

DEPRESSION

INFORMATION FOR PRIMARY CARE PHYSICIANS



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STATISTICS

Major depression is a common **psychiatric disorder**.

Major depression was reported to have the **heaviest burden** of disability of all mental health disorders.

350 million people worldwide suffer from major depression.

15.7 million individuals were diagnosed with major depression in the United States during 2013.



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STATISTICS

35% of the patients who are seen in the primary care setting are struggling with some type of depression, and of those, 10% meet criteria for major depression.

The lifetime prevalence of depression in the general population is 15%.

In **women**, the lifetime prevalence can reach as high as **25%**.

Women are **twice** as likely as men to suffer from depression.



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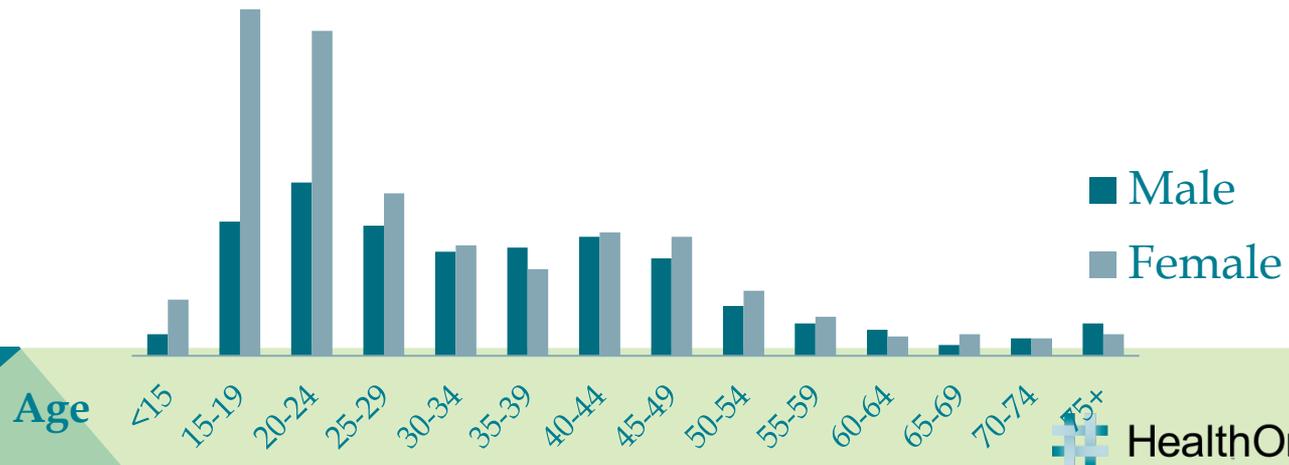
STATISTICS

Whites more frequently suffer from depression than either African Americans or Hispanics.

Major depression is more often noted in separated and divorced individuals than in those who are married.

Children and adolescents can also suffer from major depression, but often the presentation is different from adults.

The **highest** incidence of major depression is found in the **18-25** age group, and the **lowest** incidences is in the **50+** age group.



STATISTICS - SUICIDE

In 2013, suicide was the **10th leading cause of death** for all ages, and the second leading cause of death in the 15-34 age group.

Middle-aged adults accounted for the highest rate of suicide (56%).

It is estimated that one life is lost to suicide approximately every **13 minutes**.

Women are **twice** as likely to **attempt** suicide, while **men** are **four** times as likely to have a **completed** suicide.

Women most often choose **poisoning or overdose** as a means to end their life, while men tend to choose more violent means--such as **shooting or hanging** themselves.

DEPRESSION - PRIMARY CARE SETTING

Approximately one-third of patients who are seen in a primary care setting suffer from depression.

Marriage and dependent children are protective factors mitigating against suicide.

Poor health, social isolation, male gender, Caucasian ethnicity, and alcohol/substance abuse are risk factors for suicide.

SCREENING FOR DEPRESSION

Due to the high burden of depression in the primary care setting, it is important to have reliable and patient-friendly instruments to assess depression.

SCREENING INSTRUMENTS

- PHQ2
- PHQ9
- Ham-D
- Reynolds Adolescent Depression Scale
- Edinburgh Post-Natal Depression Scale
- Zung Self-Rating Depression Scale
- Geriatric Depression Scale
- Beck Depression Inventory

SCREENING FOR DEPRESSION

WHEN SHOULD THE PATIENT BE SEEN?

After starting medication:

- 10-14 days after starting medication, changing medication, or stopping medication
- Again after 4-6 weeks

After being discharged following a psychiatric hospitalization:

- Within the first week following discharge
- Second visit needs to be within the month

SCREENING FOR DEPRESSION

ASSESSING THE PATIENT'S RESPONSE TO TREATMENT:

"SIG E CAPS"

- Sleep - insomnia or hypersomnia
- Interest - loss of interest in previously enjoyed activities
- Guilt - inappropriate guilt or feelings of worthlessness
- Energy - decreased energy or fatigue
- Concentration - diminished ability to concentrate
- Appetite - decreased appetite with associated weight loss
- Psychomotor agitation or retardation
- Suicidal thoughts



REFERRAL TO PSYCHIATRIST

WHEN TO CONSIDER A REFERRAL TO A PSYCHIATRIST:

- Patient has post-partum depression.
- Patient is currently on psychotropic medication and wishes to become pregnant.
- Patient has a co-morbid psychiatric diagnosis, such as panic attacks or alcoholism.
- Patient has refractory depression.
- Patient has significant psychosocial stressors.
- Patient's family history is significant for depression, bipolar disorder, substance abuse, and/or suicide.
- Patient has complicated bereavement.
- Patient has severe depression with or without psychotic symptoms.
- Physician feels uncomfortable managing the patient's psychiatric care.

DATA SHARING

INFORMATION TO BE SHARED BETWEEN PCP AND PSYCHIATRIST:

- Reason for referral, including pertinent office notes
- All diagnoses
- All medications, including OTC
- Labs
- Results of depression screening

BILLING

Depression Screening

- Billing code is G0444
- Once a year - to indicate that appropriate, documented screening has taken place
- Add-on code to office visit or annual visit
- Paid separately, without added out-of-pocket cost to patient

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CITATION

The following sources were used when developing this presentation:

1. World Health Organization

www.who.int/mediacentre/factsheets/fs369/en/

2. The Journal of the American Board of Family Practice

www.jabfm.org/content/18/2/79.full

3. CDC

www.cdc.gov/violenceprevention

4. KAPLAN

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