



UW PACC
Psychiatry and Addictions
Case Conference

UW PACC Introduction & Depression Part I

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General disclosures

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Objectives

1. Describe the UW PACC Model
2. Identify the evidence
3. Review how to benefit
4. To identify who to screen for depression in Primary Care

WHAT IS UW PACC?

University of Washington
Psychiatry and
Addiction
Case
Conference

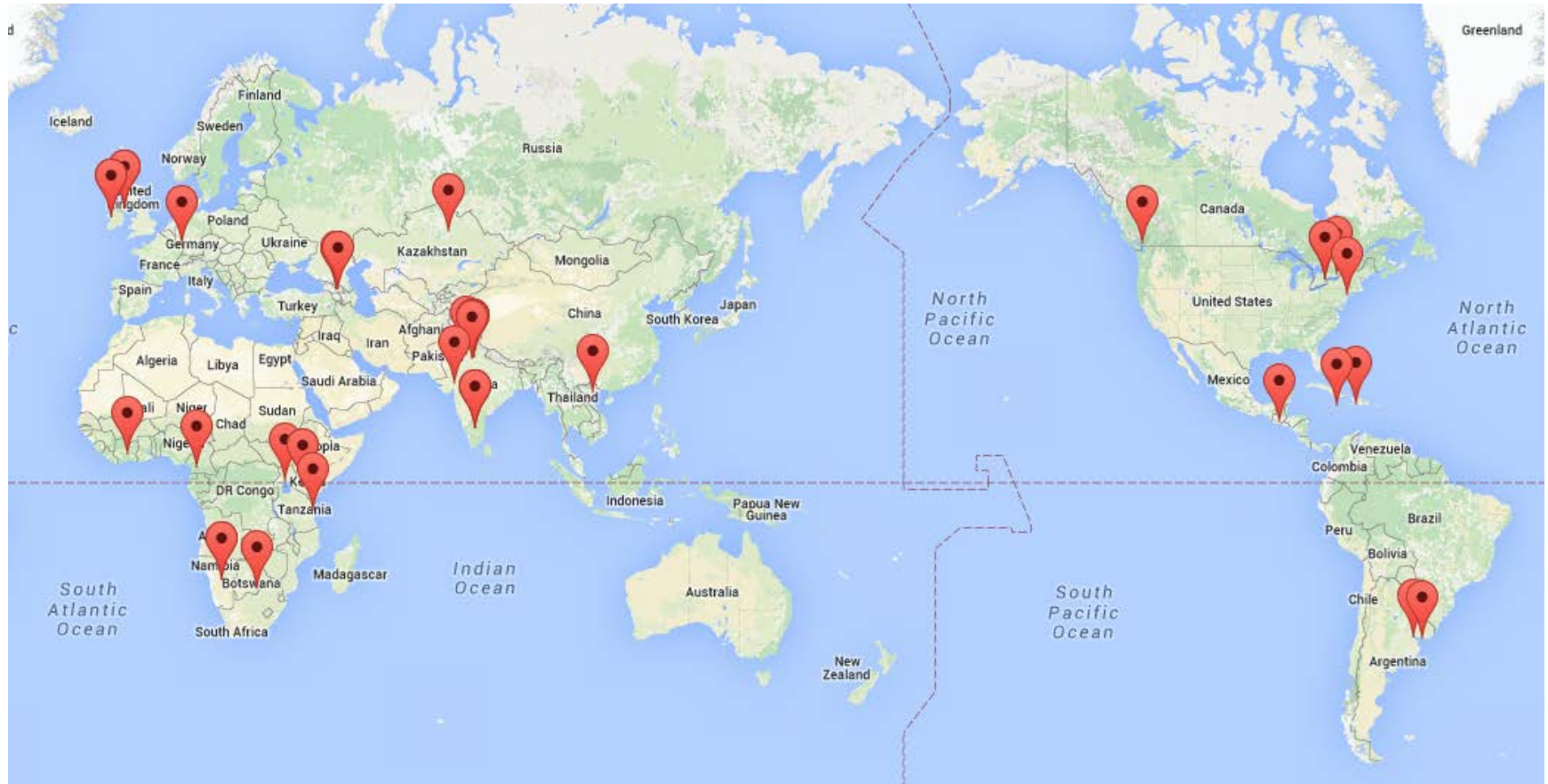
Project ECHO

(Extension for Community Healthcare Outcomes)

