



Depression and Primary Care

December 12, 2018

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The Michigan Care Management Resource Center

MiCMRC Care Management Educational Webinar: Depression and Primary Care

Expert Presenter:

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Upcoming Webinars

MiCMRC Educational Webinar

Wednesday, February 14, 2018 - 2:00pm

Managing Hypertension

Presented by
Kristina Dawkins, MPH, Clinical and Public Health Consultant

Michigan Department of Health and Human Services

Cardiovascular Health, Nutrition, and Physical Activity Section

Heart Disease and Stroke Prevention Unit

[Webinar Registration](#)

MiCMRC Educational Webinar

Wednesday, February 28, 2018 - 2:00pm

Self-Management of Heart Failure Through Diet

Presented by
Emily Matson, MS and Theresa Han-Markey, MS, RD

Bionutrition Manager, U-M Nutrition Obesity Research Center

[Webinar Registration](#)

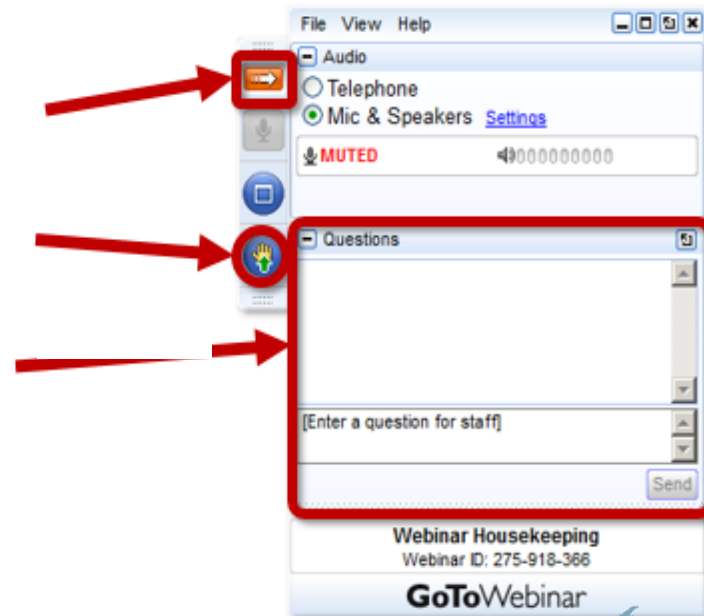


Housekeeping: Webinar Toolbar Features

Collapse Toolbar

Raise Your Hand

Ask a Question



Objectives

- Define symptoms of depression
- Distinguish between different types of depression
- Apply 2 intervention strategies to use with patients who have depression



Question

- What are some challenges in addressing depression in primary care?



SADNESS

VS.

DEPRESSION



Depression?



Depression

There is no point treating a depressed person as though she were just feeling sad, saying, 'There now, hang on, you'll get over it.' Sadness is more or less like a head cold- with patience, it passes. Depression is like cancer.”

— **Barbara Kingsolver, [The Bean Trees](#)**

<https://www.goodreads.com/quotes/tag/depression>



Why are we talking about depression?

Depression diagnoses increased 33% since 2013, according to BCBS analysis of the 41 million people it insures.

- Major depression can result in severe impairments that interfere with or limit one's ability to function in every day life, (including the management of other health conditions).
- **Depression is the leading cause of disability worldwide**
- **At a global level, over 300 million people are estimated to suffer from depression – 4.4% of the world's population**

