

# Depression Screening, Diagnosis, and Treatment Across the Lifespan



Elizabeth W. Cozine, MD, John M. Wilkinson, MD\*

## KEYWORDS

- Depression • Screening • Collaborative care • Diagnosis • Treatment • Augmentation

## KEY POINTS

- Depression is common, and effective management is challenging.
- Six simple changes that all practices can implement include: empower and train office staff, develop a registry, use standardized rating instruments for diagnosis and tracking, implement stepped care and treat to target, use motivational interviewing techniques, and develop consultative relationships with mental health experts.
- Following a process of stepped care and avoiding clinical inertia by enacting proactive and timely intensification of treatment leads to better outcomes.
- Augmentation of usual depression treatment is relatively straightforward and could be more readily employed by all primary care providers.

## INTRODUCTION

Depression is common,<sup>1–3</sup> expensive,<sup>4–7</sup> and shortens lives.<sup>8</sup> Depression contributes to the development of many chronic conditions, complicates their management, and results in poorer outcomes.<sup>2,9</sup>

Although evidence-based guidelines have been developed,<sup>10–12</sup> and effective collaborative care models have been described and implemented,<sup>13–16</sup> depression remains underdiagnosed and undertreated.<sup>17</sup>

Primary care practices will increasingly be caring for more complex patients, including those with depression and other mental health issues. Even small-to-medium sized practices, with limited resources and training, can apply the basic principles underlying collaborative care and mobilize all team members to more effectively diagnose and treat major depression. In addition, all providers, whether or not they are part of an organized system, can develop a greater familiarity and increased comfort with a wider array of treatment and augmentation strategies.

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Department of Family Medicine, Mayo Clinic, 200 1st Street Southwest, Rochester, MN 55905, USA

\* Corresponding author.

E-mail address: [wilkinson.john@mayo.edu](mailto:wilkinson.john@mayo.edu)

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In recent years, other papers in *Primary Care: Clinics in Office Practice* have discussed the collaborative care model,<sup>17</sup> the Sequenced Treatment to Relieve Depression (STAR\*D) study,<sup>18</sup> and depression and suicide screening strategies and tools.<sup>19</sup> This article focuses on 6 basic components of more effective depression care, emphasizing systems of team-based and collaborative care for diagnosis, monitoring, and follow-up. It also emphasizes the principles of stepped care and proactive and timely intensification of treatment, and discusses various augmentation strategies that all primary care providers could more readily employ.

### COLLABORATIVE CARE: PRINCIPLES FOR ALL PRACTICES

Unutzer and Park listed 6 simple changes that all practices can implement to both improve care and gain valuable experience and confidence in the treatment of patients with complicated or persistent depression:

- Empower and train office staff
- Develop a registry
- Use standardized rating instruments for diagnosis and tracking
- Implement stepped care and treat to target
- Use motivational interviewing techniques
- Develop consultative relationships with mental health experts (**Box 1**)

These changes are within the capabilities of any primary care practice; more effective and more professionally satisfying depression care can be delivered even in the absence of a formal collaborative care system and dedicated mental health professionals.<sup>17,20</sup>

### SCREENING

Until recently, universal screening for depression was generally conditioned upon having staff-assisted systems in place for appropriate monitoring and follow-up.<sup>21</sup> However, the 2016 recommendation of the US Preventive Services Task Force (USPSTF)

#### Box 1

##### Six simple changes for improved depression care

- Empower and train office personnel and support staff, in high-functioning, physician-led teams, to proactively track treatment adherence, adverse effects, and effectiveness, and to facilitate timely intensification of treatment when necessary.
- Create or utilize a registry function to enable providers and support staff to identify those patients with depression in the practice and to track their progress.
- Use a standardized, structured rating scale, such as the PHQ-9 for depression for both diagnosis and, more importantly, for tracking improvement.
- Implement stepped care and treat to target, in which all treatments are proactively modified, in a timely fashion, with remission of symptoms being the ultimate goal.
- Learn and utilize evidence-based motivational interviewing techniques in all interactions with all personnel in the practice, to enhance patient engagement and adherence.
- Seek out and develop relationships with behavioral health providers who are willing to collaborate and engage in active dialogues, particularly around more complicated and treatment-resistant patients.

*Adapted from* Unutzer J, Park M. Strategies to improve the management of depression in primary care. [review]. *Prim Care* 2012;39(2):415–31; with permission.

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