



Depression: The Silent Epidemic

Objectives

- Prevalence of Depression and impact on workforce
- Types of Depression
- Risk factors for Depression
- Suicide
- Treatment options
- Antidepressants

Introduction

- Up to 35.1 million Americans will suffer from depression in their lifetimes¹
- Depression is common primarily among workers aged 18 to 44 years²
- Depression is nearly twice as prevalent in women than in men²

• (N=3,378; a nationally representative sample of workers from the NCS-Replication, 2001-2003.
1. Kessler RC, et al. JAMA 2003; 289:3095-3105
2. Kessler RC, et al. Am J Psych. 2006;163:1561-1568

Introduction

- Depression is 1.5 to 3 times as common among those with a first-degree biological relative with depression
- Frequently accompanied by comorbid conditions
- Depression generates \$83 billion in direct and indirect costs in workplace
- One of the major causes of suicide

- Direct costs include inpatient, outpatient and pharmaceutical expenditure. Workplace costs include costs associated with absenteeism and presenteeism
- Greenberg PE, et al. J Clin Psychiatry. 2003;64:1465-1475

Depression & Anxiety in managed care

- A cross-sectional, observational analysis of adult Medicaid beneficiaries over 12 months (N=6,500)
- 40% of patients in this Medicaid HMO group had a psychiatric diagnosis; of these, the majority had either depression and/or anxiety, comprising 22% of the population group
- Direct costs are increased in patients on Medicaid with depression and/or anxiety
- Excluding drug costs, the presence of a psychiatric diagnosis increased medical costs by a factor of 1.77
- Patients with depression and/or anxiety have higher resource utilization and healthcare costs

Thomas MR, et al. Psych Serv 2005,56:1394-1401

Depression greatly impacts BOTH the Employee and Employer

- ***Effect on Employee***

- Impaired work performance
- Work Absences
- Workplace Accidents
- Unemployment

- ***Effect on Workplace***

- Reduced productivity as “presenteeism”
- Employee Turnover
- Unhealthy Organization

• Haslam C, et al. J Affect Disorders. 2005; 88:209-215

Barriers to recognition of depression in the workplace

- Depressed employees may not seek help for their condition
- Employees may associate negative stigma with the diagnosis
- Lack of motivation to seek care because of the shame about needing treatment
- Ignorance about available treatment
- Lack of confidence in employee's physicians
- Deficiencies in primary care physician training related to mental health problems

• Lusk, SL. AAOHN J. 2002; 50:394-396

Is it Depression?

- *"I don't feel like myself anymore"*
- *"Everything and everybody seems to bother me and I can't feel happy"*
- *"I feel like there's this incredible weight on me and I'm dragging"*
- *"It takes everything I have to get through the day"*
- *"All I want to do is be alone or sleep"*
- *"Everything I do takes so much effort"*
- *"I get irritated and angry at the simplest and littlest things"*
- *"I feel achy and run down"*

Signs of Depression in Workplace

- Problems concentrating
- Difficulty in making decisions
- Uncharacteristically chronic lateness
- Safety problems or accidents
- Crying spells
- Decreased productivity
- Increased irritability
- Complaints of being tired all the time
- Lack of cooperation
- Morale problems
- Frequent complaints of unexplained aches and pains
- Alcohol and/or drug abuse

Depression: Types

- **Major depression**
 - People with major depression have some or all of the symptoms of depression for at least 2 weeks
 - Episodes of the illness can occur once, twice or even more
- **Dysthymia**
 - Same depression symptoms are present, but milder and more persistent

Depression: Types

- **Depression with manic episodes**
 - Includes bipolar disorder and cyclothymic disorder
 - Not as common as other forms of depressive illness
 - Involves cycles of depressive symptoms that alternate with high spirits, irritable excitement or mania (characterized by excessive energy and disorganized and impulsive behavior)
- **Depressive episodes with specific triggers**
 - includes adjustment disorder with depressed mood, grief, seasonal affective disorder, premenstrual syndrome (PMS), premenstrual dysphoric disorder (PMDD), postpartum depression and perimenopausal depression

