



Value of Collaborative Care in Major Depressive Disorder



Considerations for Referral of Patients With Major Depressive Disorder

A Resource for Primary Care Providers

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Considerations for Referral of Patients With Major Depressive Disorder

Management of patients with major depressive disorder (MDD) may require a broad array of possible therapeutic interventions.¹ It is important that members of the care team, including mental health specialists (psychiatrists, psychologists, psychiatric nurse practitioners, and social workers), primary care providers (PCPs), and pharmacists, recognize the interplay between MDD and co-occurring medical and psychiatric conditions.¹

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.¹⁻³



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.⁴

Importance of Referral to a Mental Health Specialist

Traditionally, PCPs have been on the frontline of diagnosing and treating patients with MDD, with PCPs prescribing approximately 70% to 80% of antidepressants.^{5,6}

Primary care practices with supportive services and appropriate consultation with a mental health specialist may help improve delivery of care.⁷

Screening Protocols and Referrals in Patients with MDD

Provider and patient self-reported screening tools may be utilized to diagnose and assess therapeutic response to treatment in patients with MDD.¹ When treating patients with MDD who are at high risk or suicidal, it may be necessary to initiate a referral to a mental health specialist if the following are present⁶:

- Inadequate treatment response
- Multiple psychiatric diagnoses
- Complex psychosocial needs



Screening Tools in the Management of MDD

Provider Screening Tools¹

- Hamilton Rating Scale for Depression (HAM-D)
- Montgomery-Åsberg Depression Rating Scale (MADRS)
- Inventory of Depressive Symptomatology (IDS) and Quick Inventory of Depressive Symptoms (QIDS)

Patient Self-reported Tools¹

- Nine-item Patient Health Questionnaire (PHQ-9)
- Beck Depression Inventory (BDI)
- Clinically Useful Depression Outcome Scale (CUDOS)
- Frequency, Intensity, and Burden of Side Effects Rating (FIBSER) Scale
- Patient Rated Inventory of Side Effects (PRISE)

The use of depression screening tools may enhance the quality of care and improve clinical outcomes.¹

Benefits of Depression Screening Tools

Provider and patient self-reported screening tools may help diagnose MDD and assess treatment response and medication side effects, as well as help monitor symptomatic status.¹

Depression screening tools may not be common practice in clinical settings, but such scales can be valuable in monitoring depression symptoms, treatment progress, and side effects of antidepressant medication.¹ Use of screening tools, while potentially helpful, is not a substitute for a physician's or other health care provider's independent medical judgment.



MDD and Comorbid Medical Conditions

The presence of co-occurring medical and comorbid conditions in patients with MDD may complicate treatment for MDD and has been associated with poorer patient outcomes.¹ For example, MDD is about 3 times more common among patients with diabetes than among the population at large, which may lead to adverse health outcomes (eg, poorly controlled blood glucose) and an increased risk of complications.⁸

Consider a referral to a mental health specialist for overall mental and physical health as part of a collaborative approach to depression management.^{1,6}

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