<https://www.nimh.nih.gov/health/statistics/major-depression.shtml>

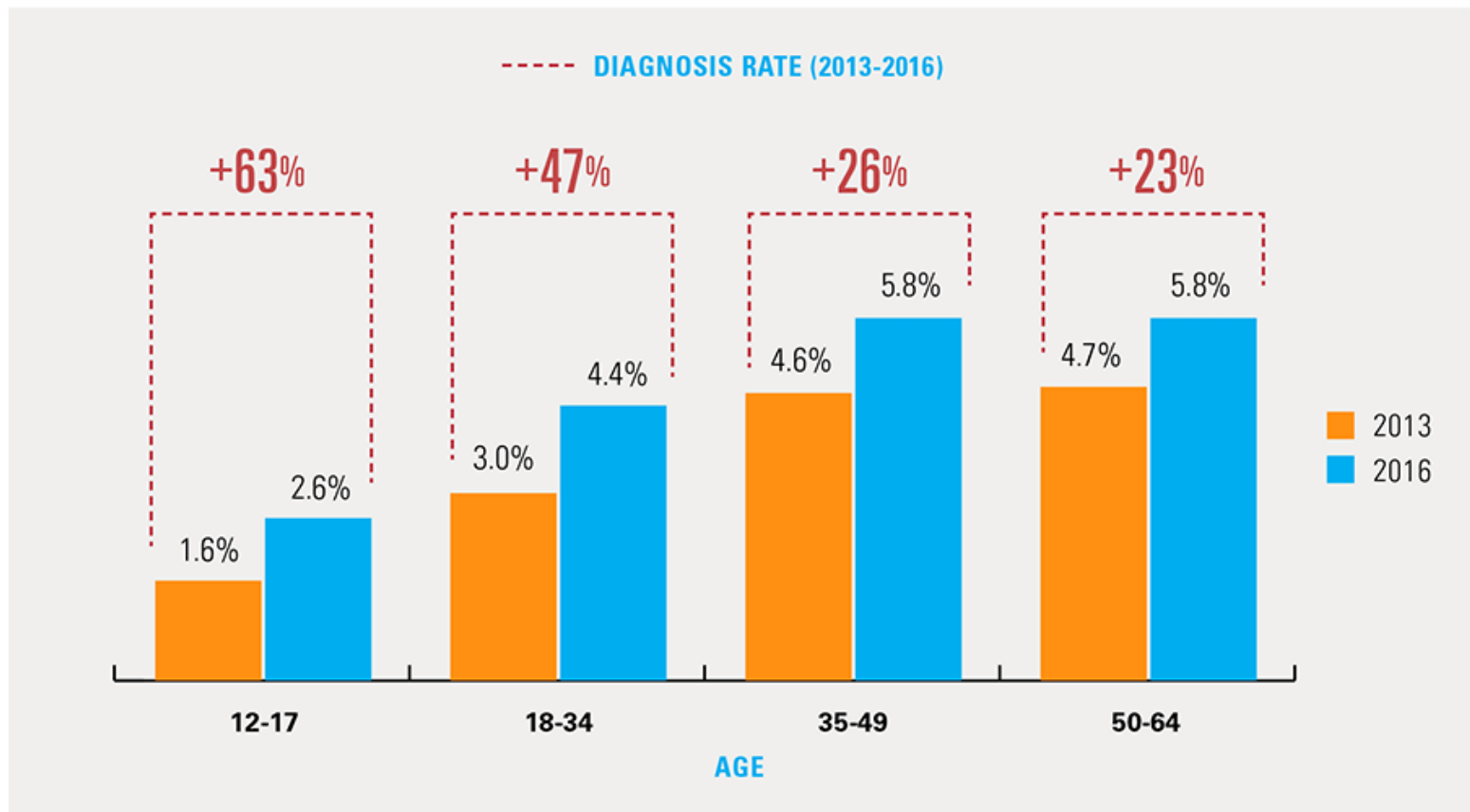
<https://www.bcbs.com/the-health-of-america/reports/major-depression-the-impact-overall-health>

http://www.who.int/mental_health/management/depression/en/



BCBS Depression Data

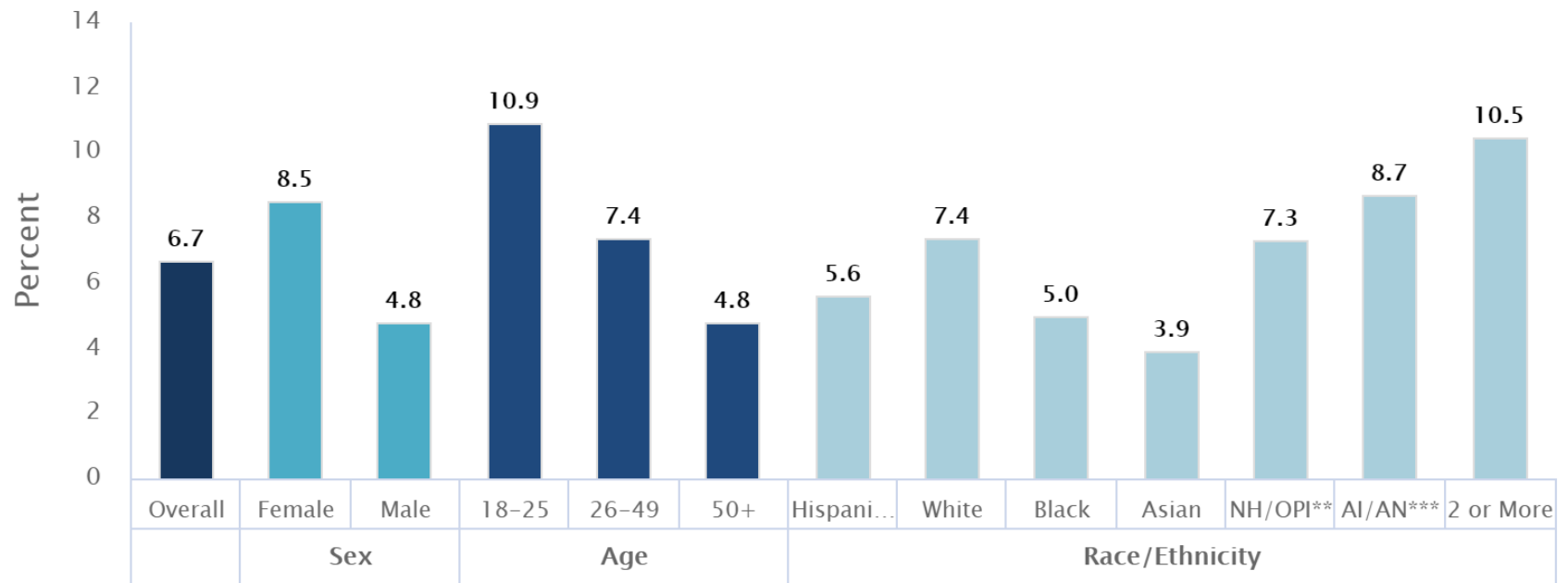
**EXHIBIT 3: DIAGNOSIS RATE AND RATE OF CHANGE FOR MAJOR DEPRESSION BY AGE
(2013 COMPARED TO 2016)**



