FRAMEWORKS
in Health and Quality

Value of Collaborative Care in Major Depressive Disorder

Importance of Depression Screening:

Monitoring Treatment Response in Patients With Major Depressive Disorder

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Collaborative care is designed to help improve routine screening and diagnosis of depressive disorders.[2]

The Role of Depression Screening in 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.[1]

Patients with mental illnesses such as depression often receive care in the primary care setting. As a result, collaboration between mental health professionals and the primary care setting may help to create an improved, shared treatment plan and meet a patient's overall health care needs.[1]

Collaborative care is designed to help[2]:

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

Importance of Depression Screening

Systematic, recurring depression assessments are recommended to support mental health specialists and other members of the care team, determine therapeutic response and side effects of treatment, and enable individualization of a treatment plan for patients with MDD. Such assessments can be facilitated through the use of provider- and/or patient-administered assessments as part of initial and ongoing evaluations.[3]

Depression Screening Tools in Managing MDD

Depression screening tools, such as provider and patient self-reported tools, may help determine disease progression and assess therapeutic response in patients with MDD.[3]

Depression screening tools may help monitor the following[3]:

- Trajectory of disease course
- Treatment response
- Side effects of antidepressant medications

The use of depression screening tools may enhance the quality of care and improve clinical outcomes.[3]

MDD is about **3X** more common among patients with diabetes than among the population at large.[4]

Screening for Comorbid Medical Conditions in Patients With MDD

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.[3] 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.[4]

APA guidelines recommend that providers do the following[3]:

- Identify any potential interactions between medications used to treat depression and those used to treat comorbid medical conditions
- Collaborate with the patient's primary care physician (PCP) to monitor diabetic control when initiating antidepressant therapy or making significant dosing adjustments
- Monitor vital signs or cardiac rhythm in patients with preexisting hypertension or cardiac conditions

- Assess patients for weight issues. Discuss with patients potential approaches to weight control such as diet, exercise, change in treatment, and nutrition consultation, or collaborate with the patient's PCP if a significant increase in the patient's weight is noted
- Consider HCV/HIV risk given the significant numbers of individuals with unrecognized HIV infection and the potential for drug-drug interactions for patients with HIV infection who are receiving antiretroviral and psychotropic medications
- Assess for pain, as it may contribute to and co-occur with depression
- Consider the potential effects of psychotropic medications on the patient's comorbid medical conditions, as well as the potential effects of interventions for those medical conditions on the patient's MDD
- Assess patients for use of alternative or complementary treatments, over-the-counter or prescription medications, dietary regimens, and caffeine, tobacco, alcohol, or other substances that patients may use to attempt to alleviate MDD symptoms
- Explore psychosocial stressors, such as marital and family problems, life transitions, major life events, or significant trauma, and their possible contribution to a patient's MDD symptoms

Communication among clinicians may help improve vigilance against relapse, treatment side effects, and risk to self or others.[3]

Managing Patients With MDD Is a Team Effort

In collaborative care, it is important that members of the care team work together to integrate medical and psychiatric care and to effectively coordinate care for patients with MDD and comorbid medical conditions.[3,5]

Examples of Depression Screening Tools

Provider Screening Tools

Hamilton Rating Scale for Depression (HAM-D)

The most widely used outcomes measure in clinical studies, it is a 21-item screening tool that helps assess symptom severity in patients with MDD[3,6]

Montgomery–Åsberg Depression Rating Scale (MADRS)

MADRS is a 10-item questionnaire used to measure severity of depression, offering providers treating patients with depression insight into treatment changes that may be occurring over time[3,6]

Inventory of Depressive Symptomatology (IDS) and Quick Inventory of Depressive Symptoms (QIDS)

IDS is a 30-item screening tool that assesses symptom severity of depression. QIDS is a 16-item tool derived from IDS that aims to assess depression symptoms in less time than the IDS[3,6,7]

Patient Self-reported Screening Tools

Beck Depression Inventory (BDI)

The most widely used patient self-reporting tool is a 21-item screening aid that helps evaluate severity of depression symptoms[3,6]

Patient Health Questionnaire (PHQ-9)

Originally designed to be administered in the PCP setting, the PHQ-9 is an efficient tool to help monitor treatment response in patients with MDD[3,6]

Clinically Useful Depression Outcome Scale (CUDOS)

Designed to be brief and quickly scored, CUDOS uses a 5-point Likert scale and was developed for routine clinical practice use[8]

Frequency, Intensity, and Burden of Side Effects Rating (FIBSER) Scale

This patient self-reporting tool can help providers *quantify* the overall side-effects burden with the use of a 7-point Likert-type scale. It can be used in conjunction with the PRISE screening tool[3,9,10]

Patient Rated Inventory of Side Effects (PRISE)

This patient self-reporting tool is used to *qualify* side effects by identifying and evaluating the tolerability of each symptom, with patients rating whether or not the symptoms are tolerable or distressing. Providers can use this tool in combination with the FIBSER tool[3,10]

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.

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