

A glowing orange neuron with multiple dendrites and an axon, set against a dark blue background. The neuron is the central focus, with its cell body (soma) and several branching processes extending outwards. The background is dark blue with some faint, lighter blue patterns.

Management of Depression in Primary Care

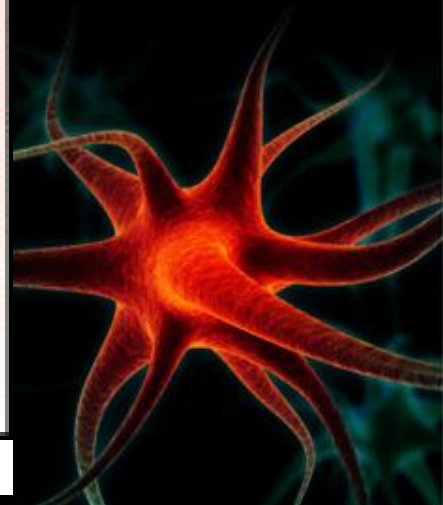


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Introduction

- Neil Micklewood, owner of Neil Micklewood Psychology
- Registered Clinical Psychologist
- 5 yrs experience in:
 - Mental Health
 - Forensic Mental Health
 - Correctional Psychology
- Client groups:
 - Community
 - Outpatient
 - Inpatient
- Individual and group therapy for a broad range of conditions:
 - Stress & Adjustment Disorders
 - Mood Disorders
 - Anxiety Disorders
 - Bipolar Disorders
 - Schizophrenia



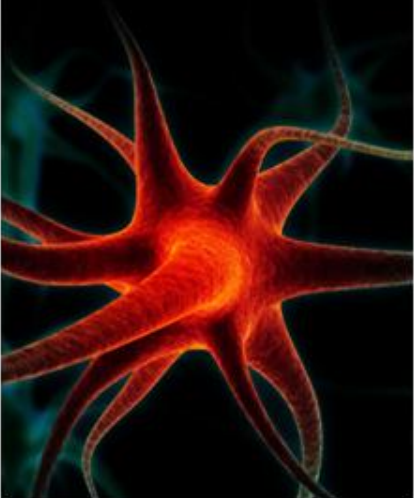
Introduction

- Therapeutic Approach: Eclectic
- I choose the treatment modality that best fits the client, rather than trying to “force fit” the client to the treatment modality;
- Trained in:
 - Cognitive Behavioural Therapy
 - Psychodynamic Therapy
 - Client Centred Therapy
 - Narrative Therapy
 - Solution-Focussed Therapy
- Some experience with:
 - DBT
 - Behaviourism
 - EMDR



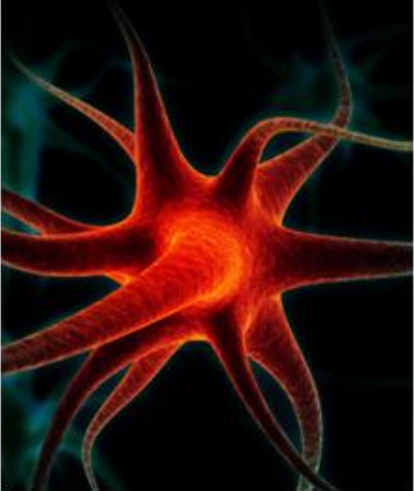
Management of Depression in Primary Care Background

- Mental disorders in Primary Care extremely common
- High proportions of patients presenting with a mix of physical & psychological symptoms with no identifiable pathology – “Psychosocial distress”
- Maori:
 - have poorer health status than non Maori,
 - a higher prevalence of mental disorders,
 - delayed accessing of MH services and,
 - present with more severe symptoms
- Pacific Peoples:
 - Fall midway between Maori and non Maori i.t.o. mental illness prevalence
 - Similarly high rate of mental disorders & under utilization of health services



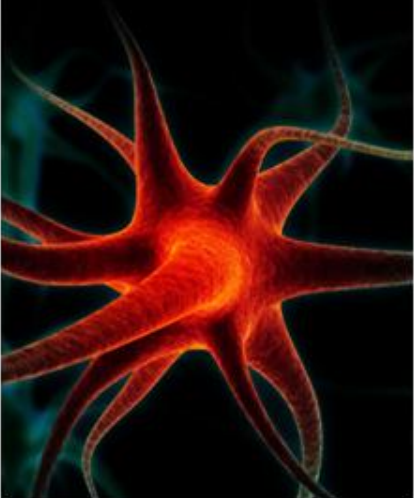
...Background

- Mental disorders are extremely common in NZ
- Anxiety Disorders are the most common diagnoses, followed by Mood Disorders and Substance Abuse
- Most adults with psychological disorders will have had a diagnosable disorder in childhood
- Women have slightly higher overall life time prevalence rates of mental disorders than men
- Women have higher rates of:
 - MDD
 - Specific Phobia
 - PTSD
 - GAD
- Men have higher rates of:
 - Alcohol Abuse and Dependence
 - Drug Abuse and Dependence



