Identification, Prevention and Treatment of Adolescent Depression in Pediatric Primary Care

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Youth depression

• 14% of 13-18 year olds in the US meet criteria for a mood disorder\(^1\)
• Only 60% receive any treatment\(^2\)


\(^2\)Costello EJ. Services for adolescents with psychiatric disorders. *Psychiatric Serv* 2014;65: 359-366
USPSTF Screening Recommendation

• United States Preventive Services Task Force recommends screening for major depressive disorder (MDD) in adolescents ages **12 to 18** years when adequate systems are in place for diagnosis, treatment, and monitoring.

Pediatrics is well-suited to addressing youth depression

• Family-centered environment with longitudinal, trusting relationships with families
• Focus on anticipatory guidance (prevention)
• Understanding of common social-emotional issues in context of development
• Familiarity with chronic care principles & practice improvement
• Experience in coordinating with specialists in the care of CYSHCN
Bright Futures

• An interdisciplinary and international framework for child/adolescent health care
  ✓ Strengths-based rather than risk-based approach
  ✓ Promote resiliency
  ✓ Assess connectedness; interpersonal relationships; school performance
  ✓ Promote emotional well-being
  ✓ Provide risk reduction
  ✓ Provide injury/violence prevention
Clinical support systems for primary care pediatrics

- HE²ADS³ assessment as routine part of adolescent care
- Addressing Mental Health Concerns in Primary Care: A Clinician’s Toolkit (AAP Task Force on Mental Health, 2010)
  - Clinical Information Systems/Delivery System Redesign
  - Community Resources (referral network)
  - Decision Support for Clinicians
  - Health Care Financing
  - Support for Children and Families
  - Practice Readiness Inventory
Clinical support systems


- Primary care approach to psychopharmacologic prescribing:
  “Guide to Psychopharmacology for Pediatricians.” Center for Mental Health Services in Pediatric Primary Care, Johns Hopkins Bloomberg SPH
  [http://web.jhu.edu/pedmentalhealth/Psychopharmacolog%20use.html](http://web.jhu.edu/pedmentalhealth/Psychopharmacolog%20use.html)
Screening for Depression: Financial considerations

- Under Affordable Care Act, screening must be covered by all health plans
- National Quality Forum (NQF) Measures ( Meaningful Use for EHRs)
  - #418: Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan
    - Description: Percentage of patients aged 12 yrs. and older screened for clinical depression using an age-appropriate standardized tool AND follow-up plan documented
  - #1365: Child & Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment
    - Description: Percentage of patient visits for those patients aged 6 through 17 years with a dx of MDD with an assessment for suicide risk.
Screening Tools

• Patient Health Questionnaire 9 (PHQ9)*
• Patient Health Questionnaire 2 (PHQ2)
  • 1st two questions from PHQ9
  • Can stop if PHQ2 negative
  • Full PHQ9 if PHQ2 positive

*available in Spanish
PHQ 2

• Stem question: Over the past 2 weeks, how often have you been bothered by any of the following problems?
  • Little interest or pleasure in doing things
  • Feeling down, depressed, or hopeless
• Response options: Not at all (0); Several days (1); More than half the days (2); Nearly every day (4)
• => 3 has sensitivity of 83 percent and specificity of 92 percent for major depressive episode.
Scoring the PHQ9

• 5-9, mild: supportive self-care, family engagement, monitoring
• 10-14, moderate
• 15-19, moderately severe
• 20-27, severe

• PHQ2/PHQ9 are not diagnostic tools - patients who screen positive need further evaluation and assessment for suicide risk
Collaborative models for addressing mental health problems

- Primary care only
- Primary care with consultation
- Shared care
- Specialty care

Co-location of mental health specialist
Primary care only

- Find agreement on goals and steps to reduce stress
- Find agreement on healthy activities
- Educate family; de-mystify the condition; support family in monitoring for worsening of symptoms or emergencies
- Initiate care (even if planning referral) – family engagement
- Monitor progress (e.g., telephone, electronic communication, return visit)
Integrated/Collaborative Care

Meta-analysis of integrated medical-behavioral care compared with usual care for child/adolescent behavioral health

- 31 studies; 13,000 participants
- “...significant advantage for integrated care interventions relative to usual care for behavioral health outcomes”
- “...larger effects for treatment trials that targeted diagnoses and/or elevated symptoms relative to prevention trials”

Asarnow JR et al. JAMA Pediatr 2015;169: 929-937
Collaborative care for adolescents with depression in primary care: a randomized clinical trial

Richardson LP et al. JAMA 2014;312:809-816
If referral needed

• Established referral relationships

• Standardized exchange of information with both therapist and psychiatrist (see AAP-AACAP joint HIPAA statement on communication between PCC and MHP [www.aap.org/mentalhealth](http://www.aap.org/mentalhealth), click on “Key Resources,” then “HIPAA Privacy Rule and Provider to Provider Communication”)

• Shared record if integrated or co-located
Thank you!