Depression: Basics for Business

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Research

- The NIH total Program Level for FY 2010 of $31 billion
- FY 2010 AIDS research is $3.1 billion
- For carrying out section 301 and title IV of the Public Health Services Act with respect to mental health, $1.5 billion
Research

- Suicide + Alcohol related mortality
  57,797 deaths in 2007 (#8 behind diabetes and ahead of influenza/pneumonia)
- Suicide alone is #11, ahead of liver disease and hypertension
- AIDS has not made the top 15 causes of mortality since 1997
Historical and ongoing lack of research into mental illness has led to a lack of treatment options, when compared to other chronic medical conditions.
Research

- Very few FDA studies exist of combination therapy for Psychiatric disorders
- FDA approved combination treatments are common for severe hypertension, diabetes, and cardiovascular disease
Diagnosis

- Diagnostic and Statistical Manual of Mental Disorders IV- Text Revision
- A categorical classification system, meant to be used for diagnosis only by trained mental health professionals
- Provides diagnostic consistency for multiple practitioners that see the same patient
Diagnosis
(if there is no blood test, is it real?)

- Reliability of diagnosis for major mental illness is comparable to that of other medical conditions
- 90-100% for recurrent major depression, OCD, schizophrenia, and bipolar disorder
Diagnosis

- The clinical interview is the most accurate and precise method of diagnosing major Psychiatric illnesses.
- Many other tests demonstrate abnormalities, but none are better than the clinical interview.
Diagnosis

- MRI and CT show enlarged ventricles in schizophrenia
  - “cha-ching”
- SPECT and PET scans show abnormal function in the cingulate gyrus in OCD
  - “cha-cha-ching”
- CSF samples show low levels of serotonin in major depression
  - “ouch”
Diagnosis

("medical" illness is diagnosed with a test)

- Diagnosing pneumonia
  - The chest radiograph's sensitivity was 0-75% when used as the primary study
  - White Blood Cell count’s sensitivity ranged from 20% to 65.1% when used as the primary diagnostic test
Diagnosis

- Major Depression is 2 or more weeks of several of the following symptoms:
  - Depressed mood
  - Loss of enjoyment in fun activities
  - Sleep problems
  - Appetite changes
  - Reduced concentration
  - Abnormal crying
  - Abnormal guilt
  - Hopelessness or helplessness
  - Suicidal thoughts or actions
Diagnosis

- Major depression **is not**:  
  - Sadness due to unfortunate life events
  - A result of poor coping or a spiritual weakness

- Major depression **is**:  
  - A chronic and disabling medical disorder that primarily affects the brain, resulting in symptoms that are expressed with behaviors and feelings
Treatment

- Misconceptions and historic stigma of mental illness has created a separation of treatment of the mind and body.
- Separation of Psychiatric treatment from other medical services has created wasteful and often dangerous medical care.
Treatment

- Basic medication management
  - Diagnosis vs. symptom groups
  - Indication vs. off label
  - Evidence based vs. experience
Treatment

- Basic medication management
  - Diagnosis vs. symptom groups
    - Unfortunately, patients often do not present with exact criteria of a DSM diagnosis
    - Multiple NOS diagnoses exist to still allow a diagnosis to be made
  - Indication vs. off label
  - Evidence based vs. experience
Treatment

- Basic medication management
  - Diagnosis vs. symptom groups
  - Indication vs. off label
    - 80% of the diagnoses in DSM-IV have no approved treatment
    - Direct result of the lack of investment in research noted earlier
  - Evidence based vs. experience
Treatment

- Basic medication management
  - Diagnosis vs. symptom groups
  - Indication vs. off label
  - Evidence based vs. experience vs. theoretical mechanism of action
    - Evidence based: Using the highest quality research available to guide management
    - Experience: Using past treatment successes and failures to guide management of new patients
    - Mechanism of action: Using a working knowledge of the chemical actions of medications and the theoretical cause of the disorder to make treatment decisions
Treatment

- Antidepressants
  - SSRIs (prozac, zoloft, celexa)
  - SNRIs (effexor, cymbalta)
  - Other (wellbutrin, remeron)
Treatment