Depression as of 2016

Past Year Prevalence of Major Depressive Episode Among U.S. Adults (2016)

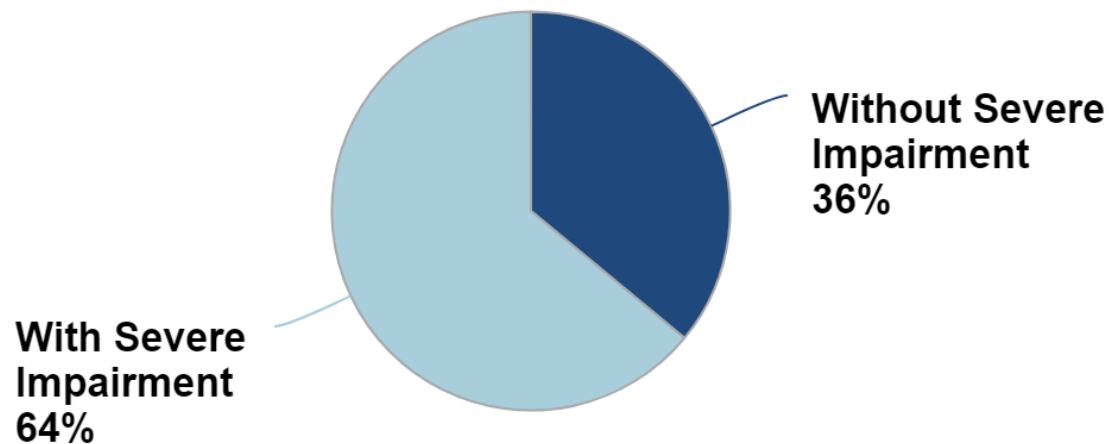
Data Courtesy of SAMHSA



Depression as of 2016

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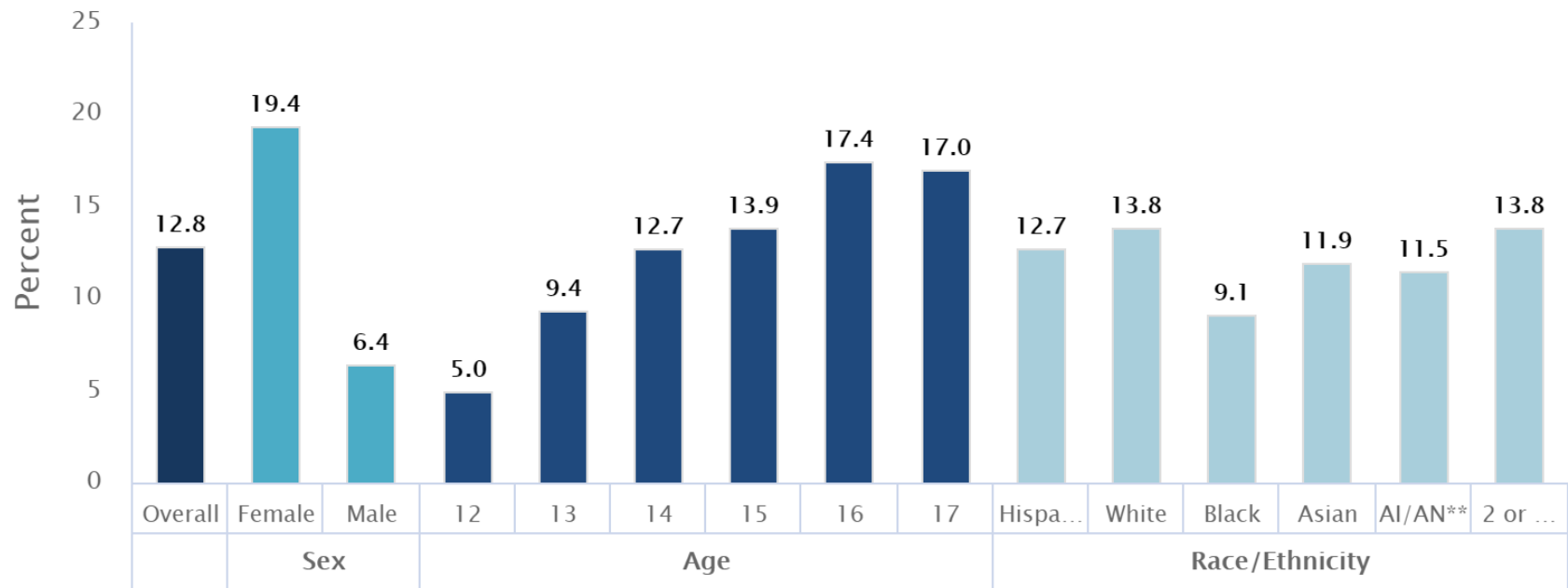
Data Courtesy of SAMHSA



Depression as of 2016

Past Year Prevalence of Major Depressive Episode Among U.S. Adolescents (2016)

