

Psychiatry curbside: Answers to a primary care doctor's top mental health questions

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Laurel Ralston, DO

Psychiatrist, Taussig Cancer Institute



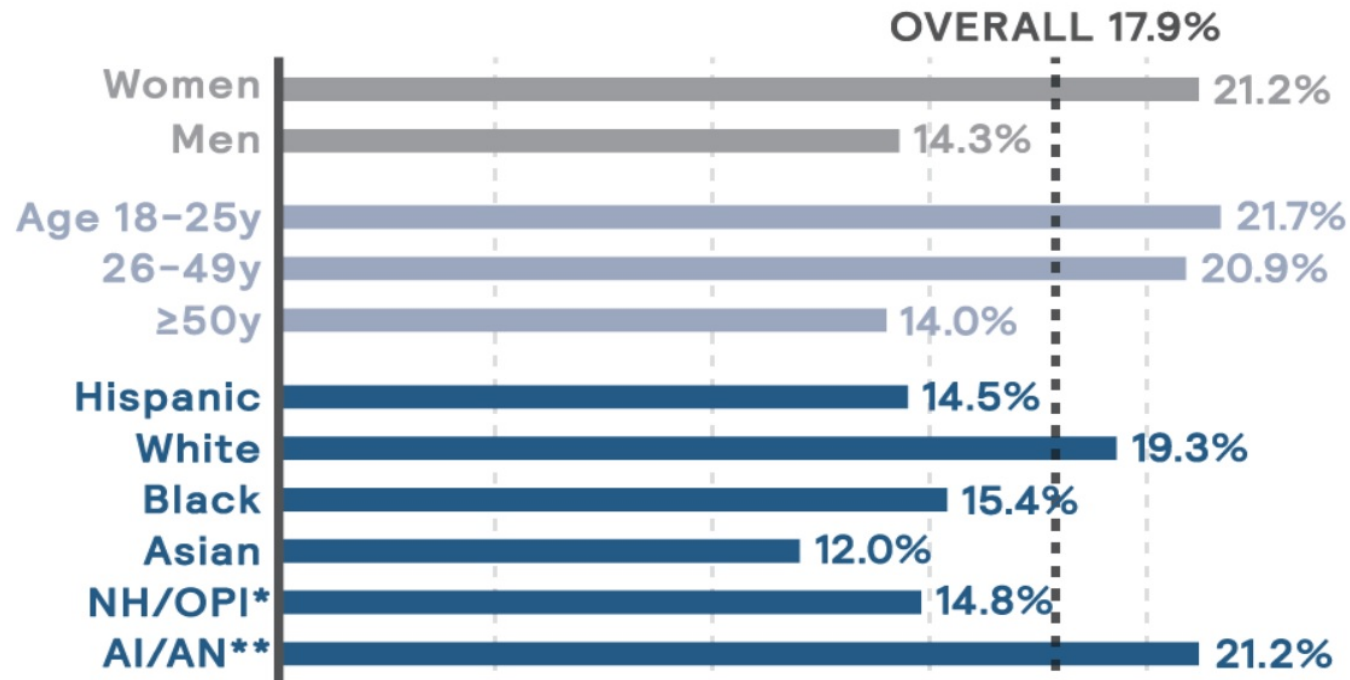
Objectives

- Review current diagnostic and prescribing guidelines for depression and anxiety disorders
- Discuss non-pharmacologic treatment alternatives
- Recognize patients at risk for psychiatric crisis

#1. Why do I see so many patients with depression and anxiety?



Nearly 18% of Adults in the United States Reported Having a Mental, Behavioral, or Emotional Disorder in 2015



In 2017,
3 out of 5
psychiatrists
were 55 or
older

Mental Health and Substance Use Disorders Were the Leading Cause of Disease Burden in the US in 2015

Disability adjusted life years (DALYs) rate per 100,000 population



What percentage of primary care visits have a mental health component?