Diagnostic Criteria for Major Depression

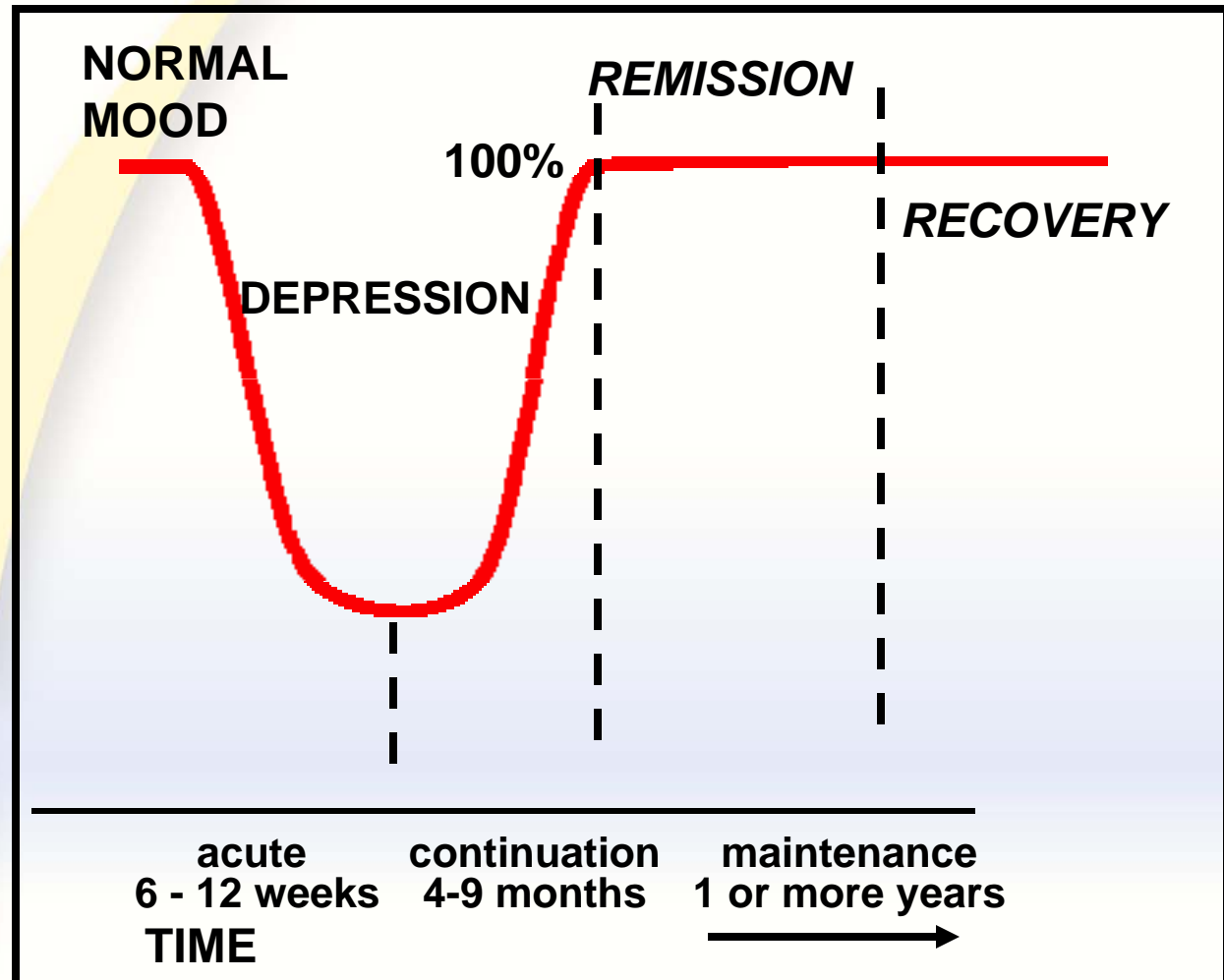
- Five of the following must be present most of the day, nearly every day, for at least two weeks. At least one of the first two **bolded** symptoms must be present.
 - **Depressed Mood**
 - **Markedly diminished interest in usual activity**
 - Significant increase / loss in appetite/weight
 - Insomnia / Hypersomnia
 - Psychomotor agitation / retardation
 - Fatigue or loss of energy
 - Feelings of worthlessness or guilt
 - Difficulty with thinking, concentrating or making decisions
 - Recurrent thoughts of death or suicide

DSM

Why do people get depression?