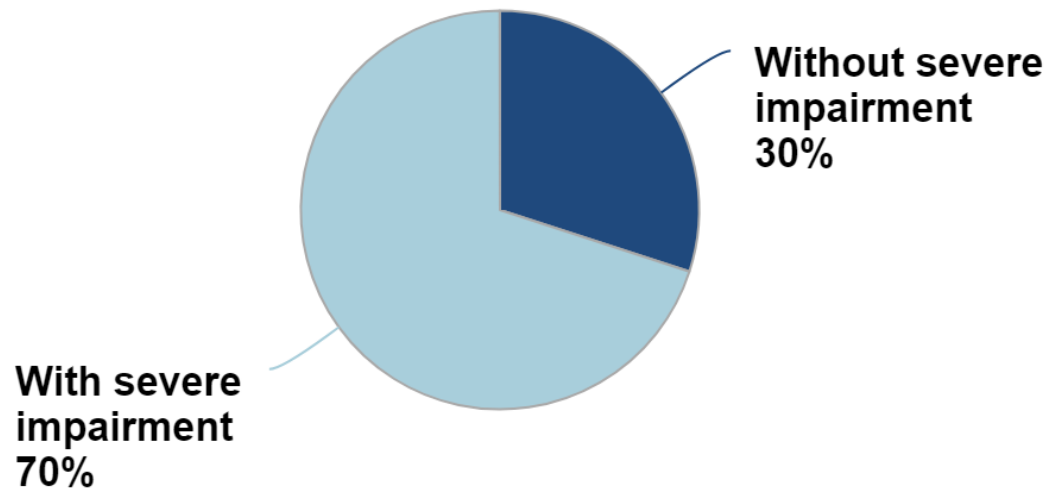
Data Courtesy of SAMHSA



Depression and adolescents

Past Year Severity of Major Depressive Episode Among U.S. Adolescents (2016)

Data Courtesy of SAMHSA



<https://www.nimh.nih.gov/health/statistics/major-depression.shtml>

Depression - defined

- The cardinal symptoms of depression include:
 - Low, sad, or depressed mood (persistent)
 - **Loss of interest or pleasure in activities that were previously enjoyable**
- Other symptoms include:
- **Feelings of hopelessness, or pessimism**
 - Irritability
 - **Feelings of guilt, worthlessness, or helplessness**
 - **Decreased energy or fatigue**
 - Moving or talking more slowly
 - Feeling restless or having trouble sitting still
 - **Difficulty concentrating, remembering, or making decisions**
 - **Difficulty sleeping, early-morning awakening or oversleeping**
 - Appetite or weight changes
 - Thought of death or suicide, suicide attempts
 - Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease even with treatment



Suicide as of 2016

- Suicide is the 10th leading cause of death
- Suicide is the 2nd leading cause of death among individuals between the ages of 10 -34
- There are more than 2x as many suicides, (44,965) in the United States as there are homicides, (19,362)

<https://www.nimh.nih.gov/health/statistics/suicide.shtml>



Leading Causes of Death in the United States (2016)

Data Courtesy of CDC

Rank	Select Age Groups							
	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Unintentional Injury 847	Unintentional Injury 13,895	Unintentional Injury 23,984	Unintentional Injury 20,975	Malignant Neoplasms 41,291	Malignant Neoplasms 116,364	Heart Disease 507,118	Heart Disease 635,260
2	Suicide 436	Suicide 5,723	Suicide 7,366	Malignant Neoplasms 10,903	Heart Disease 34,027	Heart Disease 78,610	Malignant Neoplasms 422,927	Malignant Neoplasms 598,038
3	Malignant Neoplasms 431	Homicide 5,172	Homicide 5,376	Heart Disease 10,477	Unintentional Injury 23,377	Unintentional Injury 21,860	CLRD 131,002	Unintentional Injury 161,374
4	Homicide 147	Malignant Neoplasms 1,431	Malignant Neoplasms 3,791	Suicide 7,030	Suicide 8,437	CLRD 17,810	Cerebro-vascular 121,630	CLRD 154,596
5	Congenital Anomalies 146	Heart Disease 949	Heart Disease 3,445	Homicide 3,369	Liver Disease 8,364	Diabetes Mellitus 14,251	Alzheimer's Disease 114,883	Cerebro-vascular 142,142
6	Heart Disease 111	Congenital Anomalies 388	Liver Disease 925	Liver Disease 2,851	Diabetes Mellitus 6,267	Liver Disease 13,448	Diabetes Mellitus 56,452	Alzheimer's Disease 116,103
7	CLRD 75	Diabetes Mellitus 211	Diabetes Mellitus 792	Diabetes Mellitus 2,049	Cerebro-vascular 5,353	Cerebro-vascular 12,310	Unintentional Injury 53,141	Diabetes Mellitus 80,058
8	Cerebro-vascular 50	CLRD 206	Cerebro-vascular 575	Cerebro-vascular 1,851	CLRD 4,307	Suicide 7,759	Influenza & Pneumonia 42,479	Influenza & Pneumonia 51,537
9	Influenza & Pneumonia 39	Influenza & Pneumonia 189	HIV 546	HIV 971	Septicemia 2,472	Septicemia 5,941	Nephritis 41,095	Nephritis 50,046
10	Septicemia 31	Complicated Pregnancy 184	Complicated Pregnancy 472	Septicemia 897	Homicide 2,152	Nephritis 5,650	Septicemia 30,405	Suicide 44,965

Depression

- “That's the thing about depression: A human being can survive almost anything, as long as she sees the end in sight. But depression is so insidious, and it compounds daily, that it's impossible to ever see the end.”
— Elizabeth Wurtzel, [Prozac Nation](#)



Types of Depression

- Persistent Depressive Disorder, (Dysthymia)
- Postpartum Depression
- Seasonal Affective Disorder
- Bipolar Disorder



Subsyndromal Symptomatic Depression

- A person's depression symptoms don't quite meet the criteria for a diagnosis of depression
- A person with SSD has two or more symptoms of depression present for two weeks or more and have caused social dysfunction, such as isolation, withdrawal, or behavior changes.
- SSD symptoms may be a risk factor for developing clinically significant depression in the future





In Primary Care....