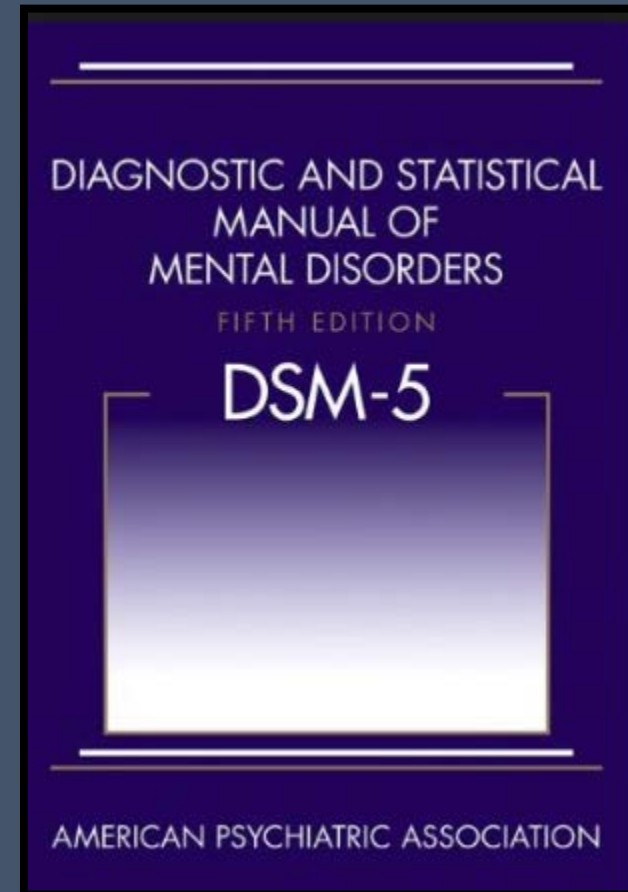
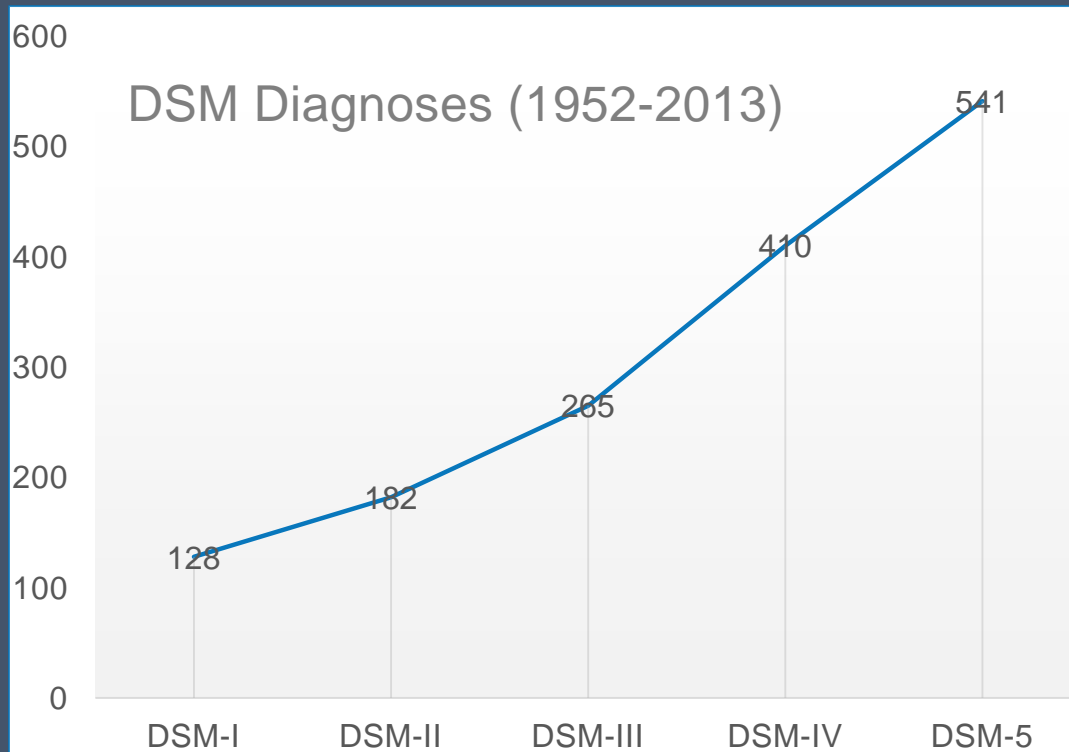
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15

20

25

#2. Is DSM-5 relevant for the primary care provider?



