Depression

Performance Improvement CME: Improving Outcomes in Depression

Depression Performance Improvement CME: Clinical Questions

1. How can I improve my detection of depression?
2. How can I improve the way I initially treat depression?
3. How can I improve patients’ treatment response?
4. How can I help prevent relapse and recurrence of depression?
5. Other

How can I improve my detection of depression?: Performance Indicators

1. Implement the routine use of measurement-based tools to screen for and diagnose depression, and document all results
2. Consult the existing diagnostic criteria, treatment guidelines and algorithms, and expert recommendations when screening for and diagnosing depression

How can I improve my detection of depression?: Educational Resources

Screening and Diagnostic Tools

- 2-Item Patient Health Questionnaire (PHQ-2)
  http://www.cqaimh.org/tool_depscreen.html

- 9-Item Patient Health Questionnaire (PHQ-9)
  http://www.cqaimh.org/tool_depscreen.html

Center for Epidemiologic Studies Depression scale (CES-D)
http://www.outcometracker.org/scales_library.php

Hamilton Depression Rating Scale (HDRS)
http://www.outcometracker.org/scales_library.php

Montgomery-Asberg Depression Rating Scale (MADRS)
http://www.outcometracker.org/scales_library.php

Mini International Neuropsychiatric Interview (MINI)
http://www.psychiatrist.com/private/2010/v71e01/v71e0101/v71e0101L2.pdf

Structured Clinical Interview for DSM-IV Axis I Disorders, Clinician-Rated Version (SCID-CV)
http://www.scid4.org

Zung Self-Rating Depression Scale (Zung SDS)
http://www.outcometracker.org/scales_library.php
Peer-Reviewed Articles


Guidelines and Algorithms


British Association for Psychopharmacology (BAP). Evidence-Based Guidelines for Treating Depressive Disorders With Antidepressants http://www.bap.org.uk/docsbycategory.php?docCatID=2

National Institute for Health and Clinical Excellence (NICE). The Treatment and Management of Depression in Adults http://www.nice.org.uk/CG90

Texas Medication Algorithm Project (TMAP). Texas Medication Algorithm Project Procedural Manual: Major Depressive Disorder Algorithm http://www.dshs.state.tx.us/mhprograms/TIMA.shtm


Web Sites

Improving Outcomes in Depression http://www.cmeinstitute.com/psychlopedia/pages/depression/12iod/default.aspx

How can I improve the way I initially treat depression?: Performance Indicators

1. Use collaborative care principles and engage patients and their families in the treatment decision-making process

2. Individualize treatment for each patient using first-line medications, such as SSRIs, SNRIs, bupropion, or mirtazapine, as recommended by the existing guidelines, treatment algorithms, and expert recommendations

3. Educate patients on the importance of medication adherence.

4. Consider implementing evidence-based psychotherapy, such as cognitive-behavioral therapy, as monotherapy for patients with mild depression and as adjunctive therapy for patients with moderate or severe depression

How can I improve the way I initially treat depression?: Educational Resources

Peer-Reviewed Articles


http://www.psychiatrist.com/JCP/article/Pages/2010/v71e01/v71e0108.aspx


National Institute of Mental Health. What Is Depression?

Guidelines and Algorithms


British Association for Psychopharmacology (BAP). Evidence-Based Guidelines for Treating Depressive Disorders With Antidepressants http://www.bap.org.uk/docsbycategory.php?docCatID=2

National Institute for Health and Clinical Excellence (NICE). The Treatment and Management of Depression in Adults http://www.nice.org.uk/CG90


Web Sites
IMPACT. Evidence-Based Depression Care http://impact-uw.org/

Improving Outcomes in Depression http://www.cmeinstitute.com/psychlopedia/pages/depression/12iod/default.aspx

Patient-Centered Primary Care Collaborative. Joint Principles of the Patient-Centered Medical Home http://www.pcpcc.net/joint-principles

How can I improve patients’ treatment response?: Performance Indicators

1. Use collaborative care and engage patients and their families in the treatment and in the decision-making process

2. Educate patients on the importance of medication adherence and assess their compliance with the prescribed treatment regimen at each clinical visit

3. Assess patients’ treatment response and side effects by using established measurement-based tools and documenting all results

4. Implement treatment strategies per guidelines and algorithms, such as dose optimization, medication combination or augmentation, or switching, as necessary
How can I improve patients’ treatment response?: Educational Resources