60% of patients with depression show up
in a Primary Care office for usual care

Why relate depression to primary care?

- 50% of all mental health care is delivered by primary care providers
- 50% of patients with depression go undetected in usual primary care
- 1/3 to 1/2 of patients referred to mental health specialists do not attend the first appointment

<https://www.pcpcc.org/content/benefits-integration-behavioral-health>



How do we know when someone is depressed?

- Screening for depression
 - The Care Manager as well as other team members, is in a unique position offering the opportunity to screen for depression
 - Some primary care environments have started doing this as a part of routine care



PHQ -2

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At All	Several Days	More Than Half the Days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the **last 2 weeks**, how often have you been bothered by any of the following problems?
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
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	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + _____ + _____ + _____
=Total Score: _____

If you checked off **any** problems, how **difficult** have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all <input type="checkbox"/>	Somewhat difficult <input type="checkbox"/>	Very difficult <input type="checkbox"/>	Extremely difficult <input type="checkbox"/>
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Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.



PHQ-9 Score	Depression severity	Suggested Intervention
0-4	None-minimal	None
5-9	Mild	Repeat PHQ-9 at follow-up
10-14	Moderate	Make treatment plan, consider counseling, follow-up, and/or prescription drugs
15-19	Moderately Severe	Consider prescription drugs and counseling
20-27	Severe	Prescribe prescription drugs. If there are poor responses to treatment, immediately refer the patient to a mental health specialist for counseling.



PHQ 9 Guidelines

- The Michigan Quality Improvement Consortium Clinical Practice Guideline Update indicates that an adequate response to treatment is a 50% reduction in score with remission being a total score of <5.

http://www.mqic.org/pdf/mqic_2018_depression_guideline_update_alert_v2.pdf



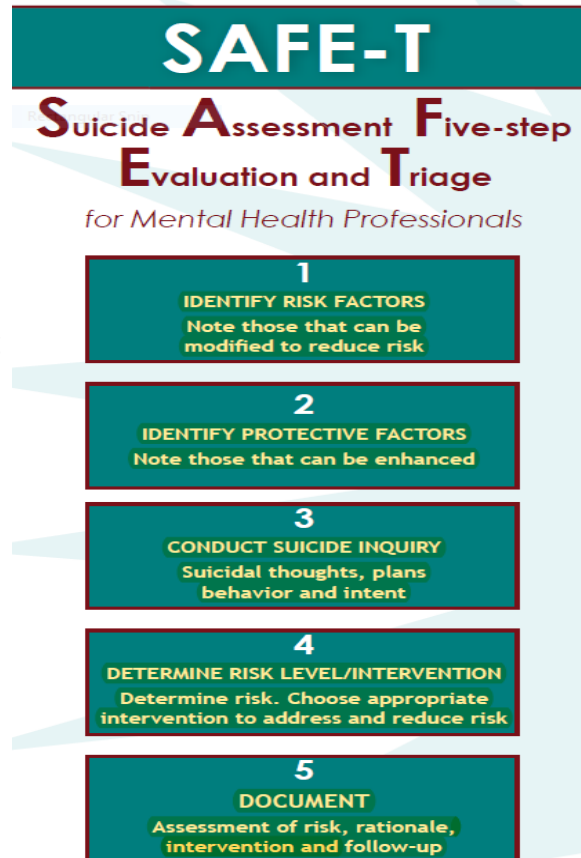
PHQ - 9

- Critical Considerations
 - Perform suicide risk assessment in patients who respond positively to item 9 “Thoughts that you would be better off dead or of hurting yourself in some way.” ***Follow the policies and procedures in place at your practice.***
 - Rule out Bipolar Disorder



Suicide Risk Assessment

Download this card and additional resources at
www.sprc.org or at www.stopasuicide.org



NATIONAL SUICIDE PREVENTION LIFELINE
1.800.273.TALK (8255)



CIDI-based Bipolar Disorder Screening Scale

Stem Questions

Euphoria Stem Question Rectangular Snip

1. Some people have periods lasting several days when they feel much more excited and full of energy than usual. Their minds go too fast. They talk a lot. They are very restless or unable to sit still and they sometimes do things that are unusual for them, such as driving too fast or spending too much money.

Have you ever had a period like this lasting several days or longer?

If this question is endorsed, the next question (the irritability stem question) is skipped and the respondent goes directly to the Criterion B screening question

Irritability Stem Question

2. Have you ever had a period lasting several days or longer when most of the time you were so irritable or grouchy that you either started arguments, shouted at people or hit people?

Criterion B Screening Question

3. People who have episodes like this often have changes in their thinking and behavior at the same time, like being more talkative, needing very little sleep, being very restless, going on buying sprees, and behaving in many ways they would normally think inappropriate.
Did you ever have any of these changes during your episodes of being excited and full of energy or very irritable or grouchy?