“Major depressive episode with...”

- Depression specifiers:
 - Mixed features
 - Anxious distress
 - Atypical features
 - Psychotic features
 - Melancholic features
 - Peripartum onset
 - Seasonal onset



#3. When Should I Prescribe a Medication?

The Guardian 26th Feb 2008

Prozac, used by 40m people, does not work say scientists

Analysis of unseen trials and other data concludes it is no better than placebo
Full text: [the PLoS paper](#)



▲ A single Prozac capsule. Photograph: Alamy

Prozac, the bestselling antidepressant taken by 40 million people worldwide, does not work and nor do similar drugs in the same class, according to a major review released today.

Kirsch et al. found antidepressants have modest effect

The Guardian 21st Feb 2018

The drugs do work: antidepressants are effective, study shows

Doctors hope study will put to rest doubts about the medicine, and help to address global under-treatment of depression

It's official: antidepressants are not snake oil or a conspiracy



▲ It is likely that in the UK alone 1 million more people a year should have access to either drugs or psychotherapy for depression, say experts. Photograph: Darron Cummings/AP

Antidepressants work - some more effectively than others - in treating depression, according to authors of a groundbreaking study which doctors hope will finally put to rest doubts about the controversial medicine.

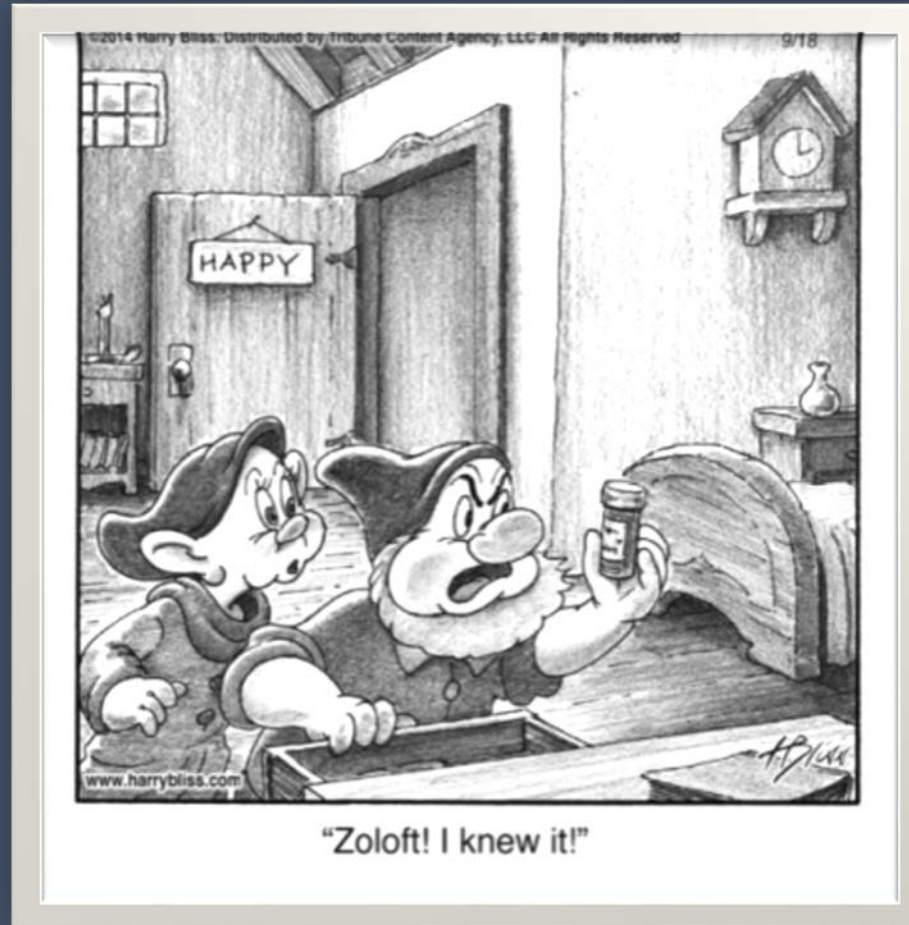
Cipriani et al. found antidepressants have even more modest effect