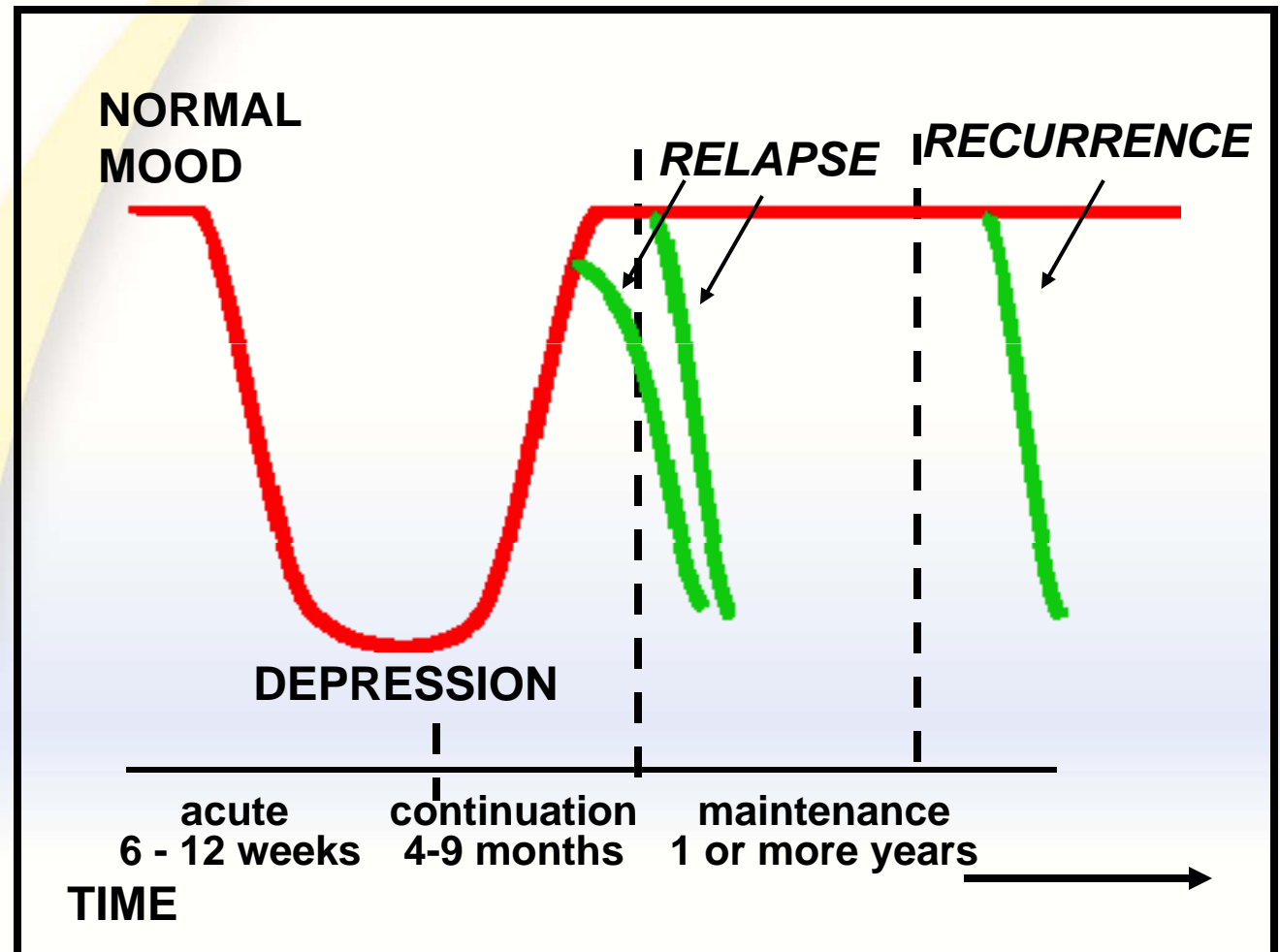
- There is no single cause of depression
- **Genes** - some types of depression tend to run in families
- **Brain chemistry and structure**
- **Environmental and psychological factors**
 - Trauma
 - Loss of a loved one
 - Difficult relationship
 - Stress
- **Medical / Psychiatric Conditions**
 - HTN
 - Thyroid related disorders
 - DM
 - Neurological illnesses
 - Medications
 - Alcohol and/or Substance Abuse
 - Anxiety disorders

