TIP SHEET

Major depressive disorder

READY TO HELP

MICHIGAN

Blue Cross Blue Shield of Michigan and Blue Care Network recommend step progression in the treatment of depression and the use of objective clinical measures to guide treatments. We know there is no quick fix to this disease but, with adherence to standard clinical practice, outcomes are generally good.

Our clinical tips in this flyer are based on current recommendation of the American Psychiatric Association.

Begin with a thorough evaluation. Many medical problems can present with comorbid depressive symptoms. Diabetes, heart disease, chronic pain, endocrine disorders and sleep apnea are only a few of the many medical problems that share similar symptoms with major depression.

The pneumonic SIG E CAPS is a good starting tool for diagnosis. (SIG E CAPS is an acronym for **s**uicidal ideation; lack of **i**nterest or initiative; excessive **g**uilt; lack of **e**nergy; change in **c**ognition; sad affect or **a**pathy and appetite change; **p**sychomotor agitation or slowing; and **s**omatization or sleep disturbance.) Use of the PHQ-2 or 9 provides an objective measure of severe depression symptoms and can be repeated to measure progress to remission. Other useful tools include the Zung Depression Scale or the Beck Depression Inventory.

Use of the **PHQ-9** provides an objective measure of severe depression symptoms and can be repeated to measure progress to remission. The PHQ-9 is a widely used, reliable and valid measure of depressive symptoms [1, 2, 3]. If a member scores 15 or higher on the PHQ-9, treatment should be initiated along with reevaluation using the PHQ-9 at four-week to six-week intervals. Depending on those reevaluation scores, prescribed antidepressant medication dosages and frequencies may require adjustment.

For adolescents, a modified version of the PHQ-9 called the **PHQ-A*** is used to screen for depression and assist primary care physicians in identifying and treating depressive symptoms in teenagers.

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Initiate a course of psychotherapy at the outset of treatment. Psychotherapy (also known as counseling, therapy, or talk therapy) can help a patient think through events and consequences they've experienced, and see them in new ways. The most common evidence-based treatment for depression is cognitive behavioral therapy. Therapy and counseling can also help patients learn new responses to circumstances and change the way they think about themselves and their value to themselves and others. Sessions with in-network providers may be held in person or virtually, through an audio-video connection or phone.

While virtual or telehealth therapy options discussed below are available to all members, some may prefer in-person sessions or you may have providers in mind who have worked well for your patients in the past that you like to refer for depression treatment. Members can find an in-network behavioral health specialist by logging in to their member account at **bcbsm.com/find-a-doctor**, then clicking *Find Care*.

Blue Cross and BCN offer telehealth services and care navigation to help members identify and obtain treatment in a timely manner. The options below are available to members:

- **Blue Cross Virtual Care** is a program in which Blue Cross works with Teladoc Health® to offer members the option to meet with providers virtually using their computer, tablet or smartphone. Therapy services are available to members ages 13 and older; psychiatry services are available to members 18 and older. Members can download the Teladoc Health app at **bcbsm.com/find-care/virtual-care** to get started. This is also only available to certain members, based on their employer's health plan.
- More information and resources are available at **bcbsm.com/mentalhealth**.

Finally, community-based resources such as Recovery International or other support groups may be available to members depending on location. Online searches will help identify these community groups and add additional support to medical and other professional approaches.

Initiate an antidepressant medication.** Prescribe a selective serotonin reuptake inhibitor, selective serotonin and norepinephrine reuptake inhibitor or an atypical (bupropion, mirtazapine) and titrate the medication to full Food and Drug Administration-approved dose or highest tolerated dose for a full four weeks.

Recommend a diet and exercise regimen. Moderate exercise can help increase brain chemicals, similar to the effect of medications [4]. Usually, doing 30 to 45 minutes of aerobic exercise three to five times per week helps patients think more clearly, sleep better and properly digest food. As a side benefit, it can improve cardiac and lung function.

Diet is important to create building blocks of chemicals in the brain that can improve mood [5, 6]. A balanced diet is adequate but adding two fatty fish-containing meals a week, such as salmon, walleye, perch, bass and tilapia, is even better.

Reevaluate the patient at the four-week interval. At this time, readminister the same objective scale along with a clinical examination. If there is no or only minimal change in depression symptoms, seriously consider increasing the dose/frequency of the current medication or changing to another class of antidepressant. Confirm they are taking the medication, going to therapy and following the diet and exercise recommendations.

