Mood Disorders in Primary Care: Beyond Depression

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NH AFP CME

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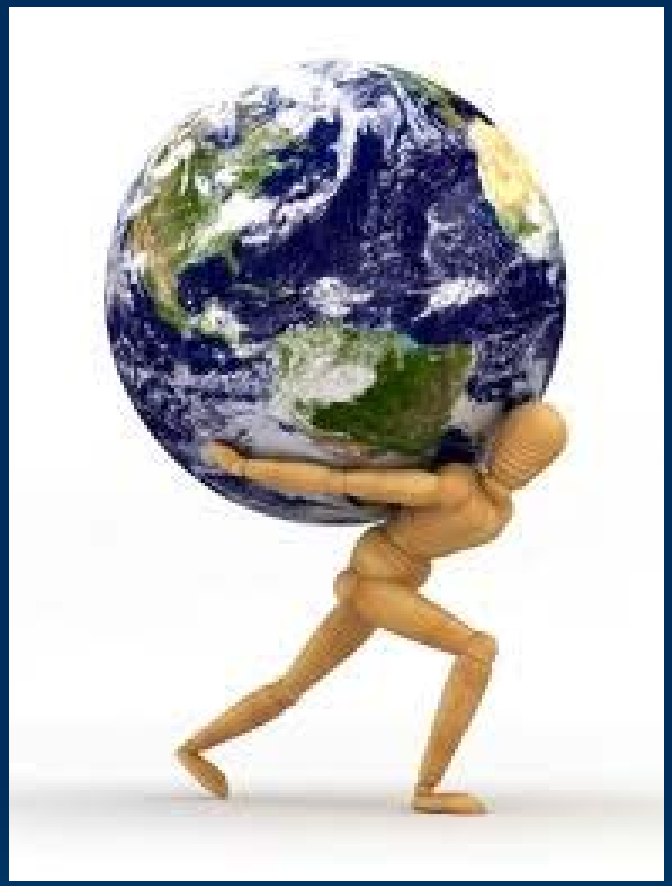
Goals

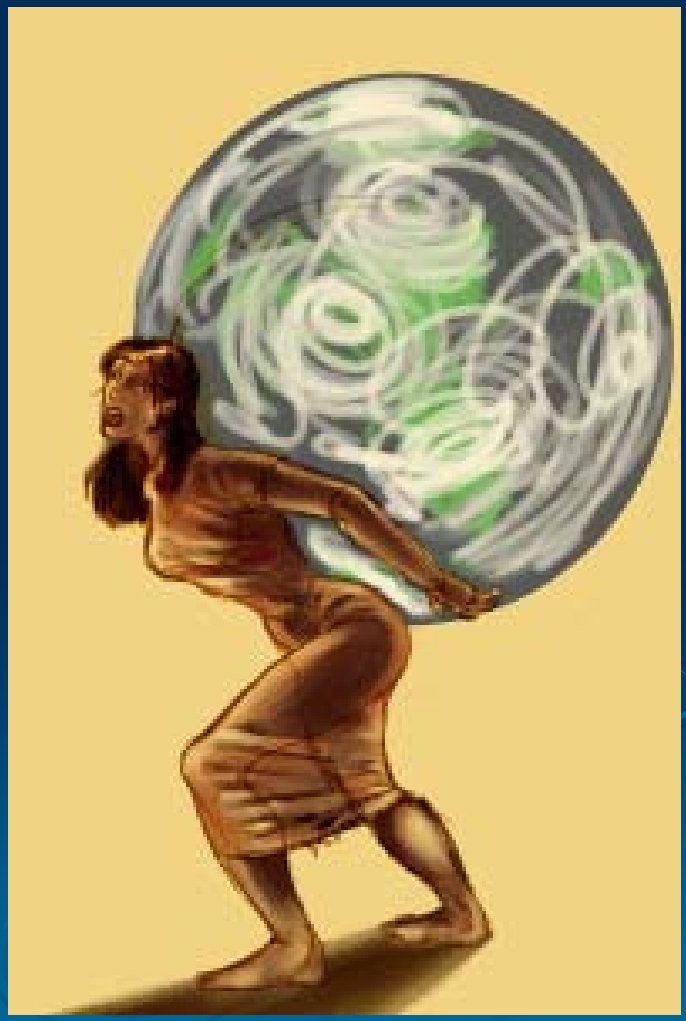
Review epidemiology of depression and bipolar disorder