- Talk therapy
  - Since the times of Freud, psychotherapy has been misunderstood by the public
  - For years, many questioned how talking could treat an illness, which was worsened by the secrecy of treatment
  - Study design was difficult, as many types of therapy were not conducive to “measurable” results
Treatment

- A general assumption was made that talk therapy is not really a treatment for a medical condition, and that since all techniques involve talking, the type of therapy does not matter.
- This viewpoint is so pervasive, therapists no longer refer to their patients as patients, calling them clients (as if they are purchasing a pedicure).
Treatment

- **Talk therapy**
  - Several types of therapy now have studies that demonstrate improvements on rating scales for symptom severity and disability
  - Cognitive Behavioral Therapy has been demonstrated to return function to normal on brain imaging studies
Treatment

- Talk therapy + medication management is consistent with the medical model of treatment for all chronic diseases
  - Hypertensive patients get medication, but are also instructed to stop smoking, exercise more, and improve diet
- Diabetes management is now done through a multidisciplinary treatment model
  - Includes consultation with a dietician and treatment by a podiatrist
Cost to Work

- $8.27 billion of lost productive time due to absenteeism
- $35.73 billion of lost productive time due to presenteeism
- 5.6 hours per week in lost productive time experienced by all workers with depression
- 8.4 hours per week in lost productive time experienced by workers with major depression
Post-MI depression is associated with a 2- to 2.5-fold increased risk of impaired cardiovascular outcome.

Depressive symptom severity is associated with poorer diet and medication regimen adherence, functional impairment, and higher health care costs in primary care diabetic patients.
Cost to Healthcare

- The participants had diabetes, congestive heart failure, or both
- Over one year, participants diagnosed with depression incurred about $22,960 in total health care costs, while those without depression incurred costs of about $11,956
Cost to the Economy

- Japan's Health minister Nagatsuma revealed that the total cost of suicides and depression, in lost wages, cost of treatment and social security payments, to the Japanese economy amounted to an astounding $32 billion in 2009.

- The Japan Times reports: "Among the 32,845 people who killed themselves in 2009, about 26,500 were aged between 15 and 69, the ministry said. If those people had lived and worked until the age of 70, they would have earned a combined $22.7 billion.”
Cost Effective Treatment

- Improving Mood: Promoting Access to Collaborative Treatment (IMPACT) program for late-life depression participants had lower mean total healthcare costs ($29,422) than usual care patients ($32,785) during 4 years.
Henry Ford Health System: Perfect Depression Care

- Planned treatment model
  - Integrated system of treatment across all aspects of healthcare
  - Common in the management of other chronic diseases, such as diabetes
- Has not generally been applied to mental illness
In 2001, Henry Ford Health System Department of Behavioral Health set forth an initiative to attempt to eliminate suicide in our HAP HMO patients. We chose our HMO patients because HFHS is responsible for 100% of their healthcare, and it is a defined population.
Henry Ford Health System: Perfect Depression Care

- We developed algorithms and invested in training clinicians in primary care, which focused on:
  - Assessment
  - First line medication management
  - Criteria for referral to Behavioral Health
Henry Ford Health System: Perfect Depression Care

- We instituted suicide risk assessments with algorithms within our department
  - Stratified risk into low, moderate, and acute
  - Performed at every appointment
  - Gave recommendations for
    - time to Psychiatric Evaluation
    - referrals to community supports
    - patient education resources
Henry Ford Health System: Perfect Depression Care

- We instituted training in evidence based algorithm driven care for the medication management of:
  - Major depression with and without psychosis
  - Bipolar mania
  - Bipolar depression
  - Schizophrenia
Suicides per 100,000 HMO Patients

- Expected suicide rate for patients with an active mood disorder (21X)
- Expected rate for euthymic patients with mood disorder (4-10X)
- Number of suicides per 100,000 HAP-HFMG Patients
- Number of suicides per 100,000 US general population
Summary

- Depression is a costly, disabling medical condition
- Depression causes lost employee productivity and increased absenteeism
- Depression causes increased healthcare costs
- Well treated depression increases productivity and decreases healthcare costs
Summary

There is no health without mental health!!!
Hope you enjoyed, and Thank You.

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