TuftsMedicine
Integrated Network

Treating Adult Depression :
A Guide for Primary Care Physicians

Dr. Daniel Carlat

Live Recorded Session 03/08/2023

Reminders for today's CME Program

- **Welcome!**
- Please put your questions in the Q&A box during the Zoom presentation and we will try to answer live or will address at the end of the presentation.
- Today's presentation and medication guides will be available on the TMIN website and in the TUSM eeds learning platform.
- Today's session will be recorded, and CME credit may be obtained for this live session or clinicians may also receive credit for listening to the recorded lecture.

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Treating Adult Depression:
A Guide for Primary Care Clinicians

Daniel Carlat, MD

March 8, 2023 – 12:15PM – 1:00PM

Virtual Live Course

Jointly provided by Tufts University School of Medicine
Office of Continuing Education (TUSM OCE)
and Tufts Medicine Integrated Network

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Activity Goal and Learner Objectives/Outcomes

Activity Goal: The goal of this activity is to increase knowledge, awareness, and comfort with evidence-based treatment of depression in primary care.

Learner Objectives/Outcomes - At the conclusion of the activity, learners will be able to:

- Diagnose and prescribe treatment, including pharmacotherapy, for their primary care patients with depression.
- Identify two first line antidepressant medications.
- Employ the skills identified in this program to better meet the needs of patients with depression.
- Identify times when psychiatric referral or consultation is needed.

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Commercial Support

No commercial support.

Exhibitors

Exhibitors will not be present.

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CE and Eeds Questions:

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TMIN Team HOPEFUL

- Initiated by Tufts Medicine Integrated Network (TMIN) North Region Council

- “Innovation Team” of physicians, social workers and administrators came together to identify gaps in behavioral health (BH) resources and support so Tufts Medicine can easily **connect adults and children to solutions** they need to lead ***hopeful, fulfilling lives unburdened by mental health and substance use disorders***

- One of the identified gaps was psycho-pharm education for Primary Care Clinicians

Daniel Carlat, M.D.

- Vice Chair, Community and Public Sector Psychiatry, Tufts University School of Medicine
- Chair, Department of Psychiatry at MelroseWakefield Healthcare and Lowell General Hospital
- Founder/Publisher: *The Carlat Psychiatry Report*

Treating Adult Depression: A Guide for Primary Care Physicians

Daniel Carlat, the speaker for this ACCME accredited CME program, has no relevant financial or other disclosures to report.

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Case: Jerry

- 45-year-old male, cannot sleep and is “stressed out”
- PHQ-9: 14, including hopelessness, suicidal ideation
- Relevant History: Thinks he was on Fluoxetine (Prozac) (several years ago).

What would you do next?

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Should you Treat or Refer to Psychiatry?

- Refer to Psychiatry if:
  - Depression is severe
  - Significant suicidal ideation (SI)
- Inability to function
- Patient has a history of bipolar disorder
- There is acute psychosis
- There is active severe substance use

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How to Start Treatment?

Establish a treatment alliance

- Empathic Statements
- Reassurance

Encourage a lifestyle improvements

- More exercise
- Better sleep
- Moderate alcohol/drug use
- Better communication with family/significant others

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Should you refer to Therapy?

Therapy alone may treat mild depression / anxiety

- PCPs can effectively do brief supportive therapy in mild cases
- Combination therapy & medication usually indicated for moderate depression
- Some patients will do fine on meds alone

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First Line Antidepressants

- Sertraline (Zoloft): 25 mg daily, increase to 50 mg after 3 days if tolerated (best combination of efficacy and tolerability)
- Escitalopram (Lexapro): Start 5 mg daily, increase to 10 mg after 3 days if tolerated
- Bupropion (Wellbutrin): Start bupropion ER 150 mg AM, increase to 300 mg AM after 1 week

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Back to Jerry- 45-year-old male who cannot sleep and is stressed out

- Assess seriousness of SI
- Provide lifestyle counseling
- Start sertraline (Zoloft) HCL 50 mg, split in half to take 25 mg X 2 days, then increase to 50 mg daily, #30/NR
- Start Lorazepam (Ativan) 0.5 mg BID prn anxiety or insomnia, #14/NR

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How to choose antidepressants based on symptoms profile?

- Comorbid anxiety: **Sertraline (Zoloft)** or other SSRI
  - Add a 2-week course of benzodiazepine for most patients with anxiety
- Comorbid ADHD or tobacco use: **Bupropion (Wellbutrin)**
- Comorbid pain : **Duloxetine (Cymbalta)**
- Comorbid insomnia or poor appetite: **Mirtazapine (Remeron)**

If there is improvement at 2 weeks:

- Continue medication
- See patient in 4 weeks, then periodically
- Plan to continue medication for at least 12 months

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If no improvement at 2 weeks - increase dose

Maximum doses of first line antidepressants:

- Sertraline (Zoloft): Up to 150 mg daily
- Escitalopram (Lexapro): Up to 20 mg daily
- Bupropion (Wellbutrin): 400-450mg daily (dep. on formulation)

No adequate improvement at 4-6 weeks, even with optimal dosing

Option 1: *Augment with another medication*	Option 2: *Switch to a different medication*
- Add bupropion to an SSRI or add an SSRI to bupropion - Add short term benzodiazepine for anxiety/insomnia (e.g. lorazepam or clonazepam [Klonopin] 0.5 mg BID) - Add aripiprazole (Abilify)	- Switch to a different SSRI - Switch to bupropion - Switch to duloxetine (Cymbalta)

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Back to Jerry

- Sertraline (Zoloft) caused sexual dysfunction
- Feels a bit better with lorazepam (Ativan)
- DC sertraline, start bupropion SR (Wellbutrin SR)150 mg daily

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Options for treatment resistant depression

Treatment resistant depression = No response to 2-3 AD trials

- Consult Behavioral Health specialist
- Try a newer antidepressant
  - Vortioxetine (Trintellix)
  - Vilazodone (Viibryd)

More elaborate augmentation:

- Atypical antipsychotics (aripiprazole [Abilify], lurasidone [Latuda], quetiapine [Seroquel])
- Lithium
- Stimulants
- Mirtazapine (Remeron)
- Thyroid
- TMS (transcranial magnetic stimulation)
- ECT (electroconvulsive therapy)

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Jerry

- Mood improved on bupropion
- Residual occasional insomnia, requesting lorazepam (Ativan) prn

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- Review of Q & A

- If you have additional questions, you may email Dr. Carlat at Daniel.Carlat@Tuftsmedicine.org

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Evidence-Based References

Bally, N., Zullino, D., Aubry, J.-M., Osiek, C., Bader, M., Gholam-Rezaee, M., & Eap, C. B. (2019). Adjunctive benzodiazepine treatment of hospitalized patients with major depressive disorder: an updated systematic review and meta-analysis of randomized controlled trials. The Journal of Clinical Psychiatry, 80(3), 18r12500. doi: 10.4088/JCP.18r12500.

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Luan S, Wan H, Zhang L, Zhao H. Efficacy, acceptability, and safety of adjunctive aripiprazole in treatment-resistant depression: a meta-analysis of randomized controlled trials. Neuropsychiatr Dis Treat. 2018 Feb 8;14:467-477. doi: 10.2147/NDT.S156619. PMID: 29445284; PMCID: PMC5810518.

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