Review/Increase provider knowledge re:

- Guidelines for depression screening in primary care
- Screening tools for unipolar depression vs bipolar disorders
- Differentiating between unipolar and bipolar depression (Dx and Tx)



PLEASE HELP ME!



Why do FP's need to know this?

- 10 % visits depression related
- 2/3 depression related visits with FP's
- PCP's are main prescribers of AD meds

- Reliable screens and effective treatment exists
- Untreated illness assoc with significant morbidity/mortality

Epidemiology of Depression

- Estimated 16% lifetime incidence of US
- 1 in 4 adults have Maj Dep episode by age 24
- Before puberty F=M; after puberty F ~2X >

- WHO estimates depression will be 2nd highest medical cause of disability by 2030

- 2014 Prevalence at least one Maj Dep episode
  ~16 million adults
  ~3 million 12-17 yo

DSM V Major Depressive Disorder (MDD)

- At least 2 weeks pervasive depressed mood (change from baseline) and/or loss of interest
- **S**leep
- **I**nterest
- **G**uilt
- **E**nergy
- **C**oncentration
- **A**ppetite
- **P**sychomotor
- **S**uicidal

DSM V MDD (cont)

- **Major Depressive Disorder**
- Bereavement no longer exclusion
- With at least 3 manic syx, use qualifier "with mixed features"
- With prominent anxiety, use qualifier "with anxious distress"

"With Psychotic features" 50% Bipolar Dx in 5 yrs. (+FHx BPD and MDD with Psychotic syx)

MDD (Cont.)

- **Children vs. Adults:**

- **More** irritability, low frustration tolerance, temper tantrums, somatic complaints, social withdrawal, school issues

- **Fewer** melancholic symptoms, delusions and suicide attempts

DSM V (cont)

- **Persistent Depressive Disorder**

  ***Combines Dysthymia and Chronic Major Depressive Disorder

  *> 2 years adults and >1 year children

  *No FDA-approved meds

DSM V (continued)

- **Minor Depression**

  Depressed mood with 2 to 4 associated syx

  Duration: >2 weeks but <2 years

  * >5 fold inc. risk for MDD in future

Screening for depression

PHQ 2	PHQ 9
Depressed mood Anhedonia	SIGECAPS
Score 3 or > 83% Sens 92% Spec	Score 10 or > 88% Sens 88% Spec

Follow up ?'s to guide dx/tx

- REMEMBER it's a SCREEN not a DX
- NOTE: instructions cue to ask about hx of manic syx
- Clarify **increase** or **decrease** in appetite, sleep, psychomotor activity
- Impact on fxning—how difficult?
- IF answer to last question is NOT "0"

  ask more….assess safety/suicidality

Epidemiology of Bipolar D/O

- Lifetime prevalence 1-2% (BP1)
- Male = Female
- Higher rates of both medical and psychiatric comorbidity than MDD BUT often they don't seek care regularly
- Die 8 to 20 years earlier
- Higher rates of suicide
- Age of onset late teens/early 20's

DSM V Bipolar

- At least one manic AND one depressive episode
- Mania: Expansive or Irritable mood
- DSM V addition: increased goal directed activity or increased energy
- Plus 3 more criteria (4 if mood = irritable)
- Duration: 7 days manic/4 days hypomanic
- IF + psychotic syx = mania

Mania

- **D**istractibility
- **I**mpulsivity/indiscretion
- **G**randiosity
- **F**light of ideas
- **A**ctivity
- **S**leep
- **T**alkative—pressured/loud

Mood Disorders Questionnaire

- YES or NO
- 1)Has there been a period of time not your usual self and…
  - Felt so good/hyper others thought not normal or trouble
  - Irritable; started arguments
  - More self-confident
  - Much less sleep and didn't miss it
  - More talkative; spoke faster than usual
  - Thoughts raced; couldn't slow mind down
  - So distracted couldn't stay on track
  - Much more energy than usual
  - More activities; more productive
  - More social; calling friends middle of night
  - Hypersexual
  - Unusual or foolish risks
  - Excess spending

MDQ (cont.)

