



Major Depressive Disorder

Recognition and Treatment



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Disclosure

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Planner	Relationship	Commercial Entity	Resolution
Donnica Hinkle, Kristi Carney	No relationship with a commercial entity	CareSource	No resolution needed
Dr. Christina Weston, Dr. Cameual Wright, Dr. Michael Wilson	No relationship with a commercial entity	CareSource	No resolution needed
Terry Correll and Randy Welton	Affiliation/Financial Interest	Wright State University	No resolution needed



Disclosure

Presenter Disclosure

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Presenter	Relationship	Commercial Entity	Resolution
Dr. Lori Desautels	Affiliation/Financial Interest	Butler University	No resolution needed
Dr. Weston, Dr. Reynolds, Dr. Wilson, Dr. Wright	No relationship with a commercial entity	CareSource	No resolution needed





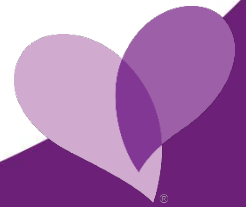
Major Depressive Disorder

Recognition and Treatment



Objectives

- Review the criteria for major depressive episode versus major depressive disorder
- Identify screening tools
- Review the differential diagnosis of depression
- Review the epidemiology of major depressive disorder
- Treatment
- Strategies for medication adherence

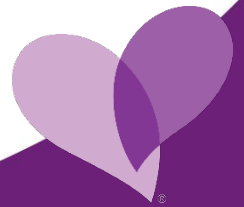


Depression is a Spectrum

Normal emotion



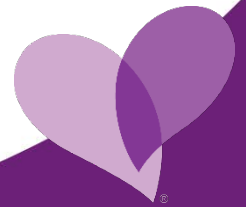
Clinically-significant distress or impairment in social, school/occupational, or other important area of functioning



Criteria for Major Depressive Episode

Five or more of the following symptoms are present during the same two-week period and represent a change from previous functioning; at least one of the symptoms is either (1) or (2)

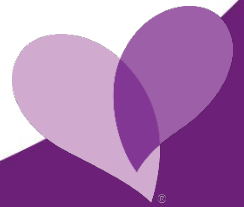
- (1) Depressed mood
- (2) Loss of interest or pleasure
- (3) Loss or gain in weight/appetite
- (4) Insomnia or hypersomnia
- (5) Psychomotor agitation or retardation
- (6) Fatigue or loss of energy
- (7) Feelings of worthlessness or inappropriate guilt
- (8) Decrease in concentration or indecisiveness
- (9) Recurrent thoughts of death, suicidal ideation or plan



Major Depressive Episode

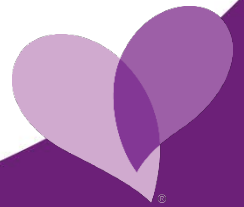
- Symptoms cause clinically-significant distress or impairment in functioning.
- The episode is not attributable to the physiological effects of a substance or to another medical condition

*Source - DSM-5



Screening Tools for Depression Used in Primary Care

- Patient Health Questionnaire (PHQ)
- Hamilton Depression
- Beck Depression
- Geriatric Depression
- Reynolds Adolescent Depression

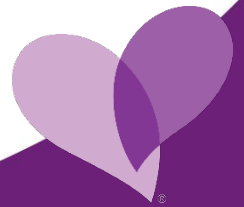


PHQ-2

“In the past two weeks, how often have you been bothered by any of the following problems?”

