

# Depression And Anxiety

Primary Care Providers

# Objectives

- Recognize the prevalence common psychiatric comorbidities in patients who present with depression
- Describe ways to manage anxiety in the primary care setting
- Describe how to recognize Posttraumatic Stress Disorder
- Describe ways to manage posttraumatic stress disorder in the primary care setting
- Describe assessment and management of a suicidal patient

# Bipolar Disorder

- 10% depressed primary care patients
- More difficult to treat
- Antidepressant monotherapy may lead to cycling into manic episodes
- MDQ screening tool

# Mood Disorder Questionnaire (MDQ)

INSTRUCTIONS: Please answer each question as best you can.

YES NO

1. Has there ever been a period of time when you were not your usual self and...

... you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?

... you were so irritable that you shouted at people or started fights or arguments?

... you felt much more self-confident than usual?

... you got much less sleep than usual and found that you didn't really miss it?

... you were more talkative or spoke much faster than usual?

... thoughts raced through your head or you couldn't slow your mind down?

... you were so easily distracted by things around you that you had trouble concentrating or staying on track?

... you had much more energy than usual?

... you were much more active or did many more things than usual?

... you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?

... you were much more interested in sex than usual?

... you did things that were unusual for you or that other people might have thought were excessive, foolish or risky?

... spending money got you or your family in trouble?

2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?

3. How much of a problem did any of these cause you - like being able to work; having family, money or legal troubles; getting into arguments or fights?

No problem  Minor problem  Moderate problem  Serious problem

4. Have any of your blood relatives (i.e. children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?

5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?

# Mood Disorder Questionnaire (MDQ)

## Scoring Algorithm

### **POSITIVE SCREEN**

All three of the following criteria must be met:

- Scoring: Question 1: 7/13 positive (yes) responses  
+  
Question 2: Positive (yes) response  
+  
Question 3: “moderate” or “serious” response

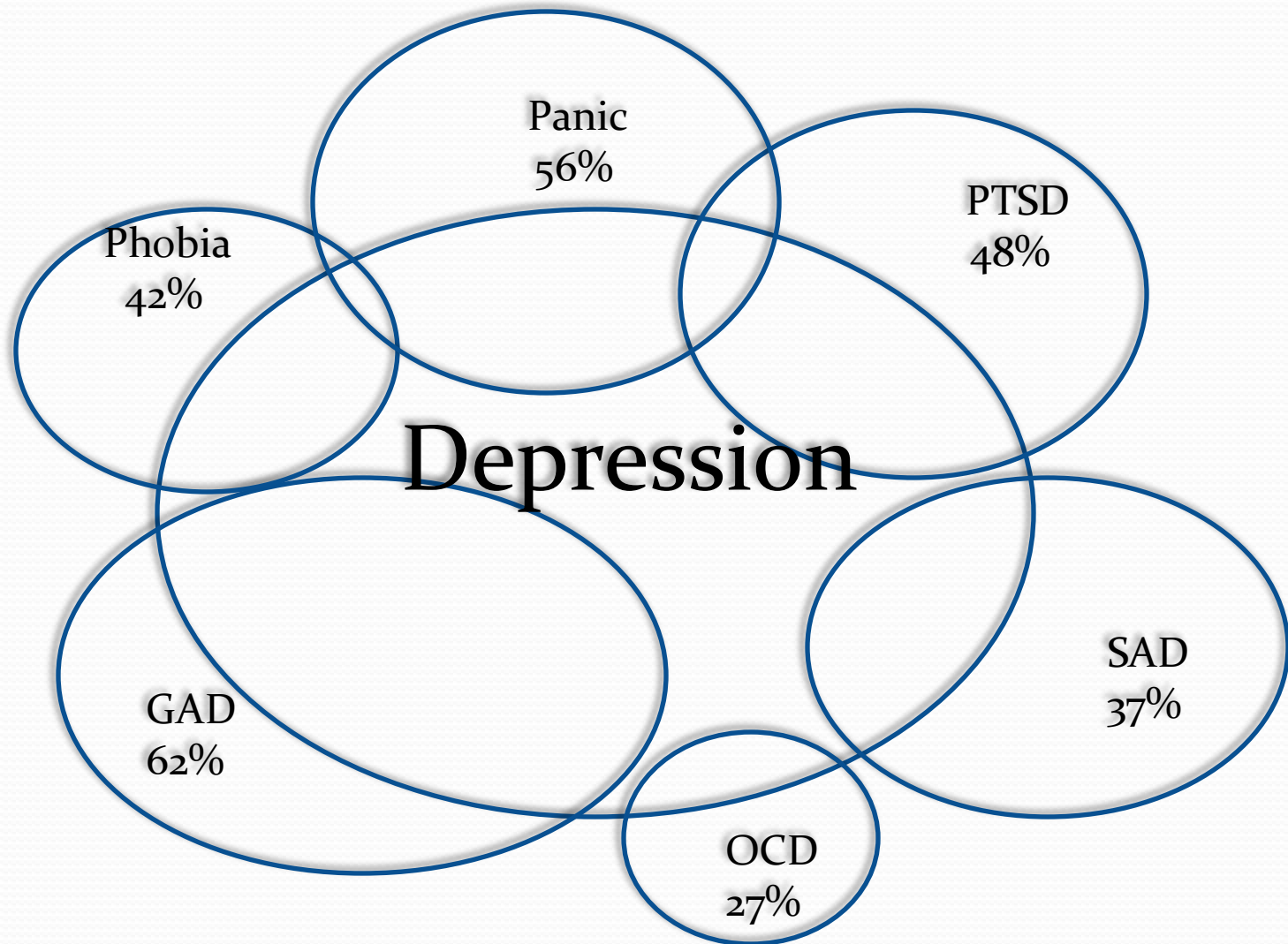
This instrument is designed for screening purposes only and is not to be used as a diagnostic tool.

