in college; now has depressive periods yearly in which he becomes more irritable for several weeks and feels inefficient at work.

- During these periods he sleeps less, stays up at night in his woodworking shop, keeps TV on too loud, drinks more ETOH than usual.

- On exam he does appear down, tired, unshaven. No SI.
Question

- How likely is it that this man suffers from a bipolar-spectrum illness?
  - 1. Very likely
  - 2. Can’t tell
  - 3. Unlikely
Screening for Bipolarity

• Are there any close family members with bipolar disorder (or “severe mood swings,” suicide attempts, hospitalizations.)

• Any personal experience with extended (at least 1-2 weeks) periods of elation/irritability (i.e. hypomania)

• Prior negative (restless, agitated) reactions to antidepressants

• If yes, consider psych referral or lamotrigine
Starting Antidepressants

- STAR*D trial began with citalopram

- Any SSRI is reasonable to start with
  - Paroxetine tends to cause weight gain and have withdrawal issues

- A given SSRI is not more activating or sedating for a given person

- Bupropion may be preferable for lethargy
What if First Choice is Ineffective?

- No response after 4-8 (12?) weeks

- STAR*D:
  - Switch to another SSRI (Escitalopram for partial response to citalopram?)
  - Add bupropion or buspirone
  - Switch to bupropion or SSNRI ( duloxetine, venlafaxine)
What about Mirtazapine?

- A good drug for anxiety, insomnia
- Tends to cause weight gain, constipation
- Possibly a good first-line drug for the elderly patient who is depressed, anxious, not sleeping
Other Medications Etc.

- TCA’s and MAOI’s are highly effective but often have significant side-effects and are lethal in overdose.

- ECT remains safe and effective and is Rx of choice for agitated/psychotic depression

- Vilazodone (Viibryd), Levomilnacipran (Fetzima), Vortioxetine (Brintellix) may be helpful occasionally
Comorbid Anxiety, Insomnia

- Depression and anxiety are often highly comorbid, not necessarily two disorders.

- SSRI’s best in this situation, followed by SNRI’s, mirtazapine

- Adjunctive Rx of anxiety symptoms depends on MD comfort with benzodiazepines and patient’s reliability

- Can also try benadryl, hydroxyzine

- For insomnia: trazodone, benzo, zolpidem, benadryl

- Generally, have patient take antidepressant in AM; minority will find it sedating (ex. Mirtazapine)
Referring to a Psychiatrist

• As before, default view is “I must really be crazy”

• You may want to stress that expertise and experience are the issue, especially if multiple meds have been tried