1. Little interest or pleasure in doing things
2. Feeling down, depressed or hopeless

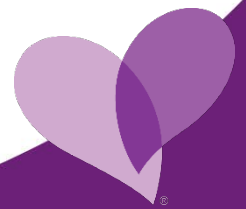
If “yes” answer to either, further screening indicated



PHQ-9

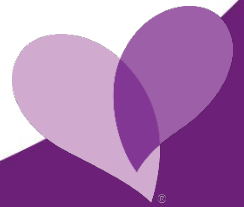
- Nine-question self report

PHQ-9 Score	Result
0-4	Minimal
5-9	Mild
10-14	Moderate
15-19	Moderate to Severe
20-27	Severe



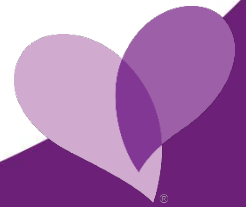
Criteria for Major Depressive Disorder

- Major Depressive Episode AND
- Symptoms are not better explained by schizoaffective, schizophreniform, delusional, schizophrenic spectrum or psychotic disorders
- There has never been a manic or hypomanic episode.



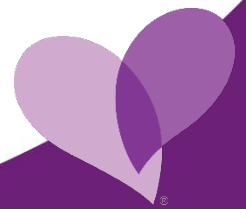
Differential Diagnosis of Major Depressive Disorder

- Bipolar Disorder Type I & II
- Persistent depressive disorder (dysthymia)
- Premenstrual dysphoric disorder
- Other Specified Bipolar and Related Disorders
- ADHD
- Bipolar/Depression Disorder due to another medical condition
- Substance/medication-induced depressive or bipolar disorder
- Adjustment disorder with depressed mood
- Other specified or unspecified depressive disorder
- Schizoaffective Disorder
- Bereavement
- Sadness



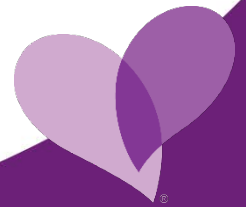
Medical Disorders Associated with Depression

- Cardiovascular
 - infarct, congestive heart failure
- Endocrine
 - adrenal insufficiency,
 - hypothyroidism
- Nutritional
 - Vitamin B12, D, folate,
 - thiamine deficiency
- Metabolic
 - anemia, post-ictal, sleep apnea,
 - end-stage renal disease,
 - hypercalcemia, hepatitis,
 - hypoglycemia



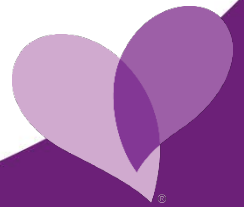
Medical Disorders Associated with Depression

- Infectious
 - HIV, encephalitis, aseptic meningitis,
 - post-viral states, systemic
- Neurodegenerative
 - Parkinson's / Huntington's
- Tumor
 - Primary cerebral, pancreatic CA,
 - systemic neoplasms



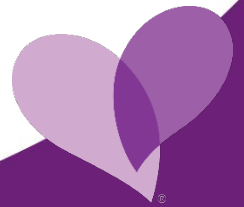
Medications Associated with Depressive Disorders

- Glucocorticoids
- Interferons
- Anabolic steroids
- Anticonvulsants
- First generation antipsychotics
- Centrally-acting antihypertensive



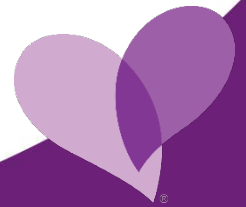
Substances Associated With Depressive Disorders

- Alcohol
- Hallucinogens (PCP)
- Inhalants
- Opioids
- Sedative, Hypnotics, or Anxiolytics
- Stimulants
- Tobacco



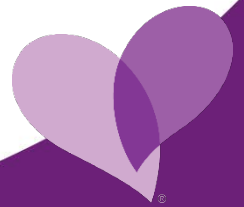
Tools for Differentiating Depression & Risks

- Bipolar Disorder
 - STABLE Resource Toolkit
 - The Mood Disorder Questionnaire
- Suicide Risk
 - SAFE-T
 - Columbia-Suicide Severity Rating Scale (C-SSRS)
- Substance Use
 - AUDIT, CAGE AID, DAST-10



