Identifying and Treating Depression in Primary Care: AN EVIDENCE SYNOPSIS

This synopsis offers evidence of the link between chronic disease and depression and the impact of social needs that affect health on depression. It also provides an overview of recent treatment patterns for depression in primary care and the impact of integrated care models on depression outcomes. Lastly, it highlights special populations that are at increased risk of developing depression, including older adults; lesbian, gay, bisexual and questioning (LGBQ) youth[1]; and postpartum mothers.

CHRONIC DISEASE AND DEPRESSION

This review found that depressive disorders can affect the course of many chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes and obesity. Some chronic diseases have also been shown to worsen symptoms of depression. Given the impact of depressive disorders in the studies included in this review as potential contributors and/or secondary results of chronic diseases, the authors suggest that depressive disorders be diagnosed and treated in a timely way in an attempt to reduce the burden and morbidity of chronic disease.

Chapman DP, Perry GS, Strine TW. The Vital Link Between Chronic Disease and Depressive Disorders. *Prev Chronic Dis.* 2005; 2(1):1-10.

SOCIAL FACTORS THAT INFLUENCE HEALTH

This article presents a framework for integrating social needs that affect health into primary care. First, providers should routinely collect and organize patient information related to social determinants of health (household income, education, housing and food stability), and information about the community (neighborhood resources, housing and food access, and neighborhood violence). Second, they should make that information easily accessible at the point of care so it informs clinical decision-making, and enables teams to tailor services, make appropriate referrals and coordinate care. Third, providers should develop automated systems or technology to facilitate care (e.g., pop-up reminders and clinical decision support tools).

DeVoe JE, Bazemore AW, Cottrell EK, Likumahuwa-Ackman S, Grandmont J, Spach N, Gold R. Perspectives in Primary Care: A Conceptual Framework and Path for Integrating Social Determinants of Health Into Primary Care Practice. *Ann Fam Med.* 2016; 14(2):104-108.

TREATMENT PATTERNS AND INTEGRATING BEHAVIORAL HEALTH INTO PRIMARY CARE

Applying a Continuum-Based Framework to Integrate Behavioral Health Into Primary Care

Primary care practices, particularly small and medium-sized practices, may lack the resources to thoroughly implement evidence-based behavioral health integration models. This framework proposes a continuum for behavioral health integration and offers actionable guidance on how to begin and advance the process of integration. Key components for behavioral health integration include screening and referral to care, ongoing care management, and information tracking and exchange among providers.

Chung H, Rostanski N, Glassberg H, Pincus HA. Advancing Integration of Behavioral Health into Primary Care: A Continuum-Based Framework. 2016. United Hospital Fund: New York, New York.

[1] Population-level data on the mental health of transgender youth is limited relative to non-transgender youth. However, emerging research suggests transgender youth are also at an increased risk of developing depression. (Reisner SL et al. Mental Health of Transgender Youth in Care at an Adolescent Urban Community Health Center: A Matched Retrospective Cohort Study. *J Adolescent Health.* 2015; 56:274-279.)

Inadequate Treatment of Depression in Primary Care

Using data from a national survey, researchers found that only 28.7 percent of people who screened positive for depression received any kind of treatment. Of those who received treatment, 73.3 percent were treated by general medical practitioners. Non-Hispanic Blacks and Hispanics were less likely to receive treatment than non-Hispanic Whites. A misalignment between depression severity and treatment modality (medication, psychotherapy or both) was also observed. Given this misalignment, better coordination of mental health services is needed so that patients receive appropriate assessment and treatment based on the severity of their depression. In response to their study's findings, the authors suggest that integrated care models involving depression care managers in the primary care setting may help improve coordination of care and treatment.

Olfson M, Blanco C, Marcus SC. Treatment of Adult Depression in the United States. *JAMA Intern Med.* 2016; 176(10):1482–1491. doi:10.1001/jamainternmed.2016.5057

Impact of Collaborative Care Model

A systematic review of 79 randomized control trials compared the effects of collaborative care to the effects of usual care or other intervention types. The study found that patients treated with collaborative care showed improvement in depression, patient satisfaction, medication use and mental health quality of life outcomes for up to two years. This study also examined the effect of collaborative care on the treatment of anxiety with a smaller sample size and found that the collaborative care method can improve anxiety outcomes for up to two years.

Archer J, Bower P, Gilbody S, Lovell K, Richards D, Gask L, Dickens C, Coventry P. Collaborative Care for Depression and Anxiety Problems. Cochrane Database of Systematic Reviews 2012, Issue 10. Art. No.: CD006525. DOI: 10.1002/14651858.CD006525.pub2.

SPECIAL POPULATIONS

Maternal Depression

This 2017 report provides an overview of postpartum depression in New York City. Black and Asian-Pacific Islander women, women with less social support, women with high levels of stress and women with a history of depression were more likely to experience postpartum depressive symptoms. Findings show that most women with postpartum depressive symptoms do not receive a depression diagnosis. The report recommends implementing routine screening for depression during and after pregnancy, discussing depression with all postpartum patients and providing patients with information on how to seek help for depression.

Fiorentini C, Mullachery P. Postpartum Depression in New York City. NYC Vital Signs 2017, 16(5); 1-4. Available at: https://www1.nyc.gov/assets/doh/downloads/pdf/survey/postpartum-depression.pdf

Depression in Older Adults

A systematic review and meta-analysis using data from 20 studies examined the risk factors for depression among the elderly. Five significant risk factors for depression were identified in the quantitative analysis: bereavement, sleep disturbance, disability, prior depression and female gender. Based on these risk factors, the review recommends several ways to address depression in patients age 50 or older. Recommendations include education about modifiable risk factors, plus using interventions focused on bereavement counseling and support, sleep enhancement, enhancing social supports, and the maintenance of lifestyle routines and activities.

Cole MG, Dendukurki N. Risk Factors for Depression Among Elderly Community Subjects: A Systematic Review and Meta-analysis. *Am J Psychiat.* 2003; 160(6):1147-1156.

LGBQ Youth

Using a behavioral health screening tool, a study of mental health symptoms from a sample of 2,513 youth, ages 14 to 24, in rural and semi-urban Pennsylvania found that lesbian, gay, bisexual and questioning (LGBQ) youth have significantly higher scores on depression, traumatic distress and suicide scales. Varying levels of risk for mental health problems were found within LGBQ subgroups, suggesting that these groups should be assessed separately. The authors recommend that medical providers engage youth in conversations about sexual attraction, given their willingness to self-identify as LGBQ, and assess all youth for behavioral health problems.

Shearer A, Herres J, Kodish T, Squitieri H, James K, Russon J, Atte T, & Diamond GS. Differences in Mental Health Symptoms Across Lesbian, Gay, Bisexual, and Questioning Youth in Primary Care Settings. *J Adolescent Health.* 2016; 59(1):38-43.