**Treatment Response/Monitoring Tools**

- **9-Item Patient Health Questionnaire (PHQ-9)**
  

- **Beck Depression Inventory (BDI)**
  
  [http://www.ibogaine.desk.nl/graphics/3639b1c_23.pdf](http://www.ibogaine.desk.nl/graphics/3639b1c_23.pdf)

- **Center for Epidemiologic Studies Depression scale (CES-D)**
  

- **Columbia Suicide Severity Rating Scale (C-SSRS)**
  
  [http://www.maps.org/mdma/mt1_docs/c-ssrs1-14-09-baseline.pdf](http://www.maps.org/mdma/mt1_docs/c-ssrs1-14-09-baseline.pdf)

- **Frequency, Intensity, and Burden of Side Effects Rating scale (FIBSER)**
  

- **Hamilton Depression Rating Scale (HDRS)**
  

- **Inventory of Depressive Symptomatology (IDS)**
  
  [http://www.ids-qids.org](http://www.ids-qids.org)

- **Montgomery-Asberg Depression Rating Scale (MADRS)**
  

- **Mini International Neuropsychiatric Interview (MINI)**
  
  [http://www.psychiatrist.com/private/2010/v71e01/v71e0101/v71e0101l2.pdf](http://www.psychiatrist.com/private/2010/v71e01/v71e0101/v71e0101l2.pdf)

- **Quick Inventory of Depressive Symptomatology (QIDS)**
  
  [http://www.ids-qids.org](http://www.ids-qids.org)

- **Structured Clinical Interview for DSM-IV Axis I Disorders, Clinician-Rated Version (SCID-CV)**
  
  [http://www.scid4.org](http://www.scid4.org)

- **Zung Self-Rating Depression Scale (Zung SDS)**
  

**Peer-Reviewed Articles**

  

  
  [http://www.psychiatrist.com/JCP/article/Pages/2010/v71e01/v71e0108.aspx](http://www.psychiatrist.com/JCP/article/Pages/2010/v71e01/v71e0108.aspx)

  
Depression

http://dx.doi.org/10.1016/j.jpsychores.2009.05.007

http://www.psychiatrist.com/JCP/article/Pages/2009/v70s06/v70s0604.aspx

**Guidelines and Algorithms**

American Psychiatric Association (APA). Practice Guideline for the Treatment of Patients With Major Depressive Disorder, Second Edition

American Psychiatric Association (APA). Commonly Used Antidepressant Medications

British Association for Psychopharmacology (BAP). Evidence-Based Guidelines for Treating Depressive Disorders With Antidepressants

National Institute for Health and Clinical Excellence (NICE). The Treatment and Management of Depression in Adults
http://www.nice.org.uk/CG90

Texas Medication Algorithm Project (TMAP). Texas Medication Algorithm Project Procedural Manual: Major Depressive Disorder Algorithms

World Federation of the Societies of Biological Psychiatry. WFSBP Treatment Guidelines on Unipolar Depressive Disorder

**Web Sites**

Improving Outcomes in Depression
http://www.cmeinstitute.com/psychlopedia/pages/depression/12iod/default.aspx

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**How can I help prevent relapse and recurrence of depression?: Performance Indicators**

1. Maintain the medication regimen that led the patient to achieve remission for at least 6 to 9 months, possibly longer depending on the patients’ needs

2. Implement or continue evidence-based psychotherapy such as cognitive-behavioral therapy (CBT)

3. Schedule regular follow-up visits and assess patients’ treatment response, side effects, and medication adherence using established measurement-based tools and documenting all results

**How can I help prevent relapse and recurrence of depression?: Educational Resources**

**Treatment Response/Monitoring Tools**

9-Item Patient Health Questionnaire (PHQ-9)
http://www.cqaimh.org/tool_depscreen.html

Beck Depression Inventory (BDI)
Depression

http://www.ibogaine.desk.nl/graphics/3639b1c_23.pdf

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http://www.outcometracker.org/scales_library.php

Peer-Reviewed Articles

http://www.psychiatrist.com/JCP/article/Pages/2003/v64s15/v64s1504.aspx

http://www.psychiatrist.com/JCP/article/Pages/2010/v71e01/v71e0108.aspx


http://dx.doi.org/10.1016/j.jpsychores.2009.05.007

http://www.psychiatrist.com/JCP/article/Pages/2009/v70s06/v70s0605.aspx

http://www2.psychiatrist.com/JCP/article/Pages/2009/v70s06/v70s0604.aspx
Guidelines
American Psychiatric Association (APA). Practice Guideline for the Treatment of Patients With Major Depressive Disorder, Second Edition