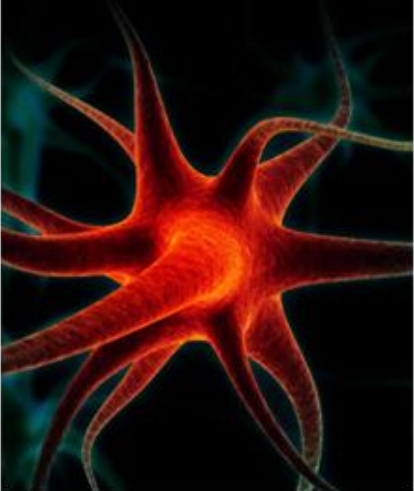
...Background

- Of the adults that attend GP practices:
 - 17% of men and 8% of women have Substance Abuse problems
 - 12% of men and 22% of women have Depression or Dysthymia
 - 12% of men and 26% of women present with Anxiety
- 42 % of people with serious mental disorders do not receive professional help
- Ministry of Health believes there is a strong rationale for identification, active management and follow up of mental illnesses in primary care
- The Ministry recommends extended GP appointments to screen for psychopathology



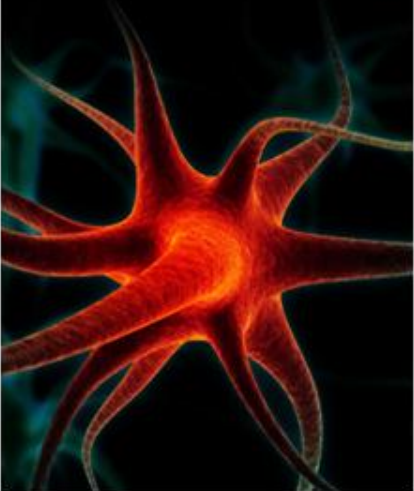
Depression

- Well documented cost burden of Depression
- High direct costs and indirect costs of Depression
- Depression a societal burden larger than all other chronic conditions
- Significant emotional and social costs of depression
- WHO estimates that by 2020, Depression will be the second highest ranking cause of the burden of disease
- Strong arguments for early intervention and effective treatment of depression
- Evidence that available treatments and screening methods are under utilized
- In NZ, most individuals present with Mild Depression of recent onset and amenable to treatment in Primary Care
- GPs, Practice Nurses and Therapists involved in diagnosis and treatment
- Interdisciplinary teams most cost effective means of treatment
- Active monitoring and support of patients
- Team members should be skilled in psychological interventions
- Communication between team members important



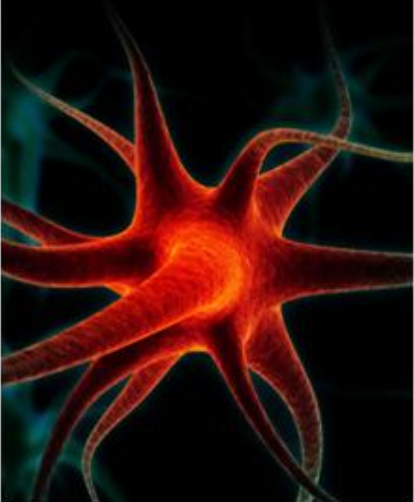
Treatment Guidelines

- Ministry of Health
- Mild Depression:
 - Active support
 - Advice on exercise and self management
 - Referrals to psychosocial agencies as required
- Moderate Depression
 - An SSRI **and/or**
 - 6-8 sessions of psychological therapy (problem solving/CBT) over 10-12 weeks
- Severe Depression
 - SSRI **AND**
 - Psychological intervention of 16-20 sessions of CBT or Interpersonal Therapy;
- If an adult on antidepressants has not showed a significant reduction in symptomology by 4-6 weeks:
 - Review treatment plan
 - ?Adjust dosage
 - ?Change antidepressant
 - Change/add psychological therapy
- Treatment resistant cases referred to Secondary Care, but Primary Care providers should remain involved in treatment;



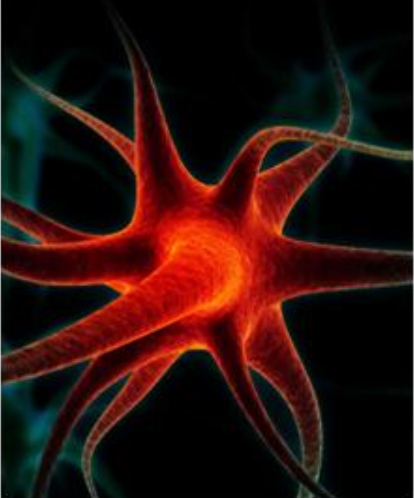
Role of Psychological Therapy

- Brief psychological therapy –suitable first line treatment for moderate depression. 6-8 sessions over 10-12 weeks followed by a review with additional sessions if necessary.
- Severe depression: longer term psychological interventions appropriate as a first line treatment. 16-20 sessions. Therapy must be provided by fully trained and accredited therapists.
- A combination of medication and therapy is more effective than either pharmacological treatment or therapy on their own.
- Problem Solving therapy (PST) and Interpersonal therapy (IPT) are more effective than GP care.
- Short term PST or Cognitive Behavioural Therapy (CBT) (6-8 sessions over 10-12 weeks) equivalent to antidepressant and GP care in efficacy but were better tolerated by patients.
- NZ study: patients with mild to moderate depression treated with CBT or IPT - equally effect
- CBT however more effective than IPT in severe depression
- CBT, IPT & Behavioural Therapy (BT) as effective as antidepressants and CBT and BT may have a longer lasting effect