Consider medication if:

- Previous episode of major depression
- Symptoms are severe, suicidal ideation
- Subpopulation at higher risk
- Patient is highly motivated to start a medication

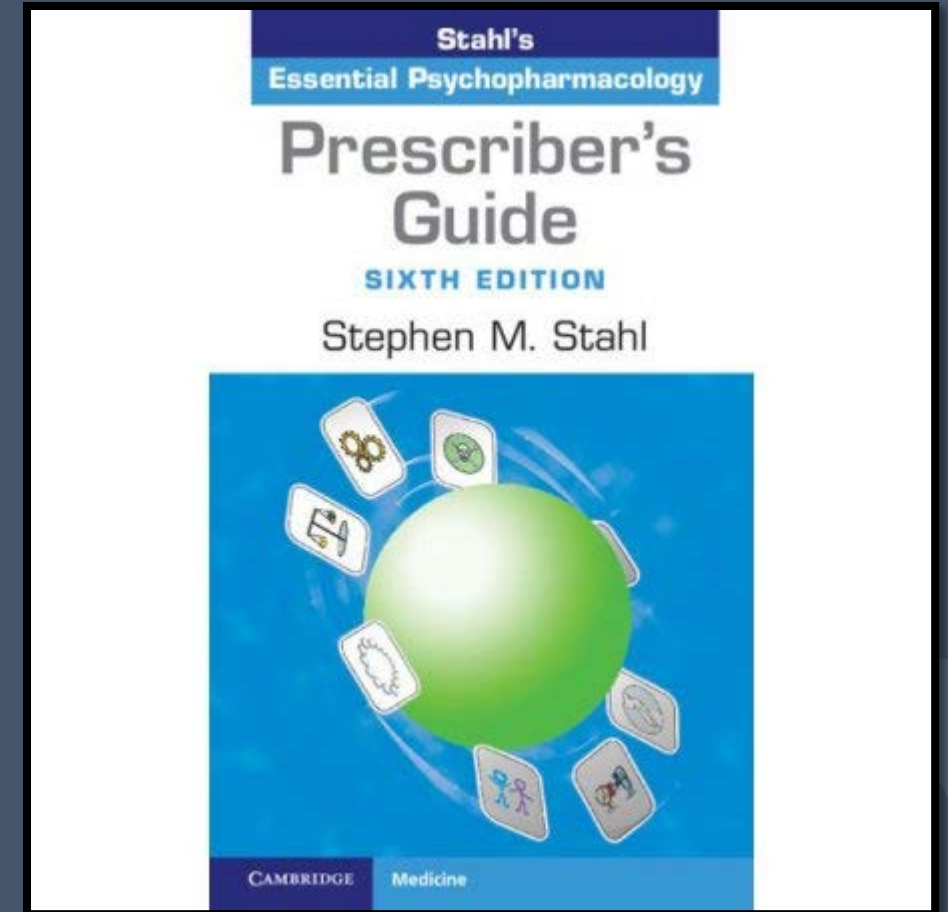


#4. How Do I Choose an Antidepressant?



Prescribing considerations

- Past medication trials (personal, family)
- Psychiatric co-morbidities
- Medical co-morbidities
- Drug interactions (eg tamoxifen)
- Cost
- Pharmacokinetics



SSRIs

Medication	Approved Indication	Usual Dosage	Maximum (mg/day)
Citalopram (Celexa)	MDD	20-40mg/day	40
Escitalopram (Lexapro)	MDD	10-20mg/day	20
	GAD	10-20mg/day	20
Fluoxetine (Prozac)	MDD	20-80mg/day qAM or BID	80
	OCD	20-60mg/day, qAM or BID	80
	Panic disorder	20-60mg/day	60
	Bulimia	20-60mg/day	60
	PMDD	20-60mg/day	60
Fluvoxamine (Luvox)	OCD	100-300mg/day, divided BID	300

In 2011, the FDA recommended citalopram not be prescribed at doses >40mg based on a study showing citalopram dosed 60mg/day increased QT interval by how many milliseconds?