\*Derived from Hirschfeld RM. Am J Psychiatry. 2000;157(11):1873-5.

# Anxiety and Depression

- >70% with MDD have anxiety symptoms
- 58% have an anxiety disorder
  - Kessler RC et al. Br J psychiatry Suppl 1996; 30:17-30

# Prevalence of Major Depression in Patients with Anxiety Disorders



# Generalized Anxiety Disorder (GAD 7)

- **How often during the past 2 weeks have you felt bothered by:**
- 1. Feeling nervous, anxious, or on edge?
  - o = not at all
  - 1 = several days
  - 2 = more than half the days
  - 3 = nearly everyday
- 2. Not being able to stop or control worrying?
  - o = not at all
  - 1 = several days
  - 2 = more than half the days
  - 3 = nearly everyday
- 3. Worrying too much about different things?
  - o = not at all
  - 1 = several days
  - 2 = more than half the days
  - 3 = nearly everyday
- 4. Trouble relaxing?
  - o = not at all
  - 1 = several days
  - 2 = more than half the days
  - 3 = nearly everyday
- 5. Being so restless that it is hard to sit still?
  - o = not at all
  - 1 = several days
  - 2 = more than half the days
  - 3 = nearly everyday
- 6. Becoming easily annoyed or irritable?
  - o = not at all
  - 1 = several days
  - 2 = more than half the days
  - 3 = nearly everyday
- 7. Feeling afraid as if something awful might happen?
  - o = not at all
  - 1 = several days
  - 2 = more than half the days
  - 3 = nearly everyday
- 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?
- \_\_Not difficult at all \_\_Somewhat difficult \_\_Very difficult \_\_Extremely difficult

# Anti-Anxiety Medications

- SSRIs (may expect to need higher doses)
- Benzodiazepines (generally not recommended for long-term use or in patients with substance abuse problems)

Diazepam (Valium)

Lorazepam (Ativan)

Alprazolam (Xanax)

Chlordiazepoxide (Librium)

Clonazepam (Klonopin) . . . .

-Buspirone (Buspar)

-Beta-blockers (propranolol, atenolol)

# Posttraumatic Stress Disorder

- High utilization of medical services
- Increased health complaints
- Impaired recovery from medical conditions
- Functional impairment comparable to Diabetes and Heart failure
- Substance abuse, marital problems, unemployment, suicidal ideation

# PTSD

- Comorbid psychological disorder 80%
- Premorbid psychiatric disorder increases risk
- Treat simultaneously

# PTSD and Substance Use Disorders

- 21-43 % lifetime prevalence of SUD in those with h/o PTSD
- 15-41% of people with SUD have current PTSD
- Higher rates of hard drugs and polysubstances
- More severe clinical profile

# PTSD/SUD and other Comorbidities

- Affective disorders 60%
- Anxiety disorders 50%
- Personality disorders 62%
- Poorer physical health
- Greater disability

# PTSD/SUD Treatment Implications

- Substance use impedes on PTSD treatment
- Improvement of PTSD status predicts substance use outcomes
- Treat both disorders concurrently

# Post Traumatic Stress Disorder

PSYCH/MED  
CO-MORBIDITY

The diagram consists of a large blue-bordered rectangle containing two yellow ovals. The top oval is labeled 'PSYCH/MED CO-MORBIDITY' and the bottom oval is labeled 'TRAUMA'. The ovals are vertically aligned and separated by a significant vertical distance, suggesting a causal or influential relationship between the two concepts.