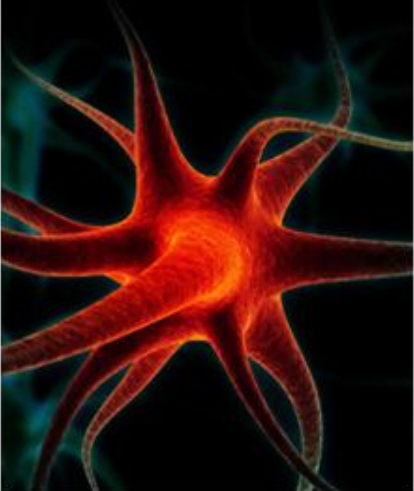
...Role of Psychological Therapy

- IPT and CBT useful as a maintenance treatment
- CBT and antidepressants in combination may enhance the effectiveness and tolerability of treatment, especially for severe depression, and reduce relapse rates in patients with residual symptoms
- Professional background of the therapist has a significant impact on the efficacy of treatment with Psychologists delivering the most effective therapy.



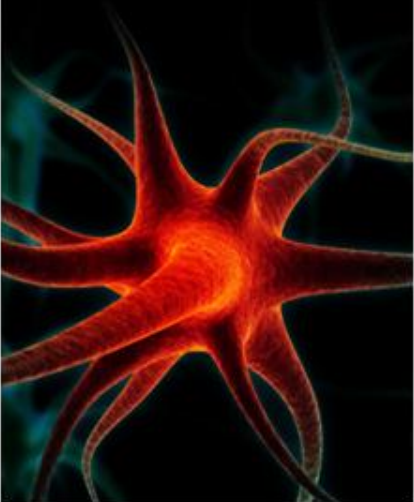
Prevention of Relapse/Recurrence

- High rates of relapse, regardless of treatment.
- Effective intervention in first episodes crucial in halting the development of vulnerable coping styles.
- Full remission of first episode a significant factor in preventing relapse and recurrence.
- Ongoing strategies needed to reduce risk
- Inadequate follow-up after treatment
- Preventative measures not maintained
- Primary care models emphasise acute care and rely on patient initiated follow-up
- Regular follow-up during treatment, follow-up for patients at risk, support for self management, relapse prevention planning post recovery are important tools in reducing relapse.
- Maintenance therapy includes pharmacological and psychological therapies.
- Psychological therapies alone or in combination with antidepressants reduce long term risk of relapse.



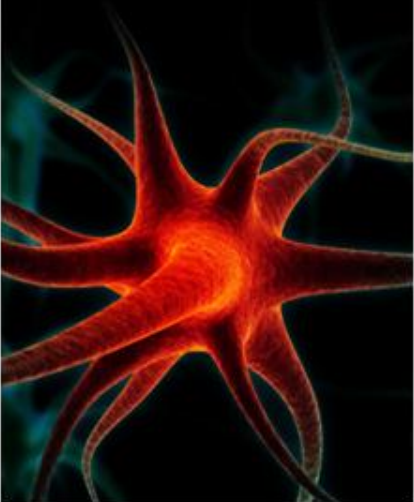
...Prevention of Relapse/Recurrence

- Strong evidence for MBCT reducing the risk of relapse for multiple episodes of depression, comparative to usual care.
- MBCT comparable to antidepressant treatment in multiple episodes of depression with fewer residual symptoms which enabled substantial reductions in antidepressants.



Conclusions

- Holistic biopsychosocial treatment plan needed to treat depression and reduce risk of relapse.
- Do nurses and GPs have the time to institute psychosocial interventions and to follow these interventions up regularly through the course of the illness?
- Empirical evidence that psychological therapies at least as effective, if not more effective than pharmacotherapy on its own.
- Psychological therapies reduce the risk of relapse as effectively as pharmacotherapy on its own.
- QUESTION: Can psychologists help GPs & nurses by being the means through which psychosocial interventions are implemented, monitored and fed back to the interdisciplinary team?



References

- <http://www.moh.govt.nz/moh.nsf/indexmh/national-depression-initiative-faq>
- <http://www.mentalhealth.org.nz/newsletters/view/article/8/84/summer-06-07/>
- New Zealand Guidelines Group. Identification of Common Mental Disorders and Management of Depression in Primary Care. An Evidence-based Best Practice Guideline. Published by New Zealand Guidelines Group; Wellington: 2008

