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

Alain Joffe, MD, MPH, FAAP

# Youth depression

- 14% of 13-18 year olds in the US meet criteria for a mood disorder[1]
- Only 60% receive any treatment[2]

[1]Merikangas KR et al. Lifetime prevalence of mood disorders in US adolescents. *J Am Acad Child Adolesc Psychiatry* 2010;49: 980-989

[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.

(http://www.uspreventiveservicestaskforce.org/Page/Document/draft-recommendation-statement116/depression-in-children-and-adolescents-screening1#Pod3; accessed 10/6/15)

# 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
- The Future of Pediatrics: Mental Health Competencies for Pediatric Primary Care, *Pediatrics*, July, 2009
- 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

- The Medical Home and Integrated Behavioral Health: Advancing the Policy Agenda, *Pediatrics*, May 2015
- 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

# 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)

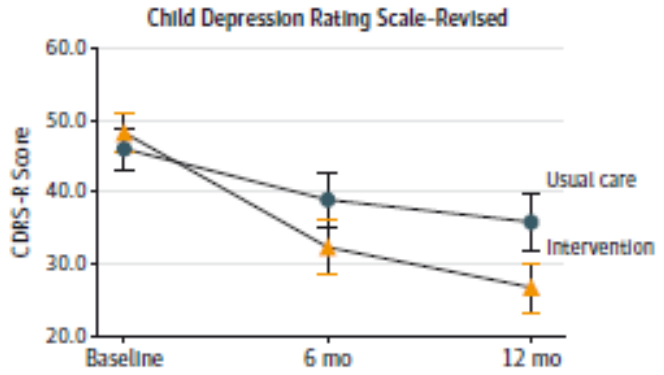
# Integrated/Collaborative Care

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

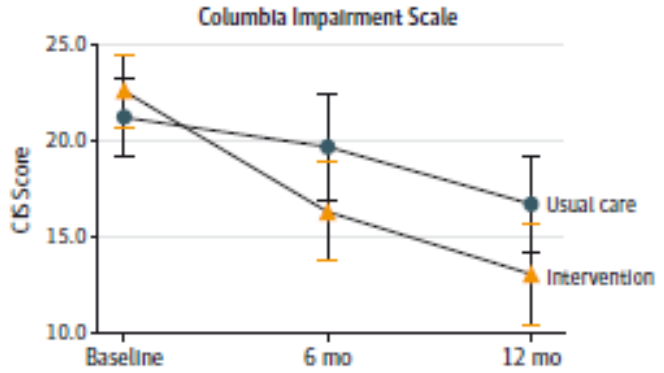
- 31 studies; 13,000 participants
- "…significant advantage for integrated care interventions relative to usual care for behavioral health outcomes"
- "…larger effects for treatment trials that targeted diagnoses and/or elevated symptoms relative to prevention trials"

Asarnow JR et al. JAMA Pediatr 2015;169: 929-937

Figure 2. Mean CDRS-R and CIS Scores Over Time in Intervention vs Control Youth




| No. of patients | | | |
|---|---|---|---|
| Usual care | 51 | 40 | 42 |
| Intervention | 50 | 42 | 38 |

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Mean Child Depression Rating Scale–Revised (CDRS-R) and Columbia Impairment Scale (CIS) scores for intervention vs usual care control based on youth survey response data. Error bars indicate 95% confidence intervals.

**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, click on "Key Resources," then "HIPAA Privacy Rule and Provider to Provider Communication")
- Shared record if integrated or co-located

Thank you!