Depression in the Medically Ill Patient

Presented by:
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Objectives
Participants will:
• Gain and awareness of the prevalence of depression within the general public, the medically ill population and the elderly
• Review the different forms of depression and signs and symptoms exhibited by patients.
• Identify co-existing medical conditions that frequently accompany depression.
• Recognize the potential economic impact of depression in the medically ill patient.
• Identify effective treatment modalities and resources that are available for the treatment of depression.

Occurrence of Depression
• In 2013, estimated 15.7 million adults aged 18 or older in the US had at least one major depressive in the past year. This represented 7.6% of all adults.
• Prevalence of any mood disorder is 9.5% of the US adult population.
• 45% of all cases are classified as severe.
Occurrence of Depression

- Women are 50% more likely than men to experience a mood disorder over their lifetime.
- Non-Hispanic blacks are 40% less likely and Hispanics are 20% less likely than non-Hispanic whites to experience a mood disorder during their lifetime.
- Average age of onset is 30 years old.

Impact of Depression in Primary Care Settings

- Nearly 74% of Americans who seek help for depression or symptoms of depression will go to a primary care physician rather than a mental health professional.
- The rate of depression among those with medical illnesses in primary care settings is estimated to be 5 to 10 percent. Among those hospitalized is 10 to 14 percent.

Impact of Depression in Primary Care Settings

- The more severe the medical condition, the more likely the patient will experience clinical depression.
- People with depression experience greater distress, an increase in impaired functioning and less ability to follow medical regimens, thus hindering the treatment of other medical conditions.
- The diagnosis of depression is missed 50% of the time in primary care settings.
Economic Impact
- Depressive illness cost our economy over 210 Billion annually in loss of productivity and in increase medical costs
- More spent on medical care related to these conditions than spent treating cancer
- Greater than 50 percent of patients who are depressed do not receive treatment
- One-third who seek help do not receive adequate treatment – misdiagnosed or evidenced based treatment under utilized
- One-fourth of patients who do not seek treatment consider depression as a personal weakness
- Major depression received one-fourth funding as compared to cancer

Depressive Disorders – DSM V
- Disruptive Mood Dysregulation Disorder
- Major Depressive Disorder
- Persistent Depressive Disorder (Dysthymia)
- Premenstrual Dysphoric Disorder
- Substance / Medication Induced Depressive Disorder
- Depressive Disorder due to another Medical Condition
- Other Specified Depressive Disorders
- Unspecified Depressive Disorders

Symptoms: Insight into the Experience of Depression

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Associated Behavior</th>
</tr>
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<tbody>
<tr>
<td>Depressed Mood most of the day, nearly every day and/or Markedly diminished interest or pleasure in all or almost all activities most of the day, nearly every day</td>
<td>Characterized by feelings of sadness, empty, hopelessness • Depressed most of the day • Loss of interest in activities • Sometimes exhibited through irritability, angry outbursts and blaming others • Social withdrawal • Inability to identify feelings but inferred from facial expression</td>
</tr>
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### Symptoms: Insight into the Experience of Depression

#### Symptoms Associated with Behavior

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| Insomnia or Hypersomnia nearly every day | - Most commonly insomnia  
- Difficulty going to sleep or early morning awakening  
- Over-sleeping |
| Changes in appetite - Change of more than 5% of body weight in one month | - Most common is weight loss when not dieting  
- Increase in appetite – cravings of particular foods such as sweets or carbs |
| Psychomotor agitation or retardation nearly every day | - Observable by others not merely subjective feelings of restlessness or being slowed down |
| Fatigue or loss of energy nearly every day | - A person may report sustained fatigue without physical exertion  
- Smaller tasks seem to require substantial effort  
- May take twice as long to complete tasks |
| Feelings of worthlessness, or excessive or inappropriate guilt nearly every day | - Unrealistic negative evaluation or self-worth  
- Guilty about preoccupation over past feelings  
- Misinterprets neutral or trivial events |
| Diminished ability to think or concentrate or indecisiveness | - Poor concentration and poverty of thought  
- May appear easily distracted  
- Difficulty putting sentences together – monosyllabic responses |
Symptoms: Insight into the Experience of Depression

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<td>• Recurrent thoughts of death without a specific plan</td>
<td>• Recurrent thoughts of death</td>
</tr>
<tr>
<td>• Recurrent thoughts of death with a specific plan</td>
<td>• May talk about death or suicide</td>
</tr>
<tr>
<td>• May have attempted suicide</td>
<td></td>
</tr>
</tbody>
</table>

The symptoms cause clinically significant distress or impairment in social, occupational or other important areas of functioning.

The symptoms are not due to the direct physiological effects of a substance or a general medical condition.