- 2003 developed to expand treatment of HCV
- Develop capacity for safe and effective treatment of chronic, common, and complex conditions
 - Link specialty care with primary care
- Now includes:
 - Pain, HIV, HCV, Bone Health, Rheumatology, Epilepsy, Endocrine, TB, Heart Failure, Geriatrics, HTN, Childhood Obesity, Palliative Care, Dementia, Pediatric ADHD, Hepatology, Nephrology, MS, Pulmonary

Project ECHO: Locations

(Extension for Community Healthcare Outcomes)



<http://echo.unm.edu/locations/>

ECHO/UW PACC

(Extension for Community Healthcare Outcomes)

- Components
 - Weekly
 - Short didactic
 - Presentation of cases (on average 2)
 - Discussion
 - Summary of recommendations

Developing Capacity

- Train and support community providers
 - Collaborative practice model
 - Development of Network
 - Case-Based Learning loops
 - Hub → Community
 - Community → Community
 - Community → Hub
 - Short didactics



Goal: Increase knowledge and self-efficacy around best practices

Does it Work?

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Outcomes of Treatment for Hepatitis C Virus Infection by Primary Care Providers

Arora et al, 2011

Univ of New Mexico vs ECHO + PCP treatment (21 sites)

Outcomes: cure rates

- **UNM:** 84 of 146 (**57%**)
- **PCP + ECHO:** 152 of 246 (**58%**)

**Those at PCP sites had lower rates of serious event: 6.9% vs 13.7%



Substance Abuse

Project ECHO: A new model for educating primary care providers about treatment of substance use disorders

Komaromy M, et al

- > 950 cases presented 2008-2015
- Increase in Buprenorphine waived physicians
 - 2006: 36 (ranked 13th)
 - 2015: 375 (ranked 3rd)

More rapid growth in waived physicians in traditionally-underserved areas

How to Benefit

- Participation is key
 - Presenting cases
 - Participation in discussions
 - Duration
 - The longer the better
 - ≥ 1 year associated with higher self-reported knowledge and competencies
 - Helps develop collaborative relationships, develop confidence



DEPRESSION PART I

Depression is a serious problem

- Leading cause of disability in world
- Major depressive disorder is the leading cause of disability in the U.S. for ages 15-44.

<http://www.who.int/mediacentre/factsheets/fs369/en/>
<http://www.nimh.nih.gov/health/statistics/disability/us-leading-disease-disorder-categories-by-age.shtml>

Depression is common in primary care settings

- 12 month prevalence in a primary care population: 18%-25%



Screen For Depression

Why Screen?



- 2/3 of PC depressed pts present somatically
- Without screening only 50% with MDD ID'd
- Patients will not often bring it up unless asked
- Untreated depression is associated with
 - Decreased Quality of Life, increased mortality
 - Treatment more effective when started earlier

- Recommends:
 - Screening all adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.

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 - Screening **all adults** for depression when **staff-assisted depression care supports are in place** to assure accurate diagnosis, effective treatment, and follow-up.

- Recommends:
 - Screening adolescents 12-18 for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.

At Risk?

- What are some clinical predictors of depression and anxiety that should prompt screening?

At Risk?

- What are some clinical predictors of depression and anxiety that should prompt screening?

#1 Recent stress in the past week (OR 6.7)

#2 6 or more physical symptoms (OR 4.0)

#3 Severity of symptoms of 6 \geq (OR 1.4)

Sensitivity of 2 predictors: 74% Specificity of 2 predictors: 70%

Sensitivity of 3 predictors: 30%% Specificity of 3 predictors: 95%

Other times to consider?

- Insomnia
- Fatigue
- Weight changes
- Sexual dysfunction
- Cognitive problems-attention and memory
- Irritability
- Anxious
- Chronic illness-DM, CAD
- Appetite changes

What is the screening tool of choice for depression?

And Why?

The PHQ 2

- 2 questions

1. During the last month, have you often been bothered by feeling down, depressed, or hopeless?
2. During the last month, have you often been bothered by having little interest or pleasure in doing things?