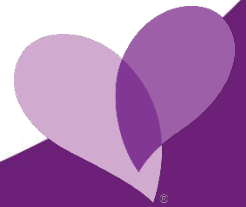
Specify for Major Depressive Disorder

- Single Episode
- Recurrent Episode
- Severity of Episode
 - Mild
 - Moderate
 - Severe
- In partial remission
- In full remission



Specify for Major Depressive Disorder

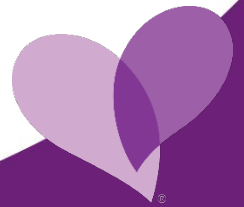
- With anxious distress
- With mixed features
- With melancholic features
- With atypical features
- With catatonia
- With mood-congruent psychotic features
- With mood-incongruent psychotic features
- With peripartum onset
- With seasonal pattern



Major Depressive Disorder Epidemiology

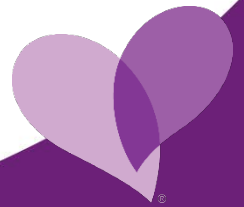
- 12-month prevalence: 10.4%
 - Higher:
 - Females
 - Caucasian
 - Younger (18-29)
 - Lower Income
- Lifetime prevalence: 20.6%

Hasin DS, Sarvet AL, Meyers JL, et al. *JAMA Psychiatry*. 2018;75(4):336–346.



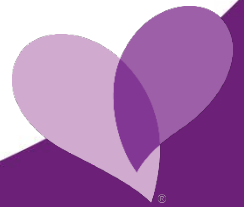
Treatments for Depression

- Psychotherapy
- Medications
 - SSRI, SNRI, DNRI, NaSSA, TCA, MAOI, SRI
 - Augmentation strategies
- Somatic
 - ECT, TMS, VNS
- Alternative



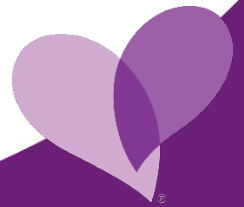
Strategies for Medication Adherence

- Scheduled touchpoints to monitor progress
- Medication reconciliation
- Simplify medication dosing
- Pair with daily activities
- Choice to take medication is taking control



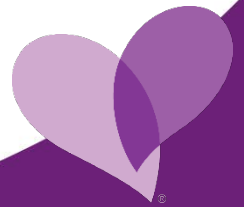
Prognosis

- 50% of patients relapse within two years
- Goals
 - Treat to remission, not just response
 - Maintain Rx to cover cycle of depression
 - Avoid Treatment Resistant Depression
- Prior episodes increase risk of relapse
- Protect the end organ



Objective Summary

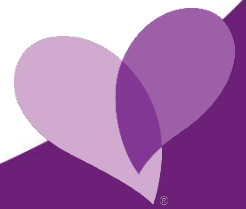
- Review the criteria for a major depressive episode
- Screening tool for depression
- Assessment
- Review the differential diagnosis of depression
- Treatment
- Strategies for medication adherence



How CareSource members can get help

CareSource members can see a mental health professional, or can go to any provider in the CareSource network. They don't need a doctor's referral or prior approval for most outpatient treatment. CareSource can help members find a provider close to them, by calling Member Services at **1-844-607-2829 (TTY: 1-800-743-3333 or 711)**.

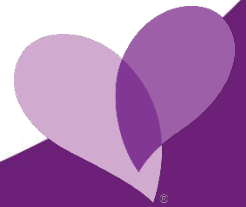
If the member currently has a Care Manager, they can give him or her a call. A Care Manager can help members find the resources needed to be healthy. If a member does not have a Care Manager, they can request one. Call one of our qualified registered nurses at CareSource24[®] (**1-844-206-5947 (TTY: 1-800-743-333 or 711)**).



How to find a behavioral health provider for CareSource members

The CareSource Find a Doctor/Provider tool helps find a variety of health professionals including marriage and family therapists, substance use counselors, social workers, community mental health centers and more.

<https://www.caresource.com/providers/indiana/>





Questions



**Thank you for
your time and
attention**

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CareSource[®]