TRAUMA

# Post Traumatic Stress Disorder

PSYCH/MED  
CO-MORBIDITY

AVOIDANCE

HYPER-AROUSAL

RE-EXPERIENCING

TRAUMA

# Posttraumatic Stress Disorder

- Traumatic event
  - Personally experienced, witnessed, or confronted with
  - Actual or threatened death or serious injury
  - Involved intense fear, helplessness, horror

# Persistent Re-experiencing

## 1 or more

- Recurrent images
- Intrusive thoughts
- Distressing dreams
- Illusions, hallucinations
- Flashbacks
- Reliving
- Distress associated with reminders or cues
  - Psychological distress
  - Physiological reactivity

# Persistent Avoidance of Stimuli

(3 or more)

- Thoughts
- Feelings
- Conversations
- Activities
- Places
- People
- Inability to recall important aspects of trauma
- Diminished interest in activities
- Detachment or estrangement
- Restricted affect, numbing
- Sense of foreshortened future

# Hyperarousal

## (2 or more)

- Difficulty sleeping
- Irritability
- Anger outbursts, aggressiveness
- Poor concentration
- Hypervigilance
- Exaggerated startle response
- Motor restlessness

# Posttraumatic Stress Disorder

- Symptoms persist  $> 1$  month
- Clinically significant impairment
  - Social
  - Occupational
  - Other aspects of daily Functioning
- Specifiers
  - Acute:  $< 3$  months
  - Chronic:  $\geq 3$  months
  - Delayed: onset  $\geq 6$  months after the event

# Acute Stress Disorder

- Occurs within 4 weeks of event
- Lasts between 2 days and 4 weeks
- Causes significant impairment or distress
- Dissociative symptoms ( $\geq 3$ )
- Not due to a substance, medical condition, or exacerbation of preexisting disorder
- More responsive to treatment
- May progress to PTSD

# Dissociative symptoms

- Numbing, detachment or absence of emotional response
- Reduced awareness of surroundings (e.g. “being in a daze”)
- Derealization
- Depersonalization
- Dissociative amnesia

# Primary Care PTSD Screen (PC-PTSD)

- In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, **in the past month**, you\*
  1. Have had nightmares about it or thought about it when you did not want to? **YES NO**
  2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? **YES NO**
  3. Were constantly on guard, watchful, or easily startled? **YES NO**
  4. Felt numb or detached from others, activities, or your surroundings? **YES NO**
- Considered "positive" if a patient answers "yes" to any three items.

# Engagement

- “Have you ever been exposed to an event where your life or safety was threatened or you saw someone else’s life threatened?”
- *"I notice from your answers to our questionnaire that you experience some symptoms of stress. How have these thoughts, memories, or feelings affected your life? Have they interfered with your relationships? Your work? How about with recreation or your enjoyment of activities?"*

# Engaging in Referral to Mental Health Care

- Suggest and evaluation rather than treatment
- Give educational materials
- Normalize the idea of treatment
- Give info about different ways the patient can get help
- Consider involving the spouse or family
- Make sure to follow up the issue at next appt

# Hallmarks of PTSD Treatment

- Patient Education
  - <http://www.ncptsd.va.gov>
- Pharmacotherapy
- Psychotherapy

# PTSD Pharmacotherapy

- Selective Serotonin Inhibitors
  - Can reduce all 3 clusters of symptoms
  - Sertraline reduced alcohol consumption
  - Fluvoxamine reduced obsessional thoughts

# PTSD Pharmacotherapy

- Trazodone
  - Inhibits serotonin reuptake (50-200mg)
  - Suppresses REM, reduces nightmares
  - Sedating, helps insomnia
  - Augments SSRIs

# PTSD Pharmacotherapy

- Antiadrenergic agents
  - Propranolol, Prazosin, Clonidine, Guanfacine
  - May reduce hyperarousal symptoms
    - Nightmares (Prazosin)
    - startle reaction,
    - hypervigilance
    - outbursts of anger

# PTSD Pharmacotherapy

- Buspirone
- Benzodiazepines
  - May be useful for anxiety and sleep
  - Efficacy against core PTSD symptoms has not been proven
  - Some studies show that patients do worse
  - Abuse potential

# Psychotherapy

- Education
- Recognition of cues and triggers
- Improving coping mechanisms
  - Relaxation techniques
- Attention to affects on the family
- Cognitive behavioral therapy
- Group therapy
- Systematic desensitization
- Substance abuse programs
- Refer to mental health specialist if symptoms not quickly relieved

# Post Traumatic Stress Disorder

- Psychopharmacological Management
  - Screening and follow-up with PCL
  - Target symptoms
    - *Insomnia*
    - *nightmares*
  - Treat co-morbid psychiatric syndromes
    - *Major Depressive Disorder*
    - *Substance Use Disorder*
  - Augment with psychotherapy

# Suicidal Ideation in Primary Care

- Rates of suicidal ideation among primary care patients
- rates among middle age and elderly 1%-10%
- pts with depressive disorders up to 54%
  
- Suicidal patients usually present to PCP first!
  