- Single “yes,” or score ≥ 3 is positive
- Sensitivity: 83%
- Specificity: 90%

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

Somewhat
difficult

Very
difficult

Extremely
difficult

The PHQ9

- Sensitivity and Specificity: 88%
- Scores ≥ 10 → possible depressive disorder
 - Scores 0-27
 - 10-14 Moderate
 - 15-19 Moderate to Severe
 - 20-27 Severe
- Validated in:
 - Adults
 - Adolescents
 - Primary care settings
 - Pregnant and post-partum women
 - Geriatric patients
 - Ethnically diverse populations in the US

≥ 10 is a + screen
 > 15 extremely likely

Use the PHQ2 and/or 9

For screening and...(come next week)

THANKS

The PHQ9-Severity

Relationship Between PHQ-9 Depression Severity Score and Disability Days, Symptom-related Difficulty, and Clinic Visits

| Level of Depression Severity, PHQ-9 Score | Mean Disability Days (95% CI) [±] | | Symptom-related Difficulty (%) [±] | | Mean Physician Visits (95% CI) [±] | |
|---|--|----------------------------------|---|-----------------------|---|-------------------------------|
| | Primary Care | Obstetrics-gynecology | Primary Care | Obstetrics-gynecology | Primary Care | Obstetrics-gynecology |
| Minimal, 1–4 | 2.4 (1.7 to 3.1) | 2.2 (1.7 to 2.7) | 1.5 | 0.6 | 1.0 (0.9 to 1.1) | 0.9 ^a (0.8 to 1.0) |
| Mild, 5–9 | 6.7 (5.5 to 7.8) | 5.8 (4.9 to 6.6) | 10.2 | 4.8 | 1.8 ^a (1.6 to 2.0) | 0.9 ^a (1.0 to 1.4) |
| Moderate, 10–14 | 11.4 (9.5 to 13.1) | 9.9 ^a (8.4 to 11.3) | 24.4 | 16.8 | 2.0 ^a (1.7 to 2.4) | 1.3 ^a (1.0 to 1.6) |
| Moderately severe, 15–19 | 16.6 (14.1 to 19.0) | 10.8 ^a (8.6 to 13.0) | 45.1 ^a | 36.0 | 2.4 ^a (1.9 to 2.8) | 2.3 ^b (1.8 to 2.8) |
| Severe, 20–27 | 28.1 (25.2 to 31.0) | 13.8 ^a (10.8 to 16.7) | 57.1 ^a | 56.6 | 3.7 (3.2 to 4.2) | 2.3 ^b (1.7 to 3.0) |

The PHQ9-Monitoring

- Improves treatment outcomes
 - Remission (PHQ9 < 5)
 - 46.7% intervention vs 42.8% control (OR 1.59)
 - Response (scores reduced 50% from baseline)
 - 67% intervention vs 59.7% control (OR 2.02)
- Improve use of medications (79% vs 67%)
- Do it at every visit for depressed patients
- Insurance companies are watching

What are the criteria for MDD?

Diagnosis-DSM 5 MDD

- 5 or more of the symptoms present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.
- **Note:** Do not include symptoms that are clearly attributable to another medical condition.
 - Depressed mood most of the day, nearly every day, as indicated by either subjective report
 - Anhedonia in all, or almost all, activities most of the day, nearly every day
 - Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day.
 - Insomnia or hypersomnia nearly every day.
 - Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings).
 - Loss of energy nearly every day.
 - Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).
 - Diminished ability to think or concentrate, or indecisiveness, nearly every day
 - Recurrent thoughts of death, recurrent suicidal ideation
- The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- The episode is not attributable to the physiological effects of a substance or to another medical condition.

MDD Dx Highlights

- 5 or more symptoms
- 2-week period, nearly daily
- At least one of the symptoms is either
 - (1) depressed mood or
 - (2) loss of interest or pleasure.
- Functional Status?

Depression Assessment

- Always assess suicide risk
- Contribution from General Medical Condition?
- Assess for substances
- Current stressors
- Laboratory evaluation
 - For who: new diagnosis, treatment refractory, severe
 - What?
 - CBC, BMPO, U/A, TSH, hCG, utox



Am I missing anything?

Depression Assessment

- Always assess suicide risk
- Contribution from General Medical Condition?
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Bipolar Screen

Other Depressive disorders

- Persistent depressive disorder (dysthymia)
 - Depressed mood for at least 2 years
- Premenstrual dysphoric disorder
 - Mood swings, irritability, depressed mood, anxiety and anhedonia, poor concentration, lack of energy, sleep disruption, during the week before onset of menses and remit with onset
- Substance induced depressive disorder
 - Onset during or soon after use
 - Timing and history are significant indicators

Other disorders

- Complicated grief: centered on death of loved one
- Schizoaffective: will see ongoing psychosis
- Adjustment disorder with depressed mood
 - Identifiable stressor within 3 months
 - Superseded by depression

Medical Evaluation

SIMD

- To identify who to screen for depression in Primary Care
- Review the diagnostic criteria for depression
- Identify the differential diagnoses of depression
- Establish how and why to use the PHQ9 for monitoring treatment