- “Yes” to at least 7/13 syx +
- “Yes” concurrent +
- “Moderate” or “Serious” problems related to above

- Score >7 = 73% sensitivity and 90% specificity
- NB: Also asks FHX and previous Dx

Unipolar or Bipolar?

Patients with Bipolar I spend 2/3 of their symptomatic time DEPRESSED!

Bipolar vs. Unipolar clues

- Episodes of briefer duration
- Recurrent depressive episodes
- Atypical neuroveg. syx
- More extensive psych comorbidity—anxiety d/o(often >1), SUD, ADHD
- Stronger Fam hx for: Bipolar, recurrent unipolar, SUD, suicide, psychosis
- Multiple previous treatment failures

Bipolar vs. Unipolar clues (cont)

- Relationship instability, frequent moves/job changes, financial instability, legal involvement
- Remember: depressive episodes can occur for several years before a manic/hypomanic episode

Meds that may trigger/mimic mania

- Antidepressants
- Baclofen
- Captopril
- Cimetidine
- Dopamine agonists*
- Interferon
- Isoniazid
- Corticosteroids*
- Stimulants

Substances trigger/mimic mania

- Amphetamines
- Bath salts
- Cocaine
- Marijuana
- Opiates

Barriers to accurate dx/tx

- Time
- Language
- Paucity of mental health providers to support
- Undisclosed substance use/abuse

Before you treat …

Consider:

- *Medical comorbidity
- *Psych comorbidity (especially SUD)
- *Pregnancy
- *Family Hx
- *Screen for manic syx and psychotic syx
- *Duration of syx; previous response to tx
- *Outcome data: Mild-mod : PTx = meds
- *Discuss rec. duration of tx to prevent relapse
- *Counsel re: exercise, sleep (caffeine/tech), diet

Lab Work Up

- CMP including fasting glucose (atypicals), baseline creatinine (lithium)
- CBC to r/o anemia and baseline for blood dyscrasia (valproate, carbamazepine)
- Lipid profile (atypicals)
- LFT's (vpa, cbz)
- Pregnancy
- TSH
- Utox (plus u/a in geriatric pop)

Black Box Warning

- Issued in October 2004 after review of 25 studies involving total of ~4000 children/adolescents treated with SSRI's
- Increase of "suicidal tendencies" MED (4%) vs. PBO (2%)
- Note: NO completed suicides in either placebo or treatment groups in studies
- 2007 extended from age 18 up to 24
- **BUT REMEMBER: SI adverse effect can happen at any age**

Adult MDD Psychopharm Tx

- SSRI
- SNRI-–consider with chronic pain
- Bupropion—consider with ADHD/smoking

- Trazadone
- Mirtazapine
- TCA’s – don’t forget toxicity

Child/Adol MDD Tx

- Better response/longer remission with medication + psychotherapy

- SSRIs are first line psychopharm
  - FDA approval
- Fluoxetine (≥ 8 yo for MDD)
- Escitalopram (≥ 12yo with MDD)

- Sertraline FDA approved OCD >12yo
- Citalopram effective in studies
- Paroxetine rec. do NOT use

How to choose

- Past response to meds
- FHx of response (AD and dose)

- Consider medical comorbidities/other medications, remember fluoxetine inc. drug interactions
- Consider psych comorbidity

- Med specific issues

SSRI Side-effects

- Usually worst in first week or two; before positive effect—**psychoed important**
- Most Common
  - Sexual side-effects (vs. dec. libido)
  - GI
  - Headaches
  - Activation
  - Insomnia or sedation