British Association for Psychopharmacology (BAP). Evidence-Based Guidelines for Treating Depressive Disorders With Antidepressants

National Institute for Health and Clinical Excellence (NICE). The Treatment and Management of Depression in Adults
http://www.nice.org.uk/CG90

Texas Medication Algorithm Project (TMAP). Texas Medication Algorithm Project Procedural Manual: Major Depressive Disorder Algorithms

World Federation of the Societies of Biological Psychiatry. WFSBP Treatment Guidelines on Unipolar Depressive Disorder

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CME Background Information
Supported by an educational grant from Eli Lilly and Company.

Objective
After completing this educational activity, you should be able to:
• Improve the detection and diagnosis of depression in your practice and help improve treatment response and prevent relapse and recurrence

Financial Disclosure
The faculty for this CME activity and the CME Institute staff were asked to complete a statement regarding all relevant personal and financial relationships between themselves or their spouse/partner and any commercial interest. The CME Institute has resolved any conflicts of interest that were identified. No member of the CME Institute staff reported any relevant personal financial relationships. Faculty financial disclosure is as follows:
Depression

**Dr Gelenberg** is a consultant for Eli Lilly, Pfizer, Best Practice Project Management, AstraZeneca, Wyeth, GlaxoSmithKline, ZARS, Jazz, Lundbeck, Takeda, and E-Research Technology; has received grant/research support from Eli Lilly and GlaxoSmithKline; and is a stock shareholder of Healthcare Technology Systems.

**Dr Thase** is a consultant for AstraZeneca, Bristol-Myers Squibb, Eli Lilly, Forest, GlaxoSmithKline, Janssen, MedAvante, Neuronetics, Novartis, Pfizer, Schering-Plough, Sepracor, Shire US, Supernus, Transcept, and Wyeth; currently is a member of the speakers’ bureaus for AstraZeneca, Bristol-Myers Squibb, Eli Lilly, and Wyeth; has equity holdings in MedAvante; receives royalties from American Psychiatric Publishing, Inc, Guilford Publications, Herald House, and W.W. Norton & Company; has provided expert testimony for Jones Day (Wyeth litigation), Philips Lyttle, LLP (GlaxoSmithKline litigation), and Pepper Hamilton, LLP (Eli Lilly litigation); has received research funding (during the past 3 years) from Eli Lilly, Forest, GlaxoSmithKline, Sepracor, and the NIMH; and his spouse is an employee of Advogen, which does business with Bristol-Myers Squibb and Wyeth.

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**Release, Review, and Expiration Dates**
This Performance Improvement CME activity was published in May 2010 and is eligible for AMA PRA Category 1 Credit through May 31, 2013. The latest review of this material was April 2010.

**Statement of Need and Purpose**
Depression is one of the leading causes of disability and affects 121 million people worldwide, yet it continues to be undertreated. With so many antidepressants available, clinicians may have difficulty selecting the most appropriate agent for each patient and may resort to a one-size-fits-all treatment approach. Advances in neuroimaging suggest that depression is related to abnormalities in brain structure and functioning, and patients with depression have been shown to have disrupted neurobiological processes, which may affect different symptom domains of mood and behavior. Additionally, advancements have occurred since the American Psychiatric Association practice guidelines for the treatment of depression were published in 2000, which may improve treatment outcomes for patients with depression. Clinicians need more information on current practices and neurobiological processes to optimize treatments for patients with depression and increase the likelihood of remission.
Depression

This activity was designed to meet the needs of participants in CME activities provided by the CME Institute of Physicians Postgraduate Press, Inc., who have requested information on depression.

**Review Process**
The entire faculty of the series discussed the content at a peer-reviewed planning session, the Chair reviewed the activity for accuracy and fair balance, and a member of the External Advisory CME Board who is without conflict of interest reviewed the activity to determine whether the material is evidence-based and objective.

**Acknowledgement**
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Abstract

Performance Improvement CME: Improving Outcomes in Depression

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Performance Improvement CME (PI CME) is an educational activity in which clinicians retrospectively assess their current clinical practice, choose areas for improvement and implement interventions based on treatment guidelines and health care standards, and then re-evaluate their clinical practice to assess the improvements made. This PI CME focuses on improving the detection and initial treatment of depression, enhancing patients’ treatment response, and preventing relapse and recurrence.

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