Phases of Depression



Stahl S M, Essential Psychopharmacology (2000)

Phases of Depression



Suicide

- Two-thirds of people who commit suicide suffer from a depressive illness
- Treatment works, and people at risk should receive professional attention
- Previous attempts are a strong predictor of suicide
- Drug and alcohol abuse often play a role in suicide
- Recent bereavement or the anniversary of a loss or major life event can be risk factors
- School failure or chronic unemployment can increase the risk of suicide
- Other mental illnesses such as schizophrenia and eating disorders also carry an increased risk of suicide

Myths of Suicide

- Asking someone about suicidal thoughts may trigger the act
- People who threaten suicide never go through with it
- Suicide does not affect young people
- Suicide does not affect the elderly
- Nothing can stop a person determined to commit suicide
- People who commit suicide didn't want to get help

Depression is treatable

- Psychiatrists
- Psychologists
- Clinical or Psychiatric Social Workers
- Psychiatric Nurses
- Marriage and Family Therapists
- Mental Health Counselors
- Primary Care Providers

Pearls of the Depression Care

- Recognition of Diagnosis
- Patient Education
- Treatment
- Monitoring

Early Recognition of Depression

- **The U.S. Preventive Services Task Force (USPSTF) recommends screening adults for depression in clinical practices that have systems in place to assure accurate diagnosis, effective treatment, and follow-up**
- **The USPSTF recommends screening of adolescents (12 to 18 years of age) for major depression disorder (MDD) when systems are in place to assure accurate diagnosis, psychotherapy (cognitive behavioral or interpersonal), and follow-up**

<http://www.ahrq.gov/clinic/3rduspstf/depression/depressrr.htm>

U.S. Preventive Services Task Force. *Screening for Depression: Recommendations and Rationale*. May 2002. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/clinic/3rduspstf/depression/depressrr.htm>

Recognition of Diagnosis

- Interview
- DSM
- Assessment Checklists
- Suicide Risk Questions
- Ruling out Other Causes of Depressive Symptoms
- PHQ-9

Approaches to improve identification of depression

- Healthcare professionals should maintain a high index of suspicion for depression
 - Identify special patient populations at risk
 - Inquire about past medical and mental history
 - Consult with family members about baseline functioning and changes in behavior
- SIGECAPS
 - **S**leep
 - **I**nterest
 - **G**uilt
 - **E**nergy
 - **C**oncentration
 - **A**ppetite
 - **P**sycomotor
 - **S**uicide

Patient Education

- A key component of depression management
- Consider in discussion:
 - The cause, symptoms and natural history of depression
 - Treatment options
 - Costs, Risks and Benefits of Treatment
 - Anticipated outcomes
 - Adherence to treatment
 - Early warning signs of relapse

Goals of Treatment

- Recovery
- Prevention of relapses
- Improvement in quality of life
- Improvement in health status
- Reduction in morbidity and mortality
- Reduction in healthcare costs