Serotonin Syndrome

- Confusion
- Hallucinations
- Tachycardia
- Feeling faint
- Fever
- Sweating
- Muscle spasms
- Difficulty walking
- Diarrhea

Psychopharm pearls

- Citalopram: more sedating; prolonged QT; max 20 mg >60 yo
- Fluoxetine more drug-drug interactions
- Sertraline bid decreased side effects
- Trazodone: priapism
- Chronic pain: consider duloxetine
- Bupropion: seizure risk but tx ADHD, smoking cessation; more activating
- Hepatotoxicity: duloxetine and nefazodone
- Venlafaxine and paroxetine withdrawl syx

MDD: Phases of Treatment

- Initiation
  - 6-8 weeks (or longer) for full response
  - **Watch for activation/suicidal ideation; highest risk in first 2-8 weeks**
- Continuation
  - At least 9-12 mos after syx remission; 1-2 years for children
- Discontinuation
  - Monitor closely the first 2-4 mos; increased risk of relapse in first 6-12mo
- Maintenance
  - >2 episodes MDD, continue 3 years

Bipolar Psychopharm Adults

- Depression vs. Mania
- Acute vs. maintenance
- Lots of choices for anti-manic

Bipolar Meds

Medications	Mania	Depression	Maintenance
Aripiprazole	X		X
Quetiepine		X	adjunct
Risperidone	X		
Olanzapine	X	X (symbyax)	X
Lurasidone		X	
Lithium	X		X
Lamotrigine			X
Carbamazepine	X		
Valproate	X		

Antidepressants in Bipolar Depression?

- Increases mood/affect lability
- Can trigger manic syx
- Increases frequency of mood episodes

- 30-40% pt's with mixed features/hx mania started on AD

Bipolar Tx: Children/Adolescents

FDA approved tx for mania

- Risperidone (10–17 yo) **approval** in 2007
- Olanzapine (13–17 yo)
- Aripiprazole (10–17 yo)
- Quetiapine (10–17 yo)
- Lithium Carbonate (12—17 yo)

Antidepressant Triggered Mania

- Wean antidepressant

Augmentation strategies

- Cytomel
- Lithium—low dose
- Aripiprazole or quetiepine

Supplements: Adults

- Omega-3 fatty acids
- Vitamin D
- Vitamin C
- Saffron
- Probiotics
- SAM-e
- Vitamin B 12

Supplements: Child/Adol

- Omega-3 Fatty Acids pre-pubertal dep
  - Nemets et al; Am J Psych 2006; 163(6)1098-1100.
- Vit C supplementation (1000mg/day)
  - Amr M, et al. Nutrition Journal. 2013;12:31.
- Vit D supplementation
  - Hogberg et al. Acta Paediatrica. 2012; 101:779-783.

Consider referral/consultation

- Psychotic syx
- Self-injurious behavior (cutting/burning)
- Co-morbid Substance use disorder, trauma
- Failed treatment with two antidepressants or induction of hypomania/mania

Resources

- American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders: DSM-V. Washington: American Psychiatric Association, 2013.
- Kroenke K, et al; The PHQ-9: Validity of a Brief Depression Screening Measure; J Gen Intern Med 2001; Vol 16:606-613
- Kroenke K, Spitzer RL, Williams JB; The Patient Health Questionnaire-2: Validity of a Two-Item Depression Screener. Medical Care 2003, (41) 1284-1294
- Brenner, Carolyn J and Shyn, Stanley I; Diagnosis and Management of Bipolar Disorder in Primary Care: A DSM-5 Update; Med Clin N Am 98 (2014) pp 1025-1048
- Thase, Michael; Screening for Depression in Adults: USPSTF Recommendation Statement; JAMA 2016; 315(4):349-350

Resources (cont)

- Hirschfield, R, Williams, JBW, Spitzer, RI et al; Development and Validation of a Screening Instrument for Bipolar Spectrum Disorders: The Mood Disorders Questionnaire; Am J Psych 157:11(Nov 2000) 1873-1875

Questions/Discussion?