Criterion B Symptom Questions

Think of an episode when you had the largest number of changes like these at the same time. During that episode, which of the following changes did you experience?

1. Were you so irritable that you either started arguments, shouted at people, or hit people?
This first symptom question is asked only if the euphoria stem question (#1 above) is endorsed
2. Did you become so restless or fidgety that you paced up and down or couldn't stand still?
3. Did you do anything else that wasn't usual for you—like talking about things you would normally keep private, or acting in ways that you would usually find embarrassing?
4. Did you try to do things that were impossible to do, like taking on large amounts of work?
5. Did you constantly keep changing your plans or activities?
6. Did you find it hard to keep your mind on what you were doing?
7. Did your thoughts seem to jump from one thing to another or race through your head so fast you couldn't keep track of them?
8. Did you sleep far less than usual and still not get tired or sleepy?
9. Did you spend so much more money than usual that it caused you to have financial trouble?

Permission for use Ronald C Kessler, PhD

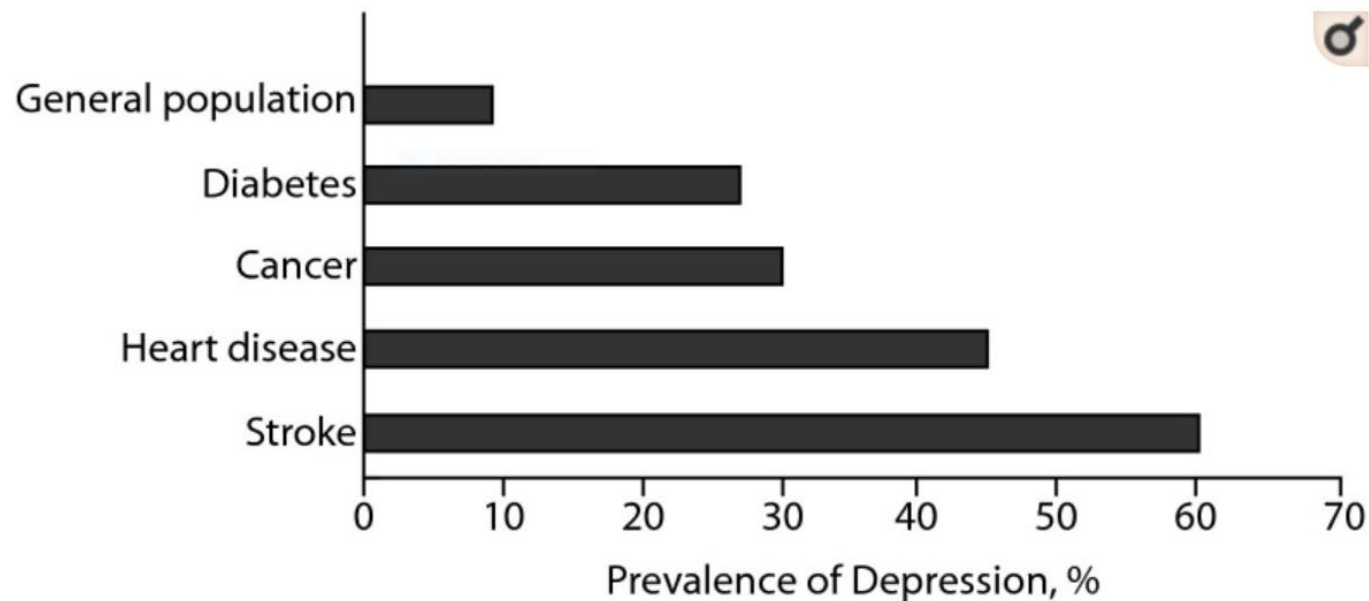


Depression Screening

- Screening should be implemented with adequate systems in place to ensure an accurate diagnosis, effective treatment, and appropriate follow up



Depression and Chronic Illness



Prevalence of Depression in Major Chronic Illnesses

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3733529/>

Depression

- “Mental pain is less dramatic than physical pain, but it is more common and also more hard to bear. The frequent attempt to conceal mental pain increases the burden: it is easier to say “My tooth is aching” than to say “My heart is broken.”
— C.S. Lewis, [The Problem of Pain](#)



Depression and Diabetes

- Patients with type 1 or type 2 diabetes are at an increased risk of developing depression
- Depression may lead to life style behaviors that increase the risk for diabetes



Self-Care Activities

- The steps an individual can take to address both diabetes and depression are similar and can help each illness.
 - Getting regular exercise
 - Getting enough “good” sleep
 - Following a proper nutrition plan
 - Reducing or stopping the use of alcohol and drugs
 - Building a social support network



Therapeutic relationship

- The quality of the therapeutic relationship between patient and provider is shown to be more valuable than the treatment modality used to address depression.