***Generics are preferred in our formularies and are usually available at the patient's lowest copayment.*

Reevaluate the patient again after four weeks. If there is still no improvement, it is recommended to request a psychiatric consultation for diagnostic confirmation and possible use of augmentation agents. These agents might include such medications as lithium, thyroid hormone (t3) an atypical antipsychotic agent (Seroquel or Abilify), or a psychostimulant. Each of these has literature to support their use but should be initiated by a specialist or at least in consultation with one.

Continue to reevaluate with objective scales. Doing this may help identify progress that would be missed using only subjective evaluations even by the most experienced provider.

Collaborate with specialists. For practices that frequently treat members with depression, the Collaborative Care Model offers opportunities to link with behavioral health specialists to assist in guiding treatment for a range of behavioral health issues, including depression. Blue Cross and BCN provide training and resources for medical providers and their staff, both for initial involvement and ongoing participation in this model.

Participating in an integrative medicine program will help members improve their medical and emotional health. Diseases like diabetes, cardiovascular disease, rheumatoid arthritis, irritable bowel syndrome and other chronic diseases have significant comorbidities with depression. Addressing these issues in a comprehensive and integrated way will improve health outcomes; providers can reach out to their provider organization for more information and to ask about enrolling in the collaborative care initiative.

Additional steps. There are more steps in the algorithm that the specialist can progress to as indicated. Combinations of medications and somatic treatments, such as electroconvulsive therapy, transcranial magnetic stimulation, vagal nerve stimulation, esketeamine nasal treatment, and deep brain stimulation (investigational), can benefit members but should be considered in conjunction with a specialist.

Full remission of symptoms is the goal. Once achieved, continue maintenance because decreasing or discontinuing treatment can lead to lack of response to future treatment if symptoms recur. The risk or recurrence is high (50%) and, with a history of multiple depressive episodes, greater than 70% will have a recurrence if treatment is stopped.

It's important for providers to educate the patient about the importance of staying on medications, diet and psychotherapy, along with the use of spiritual resources and mindfulness. Providing guidance and hope are powerful interventions you have in your relationship with your patient.

Special considerations. Particular attention should be given to the treatment of pre- and perinatal (formerly postpartum) members given that approximately one in seven women experiences this debilitating form of depression, and that women of color and other ethnic backgrounds may experience even higher rates [6]. A family history of depression, particularly in women, may also elevate the risk of depression in mothers.

Screenings for depression should be conducted both during and after pregnancy, and treatment started promptly to stabilize and prevent harmful worsening of depressive symptoms; the **Edinburgh Postnatal Depression Scale (EPDS)*** is a tool specifically designed to measure and help monitor depression in expectant and perinatal mothers. The APA's informational **page*** on perinatal depression contains information on identification, impact and symptoms of perinatal depression to further assist you and your patients, as well as infants and young children. While some symptoms are very similar to non-perinatal depression, others, such as thoughts of harming the baby and lack of interest in the baby, present specific issues that require swift attention and treatment.

Blue Cross and BCN members have access to Adult Intensive Services and Child Intensive Services, which are treatment models designed to help address the comprehensive medical, social and emotional needs. These services include team-based treatment and care management from community partners to help ensure optimal medical and behavioral health outcomes. Although traditionally considered for those with severe and chronic mental health issues, depending on the severity, these services can be indicated for even first-episode depression to help members during and after depressive crises.

For more information on these programs or to refer a member for evaluation for Adult/Child Intensive Services or additional care management assistance, please see the chart under the *How do I submit requests by phone?* heading of the **Blue Cross Behavioral Health FAQ** (PDF).

Blue Cross Blue Shield Blue Care Network of Michigan

References:

1. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7525967/*
2. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1495268/*
3. https://www.psychiatry.org/news-room/apa-blogs/maintaining-mental-wellbeing-exercise-outdoors*
4. https://www.psychiatry.org/news-room/apa-blogs/mental-health-through-better-nutrition*
5. https://www.psychiatry.org/news-room/apa-blogs/how-nutrition-impacts-mental-health*
6. https://www.psychiatry.org/patients-families/Peripartum-Depression/What-is-Peripartum-Depression*

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