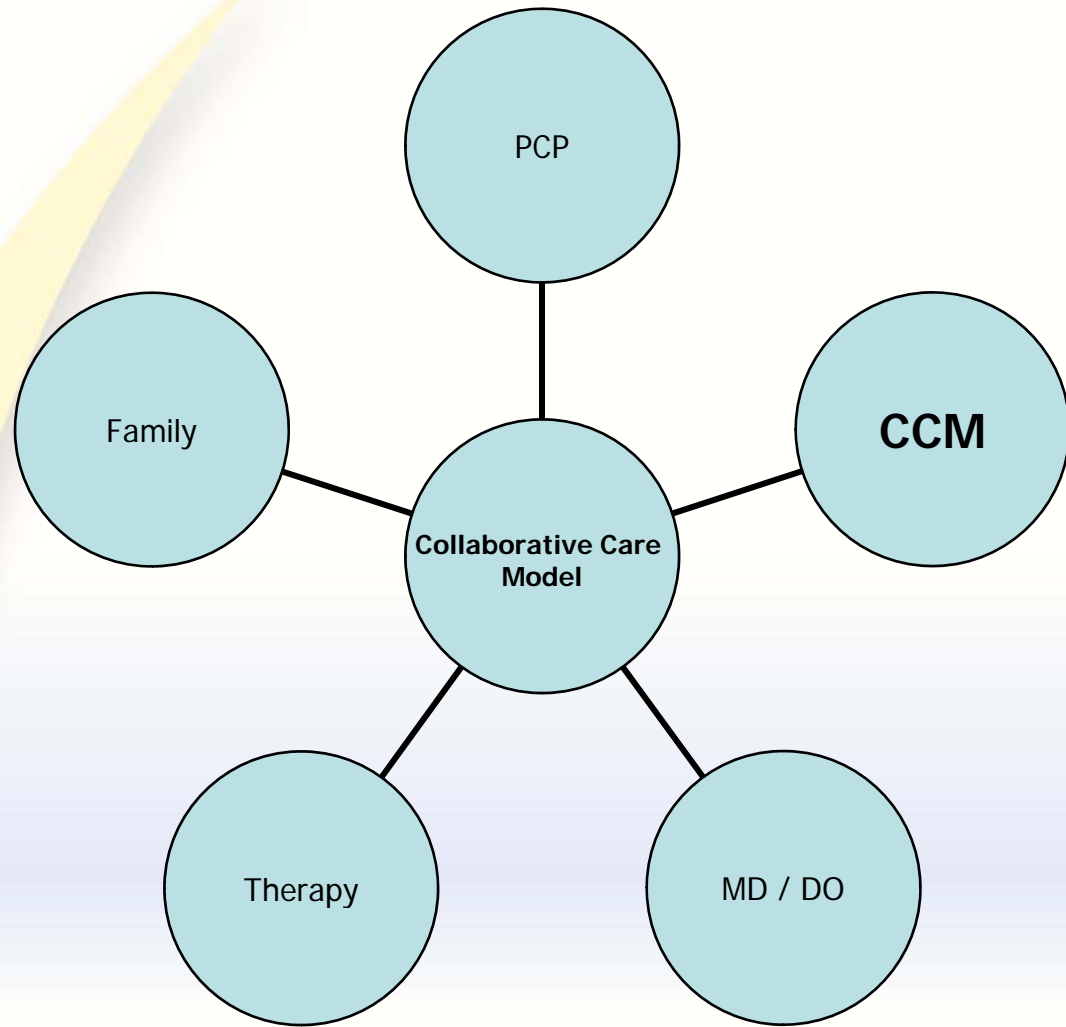
Overview of Treatment Process

- Clinician selects treatment approach
- Clinician works with patient to set goals for treatment outcomes
- Clinician discusses phases of treatment (acute, continuous and maintenance)
- Clinician reassesses patient symptoms and function after therapy has begun
- Clinician continues with therapies that reduce depressive symptoms or achieve remission
- Clinician adjusts therapies with partial or no response
- Clinician follows Continuation / Maintenance guidelines to prevent relapse or recurrence

• <http://www.ahrq.gov/clinic/uspstf/uspsdepr.htm>

Monitoring and Referrals

- Patient reporting / mood diary
- Support Staff in Clinician's offices
- Monitoring schedule and follow up visits
- Documenting progress
- Coordinating referrals for therapy and monitoring the status of referrals
- Documenting progress with co-managers

