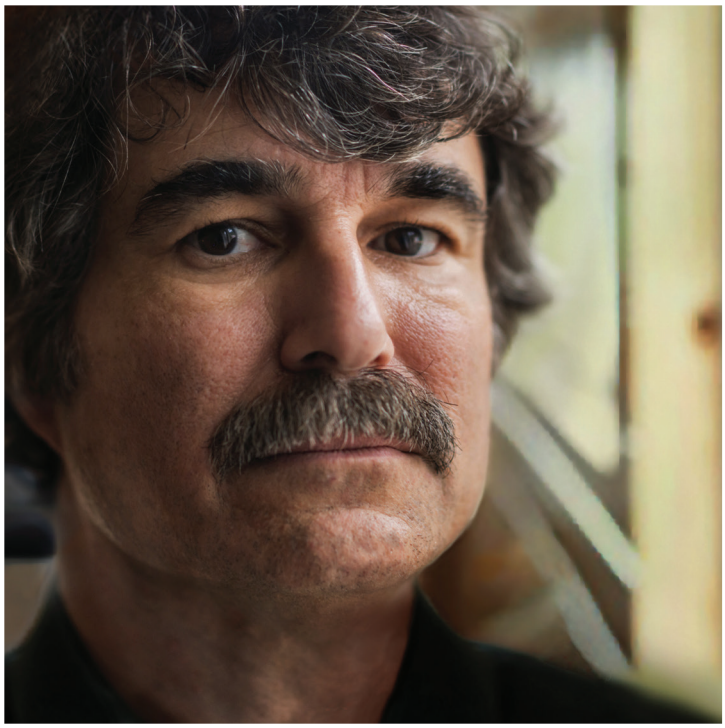
FRAMEWORKS
in Health and Quality

Value of Collaborative Care in Major Depressive Disorder



Managing Patients With Major Depressive Disorder

A Resource for Case Managers and Psychiatric Social Workers

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June 2016 MRC2.UNB.X.00033

It is estimated that **16.2%** **of Americans** will be affected with MDD during their lifetime.[5]

Managing Patients With MDD

A Resource for Case Managers and Psychiatric Social Workers

Management of patients with major depressive disorder (MDD) may require a broad range of possible therapeutic interventions.[1] In the treatment of MDD, collaborative care models may help foster cooperation and open communication between members of the care team, including primary care providers (PCPs), mental health specialists (psychiatrists, psychologists, psychiatric nurse practitioners), and care managers (case managers, psychiatric social workers).[2]

It is important for case managers and psychiatric social workers to gain an understanding of MDD and how implementation of a collaborative care model is one way to help ensure that adequate systems are in place for efficient diagnosis, treatment, and follow-up for patients with depressive disorders.[3]

MDD Overview

MDD is characterized by the presence of persistent depressive symptoms for at least 2 weeks.[4]

Symptoms may include[4]:

- Depressed mood
- Loss of interest or pleasure
- Significant weight gain or loss
- Sleep disturbances
- Fatigue
- Feelings of worthlessness
- Difficulty concentrating
- Suicidal thoughts or suicide attempts
- Psychomotor agitation or retardation

Understanding the Connection With MDD and Comorbid Conditions

Care coordination for patients with MDD and comorbid medical and/or psychiatric conditions relies on the implementation of a collaborative care model, integrating medical and psychiatric care teams to work together to effectively coordinate care.[1,5,6]

Some common comorbid medical and/or psychiatric conditions that may occur in patients with MDD include[1,7]:

Co-occurring medical conditions:

- Cardiovascular disease (heart disease, stroke, hypertension)
- Diabetes
- Cancer
- HIV/AIDS
- Hepatitis C
- Asthma
- Arthritis

Co-occurring psychiatric conditions:

- Depressive and anxiety disorders
- Alcohol abuse and/or substance use
- Personality disorders
- Eating disorders

There may be a close relationship between MDD and psychosocial stressors with respect to the onset, exacerbation, or maintenance of MDD symptoms.[1] Depressive symptoms may be a common response to adverse life events, particularly bereavement. Other psychosocial stressors that may increase the risk of developing MDD include lower socioeconomic status, nonmarried status, unemployment, urbanization, and violent trauma.[1]

It's important for the care team to recognize the interplay between MDD and medical and psychiatric conditions.[1]

Treating MDD

For many people with MDD, treatment may include medications and/or psychotherapy as part of the treatment plan.[1]

Some types of antidepressants used to treat MDD may include[1]:

- Selective serotonin reuptake inhibitors (SSRIs)
- Serotonin and norepinephrine reuptake inhibitors (SNRIs)
- Norepinephrine and dopamine reuptake inhibitors (NDRIs)
- Atypical antidepressants
- Tricyclic antidepressants
- Monoamine oxidase inhibitors (MAOIs)

Other medications may be added to an antidepressant if the patient is not responding as well as he or she should. Doctors might combine 2 antidepressants or employ medications such as mood stabilizers or antipsychotics. Anti-anxiety and stimulant medications might also be added for short-term use.[1]

Case managers may help ensure patients understand the side effects that may occur when taking antidepressants. A patient should talk to his or her doctor if side effects occur such as sleep disturbances, weight gain, or sexual dysfunction. If side effects do occur, the dose of the medication may be lowered or a change in medication may be needed.[1]

Psychotherapy may also be a part of a treatment plan depending on the presence of significant psychosocial stressors, interpersonal difficulties, comorbid psychiatric conditions, and patient preference. Forms of therapy may include cognitive-behavior therapy, interpersonal psychotherapy, psychodynamic therapy, and problem-solving therapy in individual and/or group settings.[1]

Collaborative Care

May Be Effective in Managing Patients With MDD

What Is Collaborative Care?