Complexities of Assessments

“Fallacy of Good Reasons”
• “I have a good reason to be depressed” – patient
• “Who wouldn’t be depressed? I would be too” – physician

“Overlapping Etiology” - 4 of 9 signs and symptoms may be caused by either or both depression or physical illness
• Low energy / fatigue
• Loss of appetite
• Difficulty sleeping
• Slowing of motor movements

Fallacy of Good Reasons

1. False Proposition
• Everyone with significant medical illness has major depression
Correct Assertion
• Actual prevalence < 50%

2. False Proposition
• Depression associated with medical illness is not treatable
Correct Assertion
• There may be “good reasons” for depressed affect, but the syndrome of major depression is a treatable illness
**Prevalence of Depression co-occurring with other Medical Illnesses**
- Cardiovascular and Depression
- Stroke and Depression
- Cancer and Depression
- Diabetes and Depression
- Pain and Depression
- Eating Disorders and Depression
- Alcohol/Drugs and Depression

**Cardiovascular Disease and Depression**
- Depression occurs in 40 to 65 percent of patients who have experienced a heart attack and in 18 to 20 percent of people who have coronary hearth disease but have not had a heart attack.

- After a heart attack, patients with clinical depression have a three to four times greater chance of death within the next 6-months.

- Men and women with depression are at increased risk for coronary artery disease but only men are at greater risk for dying.

**Depression and Coronary Artery Disease – Why the Link?**
- Life style choices, e.g. smoking, exercise, dietary habits
- Poor health care or non-compliance
- Use of antidepressants or other psychotropic medications
- Suicide
**Stroke and Depression**

- Depression occurs in 10 to 27 percent of stroke survivors and usually lasts for one year.
- An additional 15-40 percent of stroke survivors experience some symptoms of depression within two months after the stroke.
- Individuals reporting five or more depressive symptoms have more than 50 percent risk of mortality due to stroke in the subsequent 29 years.

**Stroke and Depression**

- Depression increases the risk of stroke by four fold in people under the age of 65.
- Treatable condition with antidepressants and psychostimulants.
- When depression improves with treatment, cognition may also improve.

**Cancer and Depression**

- One in four people with cancer also suffer from clinical depression.
- Depression is sometimes mistaken as a side effect of corticosteroids or chemotherapy, both treatments for cancer.
- Depression symptoms can be mistakenly attributed to the cancer itself, which can also cause appetite and weight loss, insomnia and loss of energy.
Diabetes and Depression

- People with adult onset diabetes have a 25 percent chance of having depression.
- Depression also affects as many as 70 percent of patients with diabetic complications.

Pain and Depression

- An average of 65% of depressed patients have symptoms of pain
- Between 20 to 80% of patients with pain have depression
- Pain makes recognition of depression more difficult and treatment less successful
- Depression makes treatment of pain more difficult and less successful
- Integrated treatments that address both problems have best outcomes

Suicide Risk Factors

- Age
- Sex
- Race
- Hopelessness
- Alcohol / substance abuse
- Unemployed
- Alone
- Previous attempt
- Medical Illness
**Suicide and Medical Illness**

Specific illness have been reported to have an increased rate of suicide:
- CNS Diseases, Huntington’s, MS, Epilepsy, Spinal Cord Injury, DTs
- HIV/AIDS
- Cancer, particularly head and neck
- Chronic renal failure
- Systemic lupus erythematosus (SLE)

**Patients > 66 years of age**
- CHF, COPD, Seizures, Depression, Severe Pain
- Higher risk with patients > 1 disorder
- Visited MD weeks prior to suicide

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**Potential Predisposing Factors to Suicide in Medical Illness**
- Chronic
- Debilitating
- Painful
- Embarrassing
- Life-threatening
- Stigmatizing
- Cognitively Impairing
- Dependency
- Inability to cope

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**Reaction to Medical Illness**
- Loss of sense of indestructibility (omnipotence)
- Loss of connectedness to others and to one’s body
- Loss of control over one’s life
- Potential loss of logic and reasoning
Use of the Patient Health Questionnaire

- Assess high-risk, “red-flag” patients
- Chronic illness
- Unexpected physical complaints such as sleep disorders, fatigue
- Patients who appear sad
- Recent major stress or loss

Patient Health Questionnaire (PHQ)

<table>
<thead>
<tr>
<th>Over the last two weeks have you been bothered by the following</th>
<th>Not at all</th>
<th>Several days</th>
<th>% of the days</th>
<th>Q day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little Interest or pleasure</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling down, depressed or hopeless</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trouble falling asleep or sleeping too much</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling tired or having little energy</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor appetite or overeating</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling sad about yourself/failure</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Trouble concentrating</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Moving or speaking slowly</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Thoughts you would be better off dead</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Subtotals  3  4  9
Total = 16

Scoring the PHQ

0 – 4
- Not clinically depressed

5 – 9
- Mild depression

10 – 14
- Moderate Depression

> 14
- Severe Depression
Therapeutic Approaches

- Provide support and education
- Set attainable goals
- Ensure safety
- Family intervention
- Psychiatric Consult
- Psychopharmacology – antidepressants
- Psychotherapy
- Support Groups
- Facilitation of grief and mourning
- Inpatient and outpatient therapy

Importance of Treatment

- Individuals who are treated for co-occurring depression often experience an improvement in their overall medical condition, improved compliance and a better quality of life.

- More than 80% of people with depression can be treated successfully with medication, psychotherapy or a combination of both.

- Early diagnosis and treatment can reduce patient discomfort and morbidity and can reduce the costs associated with misdiagnosis and the risks and costs associates with suicide.