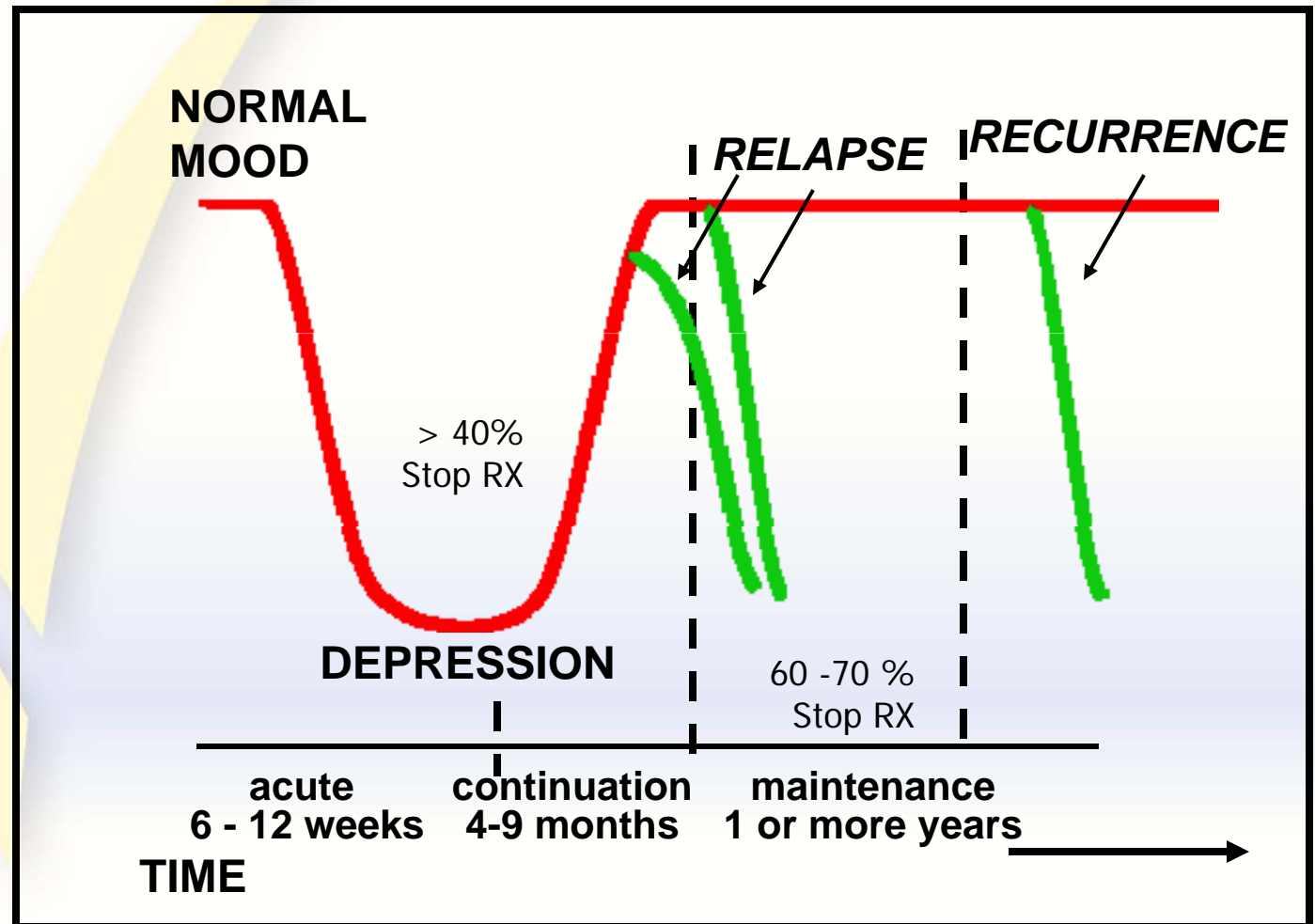


“Nurse Telehealth Care” in depression care management

- Nurse Telehealth Care
- Clinic nurses from Primary care clinic
- 12-16 calls over 16 weeks
- Scheduled calls of 10 minutes and calls logged
- Calls about
 - Addressing questions on medication
 - Dealing with minor AEs
 - Importance of adherence
 - Emotional support
 - Addressing other medical conditions/overall health
- **Intervention significantly superior to usual care in improving HAMD and treatment satisfaction**

• Hunkeler EM, et al. Arch Fam Med. 2009;9:700-708

Need for Long Term Care in Phases



Kupfer, DJ, J. Clini Psyc, 1991: 52 (suppl. 5): 28-34

Patient factors associated with lower antidepressant adherence

- Younger age¹
- Comorbid alcohol or other substance abuse¹
- Comorbid cardiovascular/metabolic conditions¹
- Use of older generation antidepressants¹
- Residence in lower income neighborhoods¹
- Greater perceived stigma associated with mental disease²
- Not accepting of antidepressant treatment²

Akincigil A, et al. Med Care. 2007;45:363-369

Sirey JA et al. Psych Serv. 2001;52:1615-1620

Treatment Modalities

- Antidepressant medication
- Psychotherapy
- Physical therapies
 - Electroconvulsive therapy (ECT)
 - Light therapy
- Alternative therapies
 - Herbal Medications

Antidepressant Pearls

- Antidepressants only work if taken every day
- Antidepressants are not addictive
- Benefits from medication appear slowly
- Continue antidepressants even after you feel better
- Mild side effects are common and usually improve with time
- If you're thinking about stopping the medication, call your clinician first
- The goal of treatment is complete recovery