12
18.5
22
28.5

SSRIs

Medication	Approved Indication	Usual Dosage	Max (mg/day)
Zoloft (sertraline)	MDD	50-200 mg/day	200
	Social anxiety disorder	50-200mg/day	200
	Panic disorder	50-200mg/day	200
	OCD	50-200mg/day	200
	PTSD	50-200mg/day	200
	PMDD	50-150mg/day	150
Paroxetine (Paxil)	MDD	20-50mg/day (12.5-37.5)	50 (62.5)
	GAD	20-50mg/day	50
	Social Anxiety Disorder	20-60mg/day (12.5-37.5)	60 (37.5)
	Panic disorder	20-40mg/day (12.5-75)	60 (75)
	PTSD	20-60mg/day	60
	PMDD	(12.5-25mg/day)	(25)

SNRIs

Medication	Approved Indication	Usual Dosage	Maximum
Duloxetine (Cymbalta)	MDD GAD Fibromyalgia	40-60mg/daily 60mg/day 60 mg/day	120mg 120mg 60mg
Venlafaxine (Effexor)	MDD GAD Social Anxiety Panic Disorder	75-225mg/day 75-225mg/day 75mg/day 75-225mg/day	225mg 225mg 75mg 225mg
Desvenlafaxine (Pristiq)	MDD	50mg/day	50mg
Milnacipran (Savella)	Fibromyalgia	100mg/day	200mg
Levomilnacipran (Fetzima)	MDD	40-120mg/day	120mg

Multimodal 5HT Antagonists

Medication	Approved Indications	Usual Dosage	Maximum
Vilazodone (Viibryd)	MDD	20-40mg/day	40mg
Vortioxetine (Trintellix)	MDD	20mg/day	20mg
Trazodone	MDD	150-300mg/day (divided BID or TID)	400mg
	Insomnia* (off label)	25-100mg qhs	200mg

Noradrenergic-specific serotonin antidepressant

Medication	Approved Indications	Usual Dosage	Maximum
Mirtazapine (Remeron)	MDD	15-45mg/qhs	45mg

NDRI

Medication	Approved Indications	Usual Dosage	Maximum
Bupropion (Wellbutrin)	MDD	300mg (divided TID) (IR) 300mg (divided BID) (SR)	450mg 400mg
BupropionXL	MDD, SAD	300mg/day	450mg
Aplenzin	MDD, SAD	348mg/day	522mg

Ketamine

- First novel antidepressant MOA in 30+ years
- Rapid resolution of severe depression, suicidal ideation
- Patients can find self-pay “ketamine clinics”
- Johnson & Johnson developing intranasal spray
-

#5. What do I tell my patient about side effects?



Suicidal thoughts and behaviors

- FDA black box warning (2004)
 - Adolescents and young adults
- Based on 24 studies; 4400 patients
 - Prevalence of suicidal thinking and behavior in first few months of starting antidepressant
 - 4% in antidepressant group; 2% in placebo group
 - No actual suicides

What percentage of patients taking SSRIs experience sexual dysfunction?