<https://www.psychologytoday.com/us/blog/compassion-matters/201612/the-importance-the-relationship-in-therapy>



Interventions for Primary Care

- CBT, (Cognitive Behavioral Therapy)
- Problem Solving
- Behavioral Activation
- Distress Tolerance
- Interpersonal Therapy
- Motivational Interviewing





CBT

How people *think* in specific situations

affects how they *feel* emotionally &
physically

and how they *behave*

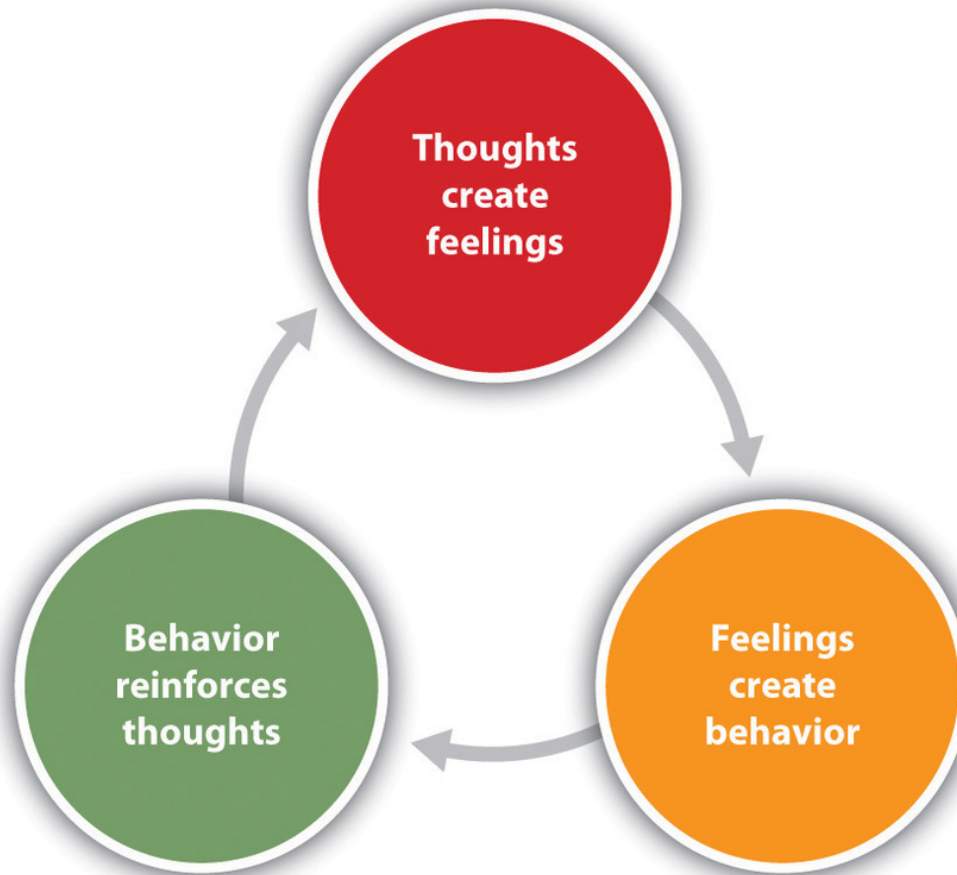


Cognitive Distortions

- **All or None Thinking** (you see things in black-or-white categories. If a situation falls short of perfect, you see it as a total failure. Ex. Eating a spoonful of ice cream when on a diet and telling yourself, “I’ve blown my diet completely.” I am either a success or a total failure
- **Emotional Reasoning:** Assuming that negative emotions necessarily reflect the way things are. Ex. “I feel terrified about flying. Therefore it must be very dangerous to fly.” or
“ I feel angry. This proves I’m being treated unfairly.”



CBT



Emotion or Feeling	Negative automatic thought	Evidence that supports the thought	Evidence that does not support the thought	Alternative thought	Emotion or Feeling
Sadness Overwhelmed	I'm going to end up losing a limb or go blind	My uncle had his foot amputated	Many people with diabetes never lose a limb or go blind	I am working hard to be healthy and can continue to do thing to prevent my diabetes from getting that bad	Relief
		I hear about people who go blind	I take better care of myself than my uncle does		Hopefulness
			My A1C is better this month than last		
			I am working on my eating habits		

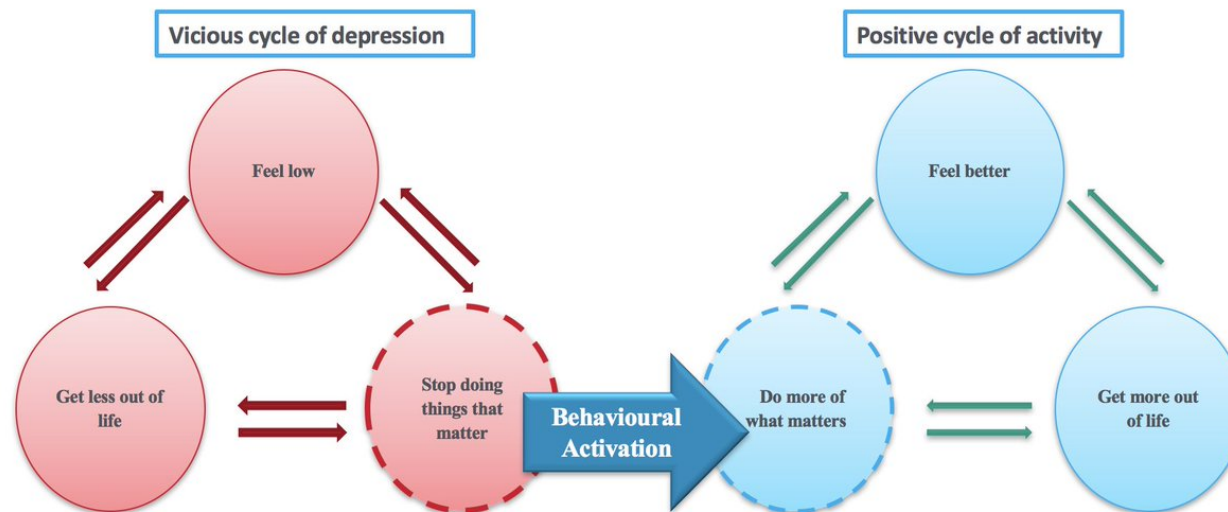
Behavioral Activation

- A short term behavior change approach for decreasing depressive symptoms
- When people get depressed, they may increasingly disengage from their routines and withdraw from their environment