Collaborative care, or integrated care, occurs when mental health and general medical care providers work together toward a common goal to address both the physical and mental health needs of patients. Integrated care refers to the broader effort to unify physical and mental health care, while collaborative care represents the specific efforts carried out by primary and mental health providers in treating the "whole" patient.[8]

Patients with mental illnesses such as depression often receive care in the primary care (physical health) setting. As a result, collaboration between mental health professionals and the primary care setting may help create an improved, shared treatment plan and meet a patient's overall health care needs.[8]

Collaborative care is designed to help[2]:

- Promote routine screening and diagnosis of depressive disorders
- Increase use of evidence-based protocols for proactive management of MDD
- Improve clinical and community support for active patient engagement in treatment goal-setting and self-management

Collaborative care may help to ensure the treatment plan and services provided to patients are appropriate and coordinated across providers with different expertise. This collaborative approach to care may help offer PCPs and mental health providers the opportunity to improve access to treatment and improve quality.[8]

Communication among clinicians may help improve vigilance against relapse, treatment side effects, and risk to self or others.[1]

Collaborative Care May Be Effective in Managing Patients With Depression

Evidence supports the use of collaborative care for improving depression symptoms, adherence to treatment, response to treatment, and remission and recovery from depression.[2]

- In a meta-analysis of randomized studies of patients with depression receiving either collaborative care or usual primary care, collaborative care was shown to be more effective than standard care in improving standardized depression outcomes at 6 months.[9]
- In a randomized, controlled study,* patients with major depression in a collaborative care intervention group had greater adherence than the usual care controls to adequate dosage of antidepressant medication for 90 days or more (75.5% vs 50.0%; $P<0.01$), were more likely to rate the quality of the care they received for depression as good to excellent (93.0% vs 75.0%; $P<0.03$), and were more likely to rate antidepressant medications as helping somewhat to helping a great deal (88.1% vs 63.3%; $P<0.01$).[10]
- In a cluster, controlled study over a 3-month period of 387 patients with depression and diabetes and/or heart disease who were randomized to a collaborative care or usual care treatment group, the use of collaborative care was shown to reduce depression more than usual care, significantly lessen anxiety at follow-up, and improve self-management of chronic disease.[11]

*Study was conducted over a 12-month period and included 217 primary care patients who were recognized as having minor or major depression by their PCPs and were willing to take antidepressant medication.[10]

How A Collaborative Care Team Structure Works

Collaborative care is an approach to care that may include the following[8]:

- The role of a care manager in the primary care setting who works with the patient and the PCP to help develop a unified approach to care of the patient
- Patient education and support, including goals and a specific action plan
- Monitoring of treatment adherence
- Coordinating office visits to a PCP and/or mental health specialist

In the collaborative care team structure, the PCP, care manager, and psychiatric consultant each have separate roles to play in the treatment of patients.[12]

Collaborative Care Team Structure

Primary Care Provider

Prescribes medications, provides treatments for medical conditions, and refers patients to the psychiatric consultant when needed[3]

New roles

Care Manager

Supports PCP by coordinating treatment, provides treatment response follow-up, supports medication management, and facilitates communication with the psychiatric consultant[13]

Psychiatric Consultant

Supports PCP and care manager, suggests treatment modifications for PCP to consider, consults on patients who are clinically challenging or who need specialty mental health services[14]

The Role Care Managers Play in Depression Management

The care manager can be a mental health professional, typically a counselor, clinical social worker, psychologist, or psychiatric nurse, who performs care management tasks, including coordinating the overall effort of the care team and ensuring effective communication among members of the care team.[13]

Care managers may support the PCP in his or her role by coordinating treatment, providing proactive follow-up of treatment response, alerting the PCP when the patient is not improving, supporting medication management, and facilitating communication with the psychiatric consultant regarding treatment changes. Care managers may also offer brief counseling (using techniques such as motivational interviewing, behavioral activation, and problem-solving treatment) and help facilitate changes in treatment if patients are not reaching their treatment goals.[13]

Collaborative care may help improve depression symptoms, adherence to treatment, response to treatment, and remission and recovery from depression.[2] Collaborative care requires a team of professionals with complementary skills who can work together to care for patients with depression — understanding each member's role and believing he or she has the knowledge and skills necessary to fulfill that role.[12]

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June 2016 MRC2.UNB.X.00033