20

30

40

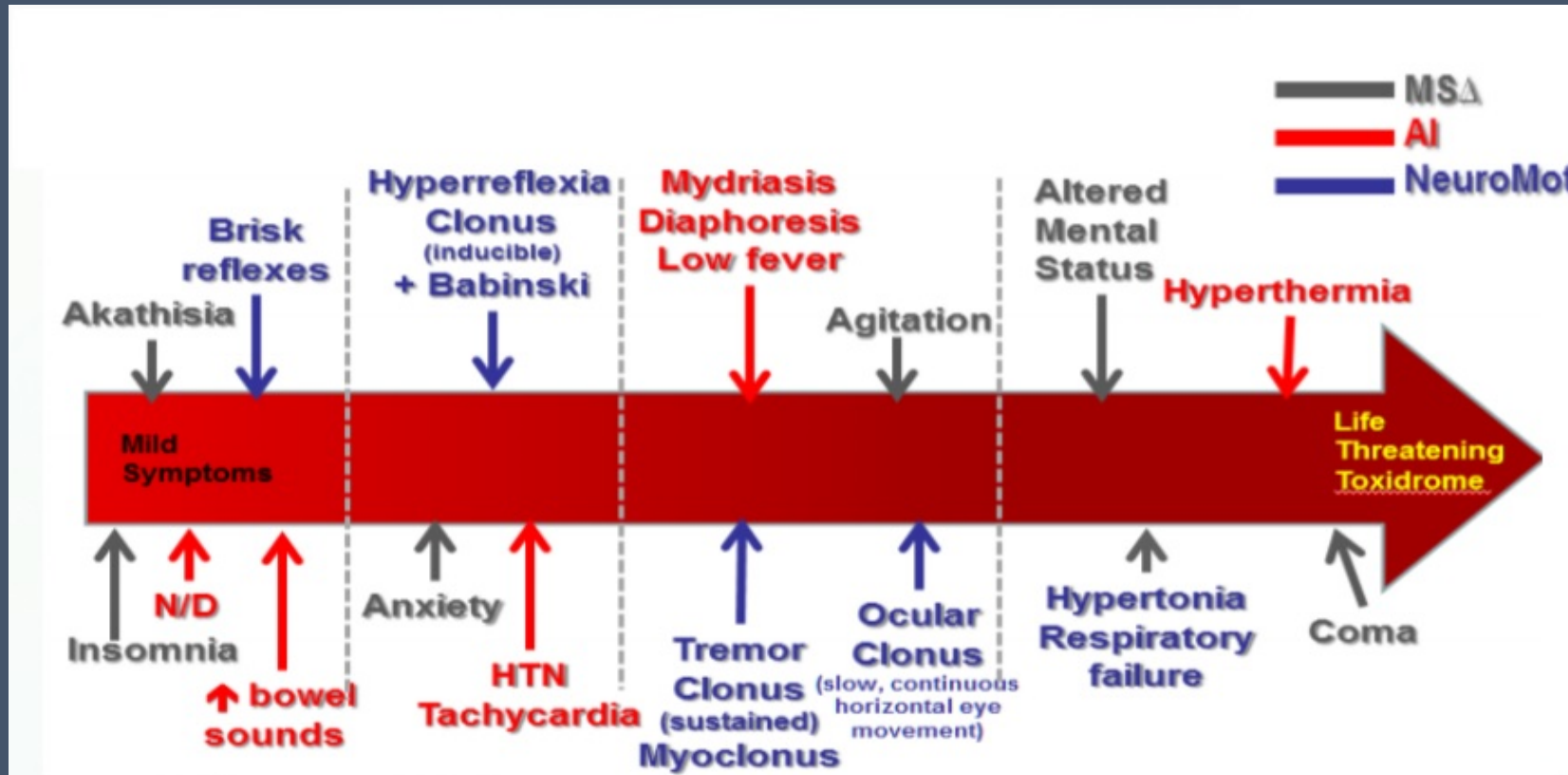
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Addressing Sexual Side Effects

- Patients unlikely to initiate conversation
- Try decreasing dose or switching to bupropion or mirtazapine
- Can attempt to augment with bupropion, sildenafil



Serotonin syndrome



#6. What are augmentation strategies?

- Medications
- Bright light therapy
- Nutrition/Exercise
- ECT
- Transcranial magnetic stimulation (TMS)
- Pharmacokinetic gene testing

Pharmacologic augmentation

- Additional antidepressant (Wellbutrin, Remeron)
- Lithium
- Second generation antipsychotic (aripiprazole, quetiapine)
- Buspirone



Bright light therapy

- Proven efficacy in depression with seasonal onset
- Relatively inexpensive, sometimes lightbox is covered by insurance (\$100-200)
- Negligible side effects, but can potentially evoke manic symptoms in bipolar patients

Nutrition

- Vitamin B6
 - Needed to produce serotonin
- DHA
 - Promotes production of brain derived neurotrophic factor (BDNF); protect neurons, birth of new brain cells



