The Role of the Advanced Nurse Practitioner in the Management of Depression in Primary Care

Melanie Rogers
Advanced Nurse Practitioner
/Senior Lecturer
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• How many people attend GP surgeries presenting with mental health problems each year?
• 12 million
• Majority with anxiety and depression
It says here that your problem is that you're a loser.
Self Help?
Depression

- Very common condition with a weekly prevalence in UK of 77 per 1000 adults aged 16-64
- Accounts for 15% of presentations in General Practice
- Costs the UK £4 billion in health costs, social support and lost production
- By 2020 worldwide clinical depression will be second only to heart disease as an international health burden
Depressive disorder: An increasing cause of disability worldwide

<table>
<thead>
<tr>
<th>Rank</th>
<th>1990</th>
<th>2020 (estimated)</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Lower respiratory infections</td>
<td>Ischaemic heart disease</td>
</tr>
<tr>
<td>2</td>
<td>Diarrhoeal diseases</td>
<td>Unipolar major depression</td>
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<tr>
<td>3</td>
<td>Perinatal conditions</td>
<td>Road traffic accidents</td>
</tr>
<tr>
<td>4</td>
<td>Unipolar major depression</td>
<td>Cerebrovascular disease</td>
</tr>
<tr>
<td>5</td>
<td>Ischaemic heart disease</td>
<td>Chronic obstructive</td>
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Risk factors for depression

• Family history
  - 1.5-3 times higher risk of developing major depressive illness if parents or siblings are sufferers

• Stressful major life events
  - Bereavement, divorce etc are present in 40% of depressed people

• Previous depression
  - After one episode 50% risk of second
  - After two 70% risk of third
  - After three 90% chance of further episode
Risk factors for depression

- Post partum
  - Particularly if previous episode of post natal depression

- Alcohol or substance misuse

- Lack of social support
  - Lone parents, homeless, divorced

- Chronic physical disease
  - e.g. heart/lung disease, stroke, diabetes
  - 25% of people with chronic physical disease develop depression

- Gender
  - Twice as common in females as males with highest rates in 25-44 age group

- Physical causes
  - Dementia, MS, Parkinson’s Disease, tumours, hypothyroidism,
What is depression?

- Depression is not just feeling ‘fed up’ for a few days

- It is not just medicalised misery that can be improved by ‘retail therapy’ or a few drinks with friends

- Clinical depression is a serious illness with unique signs and symptoms

- It can be classed as mild, moderate, or severe with several different variants and subtypes being recognised e.g. mixed anxiety and depression, major depressive episodes, dysthymia, Seasonal Affective Disorder.
Classification

- Range from mild to severe
- One episode to recurrent
- With and without psychotic symptoms.
- (Previous terms - endogenous and reactive)
- Diagnostic and Statistical Manual version IV (DSMIV)
- International Statistical Classification of Diseases and Related Problems (ICD-10)
ICD 10 Criteria:

- Main Symptoms:
  - Depressed mood
  - Anhedonia
  - Loss of energy

- Additional Symptoms:
  - Altered sleep
  - Change of appetite and weight
  - Ideas of self harm or suicide
  - Reduced self esteem
  - Feelings of guilt
  - Reduced concentration
  - Agitation or retardation

- Impaired Functioning

- Duration of Symptoms:
  - Minimum 2 week period with almost daily symptoms, 4 symptoms mild, 6 moderate and 8 severe
NICE criteria for depression

Depressive syndrome

Emotional Symptoms
- Low mood
- Guilt
- Worthlessness
- Suicidal thoughts
- Ideas or actions
- Reduced confidence

Cognitive Symptoms
- Attention
- Concentration
- Becks Triad

Behavioural Symptoms
- Anhedonia
- Tearfulness
- Irritability
- Anxiety
- Social Withdrawal

Physical Symptoms
- Low Energy
- Sleep
- Appetite
- Libido
- Painful Symptoms

NICE – National Institute for Clinical Excellence.
Adapted from NICE guidelines, Management of depression, Dec 2004.
Psychological and somatic symptoms of depression

- Loss of enjoyment
- Psychomotor changes
- Social withdrawal
- Suicidal thoughts
- Inability to concentrate
- Changes in sleep
- Changes in appetite
- Low energy
- Obsessive rumination
- Aches and pains
- Loss of interest
- Tearfulness
- Irritability
- Feeling of guilt/worthlessness
- Anxiety
- Pervasive low mood

WHO. The ICD-10 classification of mental disorders. 1994;131–7
APA. DSM-IV-TR. 2003;349–56
NICE, National Institute for Clinical Excellence. Adapted from NICE guidelines, 2004
## NI CE recommendations

### Step 1: Recognition in primary care and general hospital settings
- **Who is responsible for care?**: GP, practice nurse
- **What is the focus?**: Recognition
- **What do they do?**: Assessment