Selection of Antidepressants

- History of response to medication in patient or first-degree relative
- Patient preference
- Side-effects
- Out of pocket costs
- Drug interactions
- Co-morbid medical conditions
- Co-morbid alcohol and/or substance abuse

Antidepressant choices

- Selective Serotonin Reuptake Inhibitors
- Serotonin and Norepinephrine Reuptake Inhibitors
- Serotonin and Norepinephrine and Dopamine Reuptake Inhibitors
- Tricyclic Antidepressants
- Mono Amine Oxidase Inhibitors
- Others: Trazadone, Remeron, Nefazodone

Commonly used Antidepressants

- Citalopram (Celexa)
- Escitalopram (Lexapro)
- Fluoxetine (Prozac)
- Paroxetine (Paxil)
- Paroxetine CR (Paxil CR)
- Sertraline (Zoloft)
- Mirtazapine (Remeron)
- Bupropion (Wellbutrin)
- Bupropion SR & XL (Wellbutrin SR & XL)
- Venlafaxine (Effexor)
- Venlafaxine XR (Effexor XR)
- Desvenlafaxine (Pristiq)
- Desipramine (Norpramin)
- Nortriptyline (Pamelor)
- Amitriptyline (Elavil)

FDA Indications for SSRI Antidepressants

	Depression	OCD	PMDD	Bulimia	PTSD	Panic	Social Phobia	General Anxiety
Prozac	X	X	X	X		X		
Zoloft	X	X	X		X			
Paxil	X	X			X	X	X	X
Celexa / Lexapro	X							
Luvox		X						

FAQ about Antidepressants

- How do antidepressants work?
- Are antidepressants addictive?
- Will I get better if I take antidepressants?
- How long will the antidepressant take to work?
- How long will I have to take the antidepressant?
- Can I drink alcohol with the antidepressant?
- Is it safe to take antidepressant with other medications?
- Can I stop taking the medication once I start feeling better?
- My problem is inability to sleep. How can antidepressant help?
- I have a problem with pain. How can antidepressant help?
- I have low energy and feel tired all the time. How can antidepressant help?
- I have a lot of stress in my life. How can antidepressant help?
- My problem is anxiety or panic attacks, not depression. How can antidepressant help?
- Are there any dangerous side-effects?

Antidepressants: Side-effects

- Sedation
- Weight gain
- Gastrointestinal
- Activation or Insomnia
- Sexual Dysfunction
- Drug Interactions
- Neurological
- Headache
- Seizures



Non-pharmacotherapy Approaches

- Cognitive-Behavioral therapy
- Interpersonal therapy
- Marital / Family therapy
- Group Therapy
- Maintain a hopeful perspective
- Provide regular follow-up
- Discourage major life changes during acute illness
- Be vigilant for Suicidal Ideation

Add psychotherapy to medications if:

- Partial response to medication and residual symptoms are largely psychological
- Partial or complete response to medication but other psychosocial problems remain significant
- Patient has difficulty with adherence
- Prior course or illness is chronic or poor inter-episode recovery
- Co-morbid personality disorders
- Most utilized therapies in depression:
 - Cognitive Behavioral
 - Interpersonal

Depression Self-Care Action Plan


- Stay physically active
- Make time for pleasurable activities
- Spend time with people who can support you
- Practice relaxing
- Simple goals and small steps
- Practice abstinence from addictions
- Take your medications

The case for improvement: Summary

- Depression is prevalent
 - Up to 35.1 million Americans will suffer from depression in their lifetimes
- Depression is costly
 - \$83 billion in direct and indirect costs
 - Depression negatively impacts the work place and the employees
- Treatment is associated with benefits
 - Treatment according to guidelines improves clinical outcomes
 - Treatment adherence with antidepressants is associated with adherence to medications for chronic conditions
 - Overall improvement of quality of life if depression is treated

Resources

- EAP
- www.achievesolutions.net
- National Institute of Mental Health (NIMH)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Depression and Bipolar Support Alliance
- Mental Health America
- National Alliance of Mental Illness (NAMI)
- American Foundation for Suicide Prevention
- National Hopeline Network
- National Suicide Prevention Lifeline
- American Psychiatric Association
- Families for Depression Awareness
- Preventive Services Task Force

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- **Thoughts, Comments ...**
 - **Q & A...**
 - **Thank you**