Nutrition

- Prebiotics
 - Food for good gut bacteria
- Probiotics
 - Live bacteria and yeast; replenish good gut bacteria



Electroconvulsive therapy

- Treatment option with highest remission rates
- Frequently M/W/F x3 weeks, then maintenance monthly as needed
- Risk of memory impairment
- No absolute contraindications



Transcranial Magnetic Stimulation

- 50% remission rates
- Pros: non-invasive, negligible side effects
- Cons: time intensive, unreliable insurance coverage, limited number of clinicians offering TMS



Psychopharmacologic gene testing

- Identify CYP450 variant metabolizers
 - Frequently see trends based on race
- Presence of specific genes associated with medication adverse effects
- MTHFR variant



#7. Is it okay to prescribe benzos?

- Lack of data on best practice guidelines
- Increased risk for adverse effects in patients that are elderly, have pulmonary disease or history of substance abuse
- Set clear expectations with patient at onset re: anticipated duration of treatment
- Relationship between benzos and dementia is unclear

#8. How and When Do I Stop An Antidepressant?

- Treatment Completion
 - Continue medication for 9 months following symptom remission
 - Likelihood of having a major depressive episode increases with each subsequent episode
- Withdrawal Potential

#9. Is there evidence-based psychotherapy?

- Cognitive behavioral therapy
- Dialectical behavioral therapy
- Behavioral activation
- Motivational interviewing