### Step 2: Treatment of mild depression in primary care
- **Who is responsible for care?**: Primary care team, primary care mental health worker
- **What is the focus?**: Mild depression
- **What do they do?**: Watchful waiting, guided self-help, computerised CBT, exercise, brief psychological interventions

### Step 3: Treatment of moderate to severe depression in primary care
- **Who is responsible for care?**: Primary care team, primary care mental health worker
- **What is the focus?**: Moderate or severe depression
- **What do they do?**: Medication, psychological interventions, social support

### Step 4: Treatment of depression by mental health specialists
- **Who is responsible for care?**: Mental health specialists, including crisis teams
- **What is the focus?**: Treatment-resistant, recurrent, atypical and psychotic depression, and those at significant risk
- **What do they do?**: Medication, complex psychological interventions, combined treatments

### Step 5: Inpatient treatment for depression
- **Who is responsible for care?**: Inpatient care, crisis teams
- **What is the focus?**: Risk to life, severe self-neglect
- **What do they do?**: Medication, combined treatments, ECT
• S Sleep
• A Appetite
• D Dysphoria (sadness/anhedonia)
• C Concentration
• A Activity
• G Guilt
• E Energy
• S Suicidal Ideation
QOF and Depression Indicators:

- **DEP 1**: The percentage of patients with diabetes and/or heart disease for whom case finding for depression has been undertaken on one occasion during the previous 15 months using the two standard screening questions 8 points.
Screening Questions:

• ‘During the last month, have you often been bothered by feeling down, depressed or hopeless?’

• During the last month, have you often been bothered by having little interest or pleasure in doing things?’

(NICE 2003)
• DEP 2: In those patients with a new diagnosis of depression, recorded between the preceding 1 April and 31 March, the percentage of patients who have had an assessment of severity at the outset of treatment using an assessment tool validated for use in primary care 25 points
Depressed or Distressed? Tips:

• Give time

• Don’t prescribe first appointment

• Give written information to go home with

• See few days later and offer longer appointment

• See regularly

• Offer options
Speak in a language patients understand:

• For many years Ivy told her grandson that his grand-dad had died of a large fart. In fact the doctor had told her he had died of a large infarct!
Listening:

- Attentively
- For meaning
- With empathy
- With an open mind

- Remember we have 2 ears and 1 mouth we should be listening twice as much as speaking

- We hear half of what is said, we listen to half of that and remember half of that
How many F’s

- How many fibula fractures of significant relevance and of great pain can be seen by the life student.
• If we rush through we will miss the small things!

• 6
Assessment Tools

Rating scales:

- Determine specific symptoms
- Diagnose individual conditions
- Assess improvements/deterioration
- Highlight side effects
- Can serve as checklists allowing issues raised to be discussed/acted upon
- PHQ, BDI, HAD
# PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

**NAME:**

**DATE:**

Over the last 2 weeks, how often have you been bothered by any of the following problems? (use "✓" to indicate your answer)

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
</table>

1. Little interest or pleasure in doing things

2. Feeling down, depressed, or hopeless

3. Trouble falling or staying asleep, or sleeping too much

4. Feeling tired or having little energy

5. Poor appetite or overeating

6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down

7. Trouble concentrating on things, such as reading the newspaper or watching television

8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual

9. Thoughts that you would be better off dead, or of hurting yourself in some way

**Add columns:**

**TOTAL:**

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

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<thead>
<tr>
<th></th>
<th>Not difficult at all</th>
<th>Somewhat difficult</th>
<th>Very difficult</th>
<th>Extremely difficult</th>
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</thead>
</table>
Nice Guidelines Mild Depression:

• Watchful waiting

• Sleep and anxiety management

• Self help packs

• Computerised CBT

• Exercise

• Problem solving therapy

• Monitoring and following up non attendances.
BATHE:

- **B** Bother/Background: What is Bothering you the most right now?

- **A** Affect: How is that Affecting you?

- **T** Trouble: What is it about this that Troubles you the most?

- **H** Handle: How are you Handling that?

- **E** Empathy Express Empathy.
During an Assessment Consider:

• WHAT the patient is telling you (verbal clues)
  many are emotionally laden comments ie I’m getting really fed up…..”

• WHAT you see (non verbally) ie affect, grooming

• HOW you feel ie bored, tired, sad as this may reflect the patients emotional state
Suicide:

• Remember should always be included in your assessment

• 15% depressed patients may eventually commit suicide

• It is important to note that asking about suicide does not increase the risk of suicide

• Talking about suicide in a sympathetic and frank manner may lessen rather than increase the risk of suicide attempts
Suicide

- Suicide is the most serious symptom of depression

- Lifetime risk in people who have or have had depression is 15% (approximately 1% for general population)

- Overdose accounts for almost 5% of all hospital admissions in 12-40 age group in UK
Treatment of depression

• Drugs

• Psychological treatments

• Other
  - Electroconvulsive treatment (ECT)
  - Psychosurgery
Why can outcomes be ‘poor’ in depression?