Behavioral Activation

BRIEF BA MAINTENANCE CYCLE



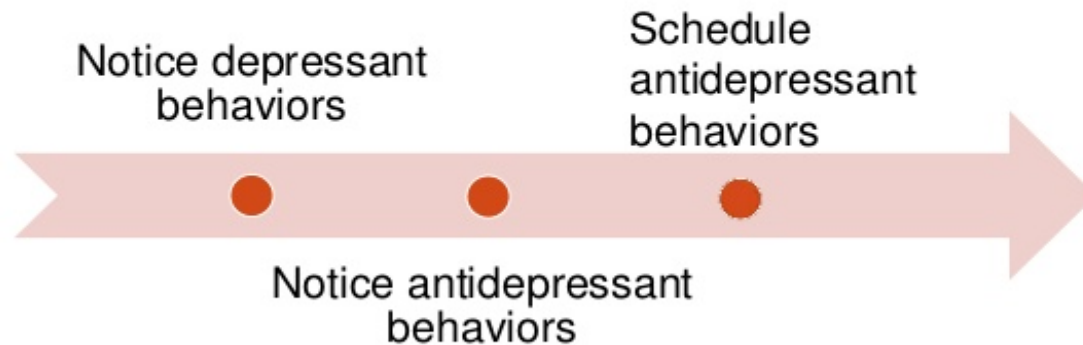
Quick Tools

- Have patient complete a daily activity log, (what are they doing now)
- Have patient write down activities they would like to do based on life areas that are most important to them (use brain storming and write down immediate activities such as calling a family member, and more long range activities like making a photo album)
- Have patients rank activities by number, easiest to hardest to complete
- Incorporate the activity into the care plan



Behavioral Activation

BEHAVIORAL ACTIVATION



Responses to Depression

Healthy	Not so healthy
Seek out a trusted friend	Using alcohol or drugs
Continue taking medication	Overeating
Call PCP/Care Manager/Behavioral Health Specialist	Isolating/withdrawing
Meditate/Pray	Not taking prescribed medication/not checking blood sugars
Walk the dog / walk to the kitchen	Staying in bed
Write in a journal	Suicidal thinking/planning
Read an inspirational book	Not going to school or work



Costs and Benefits of Responses

My Response to Depressive Thinking	Positive Effects (Benefits or Upsides)	Negative Effects (Costs or Downsides)	Impact on my Personal Values and Life Goals
Healthy Response Example: Go for a 15 minute walk	Exercise is a stress reliever for me and I like being outside and experiencing the change in scenery	I may be tired. I may not make it and this may make me feel worse.	Walking helps me work towards my life goal of losing weight.



Costs and Benefits of Responses

My Response to Depressive symptoms	Positive Effects (Benefits or Upsides)	Negative Effects (Costs or Downsides)	Impact on My Personal Values and Life Goals
Not So Healthy Response Skip work	I get to sleep in longer and watch television in bed all day	I could get fired for not being responsible and getting my work done	Missing work is not in line with my value of providing for my grandson and it could keep me from achieving my goal of paying for his college

Care plan goal ideas...

Increase support network:

- Call or text at least 2 people during the week for at least 3 weeks

Increase activity:

- Walk to the kitchen from the living room 1x/day for at least 2 weeks



Personal Action Plan Wallet Card

ACTION PLAN FOR DEPRESSION	
Triggers: <hr/> <hr/> <hr/>	Responses “to do” <hr/> <hr/> <hr/>
Key early warning signs: <hr/> <hr/> <hr/>	Responses “not to do” <hr/> <hr/> <hr/>
	Provider: _____ Phone: _____ Support Person: _____ Phone: _____

What to consider when patients start a new psychiatric medication

- Educate patients on the initial side effects that may occur during the first week or so:
 - nausea
 - headache
 - initial jitteriness
 - insomnia
- Call patient 1-2x during the first week of starting a medication or changing a medication
- Remind patients that it may take 6-8 weeks for a medication to take a noticeable effect
- Continue frequent contact to assess patient's adjustment, determine any other side effects and ultimately if the patient is noticing improvement

Community Behavioral Health Referrals

- How do you refer to counseling
www.psychologytoday.com
- Psychiatrist when everyone is full
- Clinic with free/reduced cost services
- On-line resources
- University of Michigan Depression Center Toolkit,
<https://www.depressioncenter.org/depression-toolkit>
- Difficulty in rural communities



Depression

- “There are wounds that never show on the body that are deeper and more hurtful than anything that bleeds.”
— **Laurell K. Hamilton**, [Mistral's Kiss](#)

<https://www.goodreads.com/quotes/tag/depression>





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Behavioral Health Topic Page

<https://micmrc.org/topics/behavioral-health>



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