- Among completed suicides:
  - 23% of victims  $\leq$  age 35 y
  - 55% of victims  $\geq$  age 55 y
- Presented to PCP within 1 month of prior to suicide

# Risk Factors for Suicide

**S Sex**

**A Age**

**D Depression**

**P Previous Suicide Attempts**

**E Ethanol Abuse**

**R Rational thinking loss (eg. Anxiety, impulsivity, psychosis)**

**S Social isolation**

**O Organized plan**

**N No spouse**

**A Availability of lethal means**

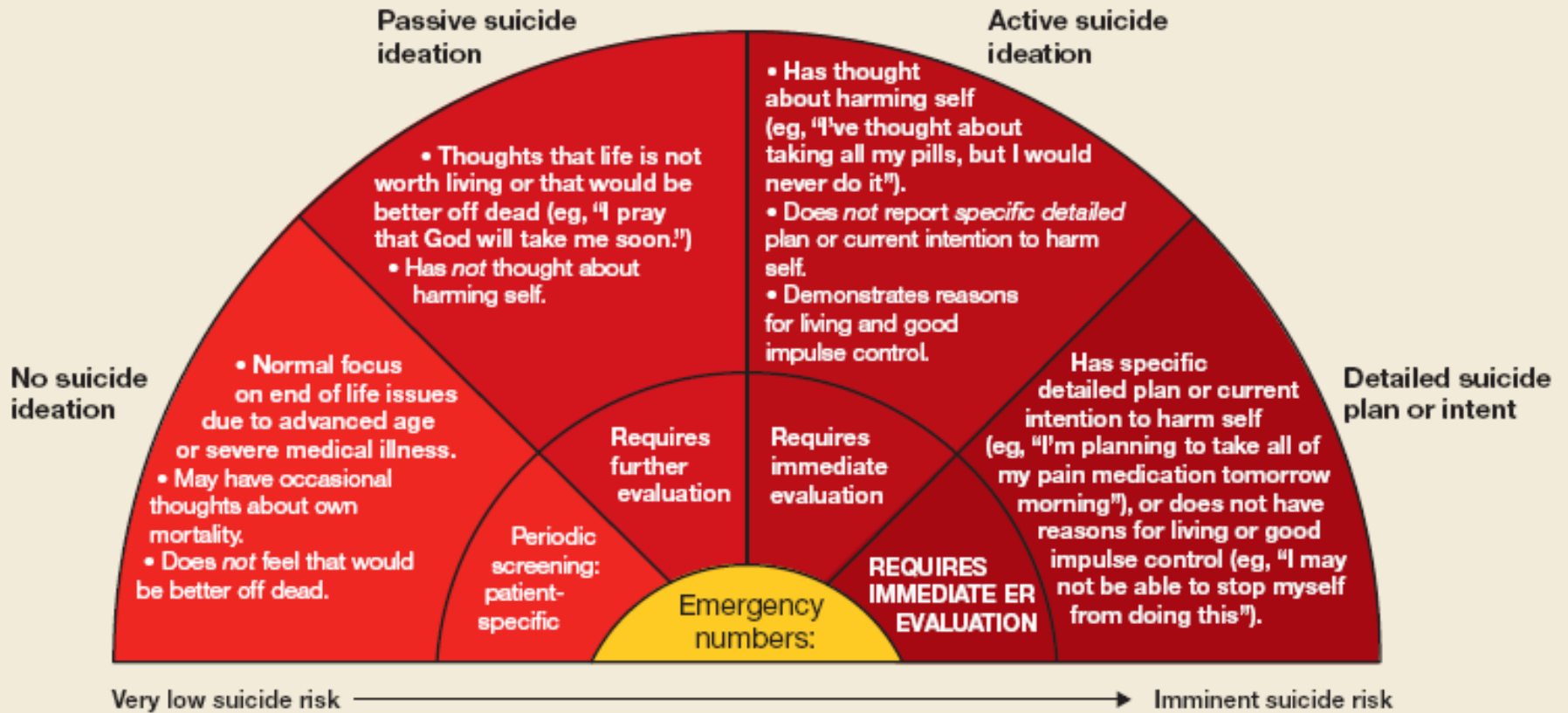
**S Sickness**

# Management of Suicidal patient

- Address modifiable risk factors
  - Reduces hopelessness, suicidal thoughts
- Elicit agreement and plan for contact if feeling more suicidal or out of control
  - Pager
  - Crisis line
  - 911
- Elicit plan for support from a close family member or friend
- Close follow up
- Documentation

**Suicide risk as a spectrum:  
Assessment and intervention strategies**

*Raue et al., 2006 Journal of Family Practice*



Always follow individual practice procedures for suicidal patients

# Suicide Risk Algorithm