- Under-recognition
- Under-treatment
- Poor treatment adherence
  - A total of 50% of patients receiving an initial prescription for an antidepressant stop treatment in the first month
  - Average drop-out rates are lower in trials of newer antidepressants compared with older agents (primarily tricyclic antidepressants)
- Poor patient education
- Lack of regular follow-up

Depression: Treatment goals

- Increase Remission Rates
- Prevent Relapse
- Restore Physical Functioning
- Restore Social Functioning

Zajecka JM. J Clin Psychiatry 2003; 64 (suppl 15): 7-12
Drugs

PROZAC

TURNING THE 90's UPSIDE DOWN TO RELIVE THE 60's
10% of Dogs take Prozac

[Hello Magazine!]
Drugs
Care and Treatment

- Antidepressants are not recommended for the initial treatment of mild depression.

- Use depends upon clinical need and past history.

- Sub therapeutic doses and cessation of treatment too soon reported in primary care (Parsons 2004)
Treatment of depression

• Drugs
  - NHS spends more than £220 million annually on antidepressant medication
  - There is still discussion as to how antidepressants work. It is thought that they block the uptake of neurotransmitters (Nor adrenaline and/or serotonin) at receptors within the brain
  - Antidepressants are all equally effective with a 50-70% improvement rate in depression. (note that 25-35% will respond at least temporarily to a placebo.)
Treatment of depression

• Drugs
  – Choice of treatment often comes down to side effect profiles with the newer SSRI antidepressants (e.g. Prozac) being better tolerated, less likely to cause sedation, dry mouth and allow a quicker return to normal daily activities
  – Older Tricyclic antidepressants (TCA’s) e.g. Dothiepin are dangerous in overdose, unlike SSRI’s
  – Treatment takes at least two weeks to start working and needs to be continued for at least 4-6 months
  – Antidepressant’s are NOT addictive
Choice of Antidepressant

• SSRI-If no response after 2-4 weeks check compliance and increase dose

• If no response at all after 4-6 weeks change to another antidepressant SSRI or mirtazapine or tricyclic

• Risk  TCA vs SSRI

• SNRI’s eg Venlafaxine initiated in secondary care
• Role of Duloxetine

• St John’s Wort  a herb has been shown to be as effective as TCA’s (imipramine) with less side effects however little is known about possible long term problems
How do Antidepressants work?

• Change the balance of neuro-transmitters in the brain

• Need to be taken regularly for a long period of time

• Have a slow initial effect

• Have side-effects
Antidepressant action

• They do work
  - Effect on symptoms, especially bodily ones
  - Initial impact on cycles of thoughts
  - Reduce chance of relapse

• They have problems
  - Not as effective in mild depression or longstanding unhappiness
  - Can increase impulsivity if taken inappropriately
Treatment of depression

• Psychological treatments
  - Problem solving therapy, psychotherapy and counselling are all used to treat depression usually in conjunction with drug treatments
  - Cognitive Behavioural Therapy (CBT) is at least as effective as drug treatment in mild to moderate depression and may reduce relapse rates
Other treatments
Electro-convulsive therapy (ECT)
Other treatments
psychosurgery
When to refer to psychiatry:

- Safety
- Monitoring
- Complexity of treatment
- Clinician despairing
- Patient despairing
- Family despairing
Case Study 1:

- Jane presents with moderate depression. After assessment she is started on Citalopram 20mg. After 6 weeks she says she doesn’t feel any better.

- What would you do?
Case Study 2:

- John has had 4 episodes of depression over the past 4 years. He has been symptom free for the past 7 months.

- What would you do next?
Case Study 3:

- Alex is a student who presents with symptoms of moderate depression. She has a history of anxiety and self harm. She also likes to go clubbing every week and drinks a moderate amount of alcohol.

- Which anti-depressant would be most suitable for her?
Case Study 4:

- Edna lost her husband last year and this year has had an MI. She presents with symptoms of depression.

- What would you do?
Case Study 5:

- Liz is an ANP. She has been working 50 hours each week and has a specialist interest in mental health. Recently she has been irritable at work and this morning she felt she could not go into work.

- What would you do?
• The End
References:

- Department of Health (2006) *Key Skills for Key Staff: Care Services Improvement Programme & National Institute for Mental Health in England*

- NICE (2004) *Depression: Management of Depression in Primary and Secondary Care*


• http://www.depression-primarycare.co.uk/
• http://www.livinglifetothefull.com/elearning/index.php
• http://www.nnt.nhs.uk/mh/content.asp?PageName=selfhelp
• http://www.feelinglikethis.com/site/