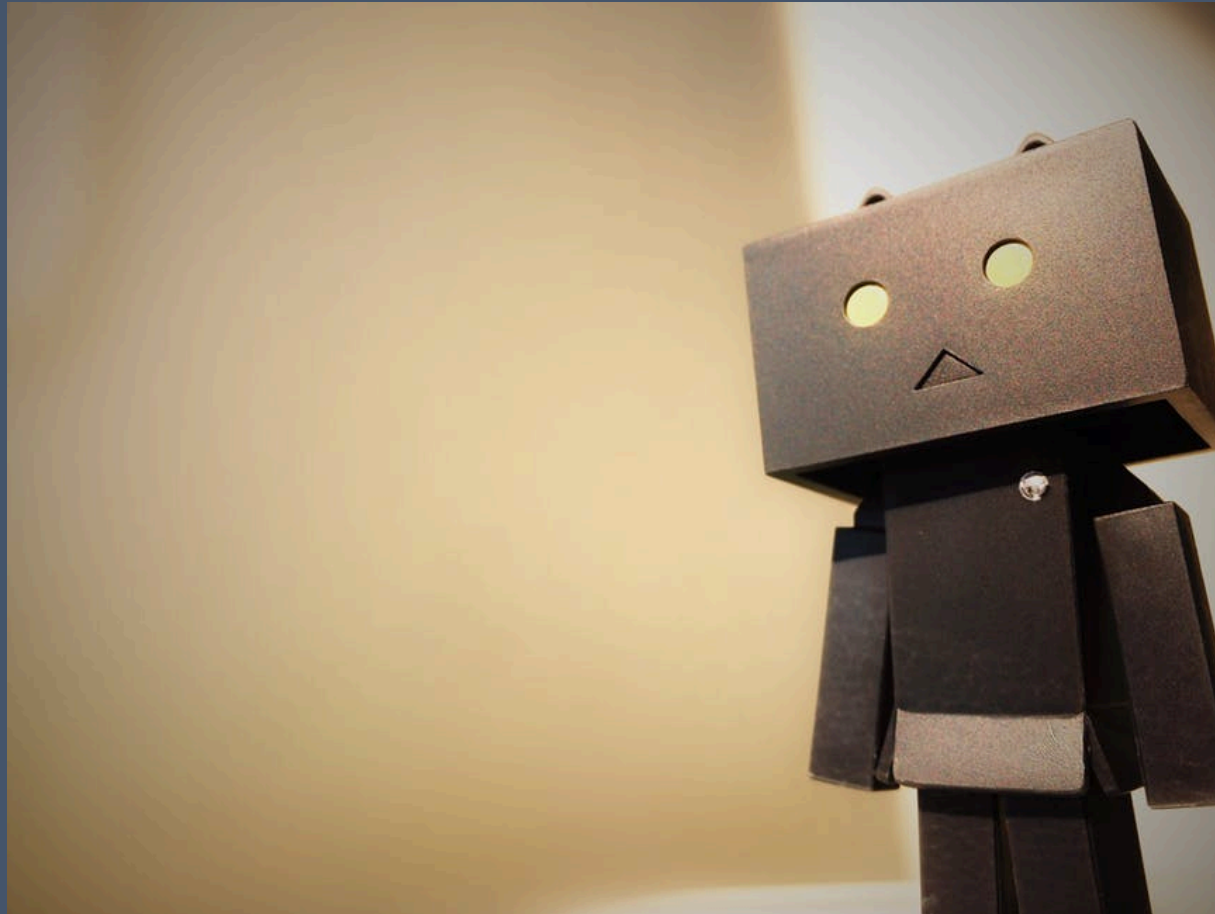


“Not Just Talk”

- Effective psychotherapy can elicit a biological response
 - Changes on neuroimaging
 - Changes in cortisol, oxytocin
 - Biofeedback parameters
- Are mobile apps effective?

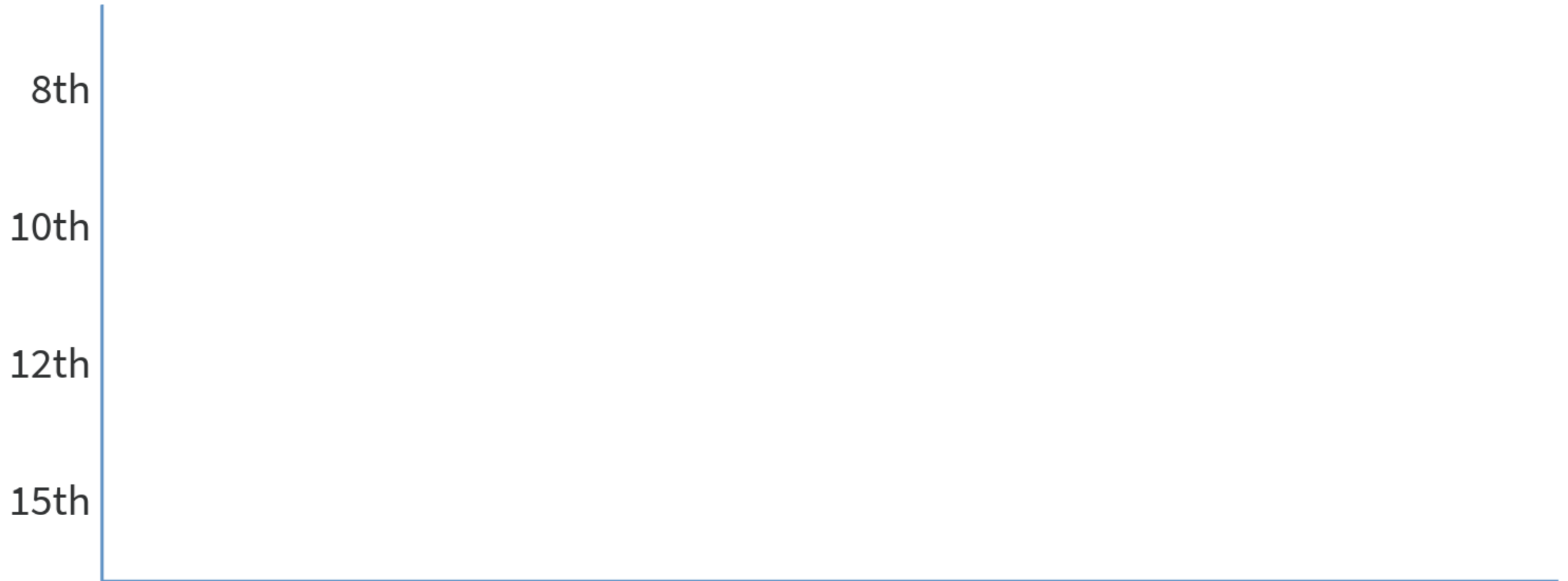


#10. How can I identify patients at suicide risk?



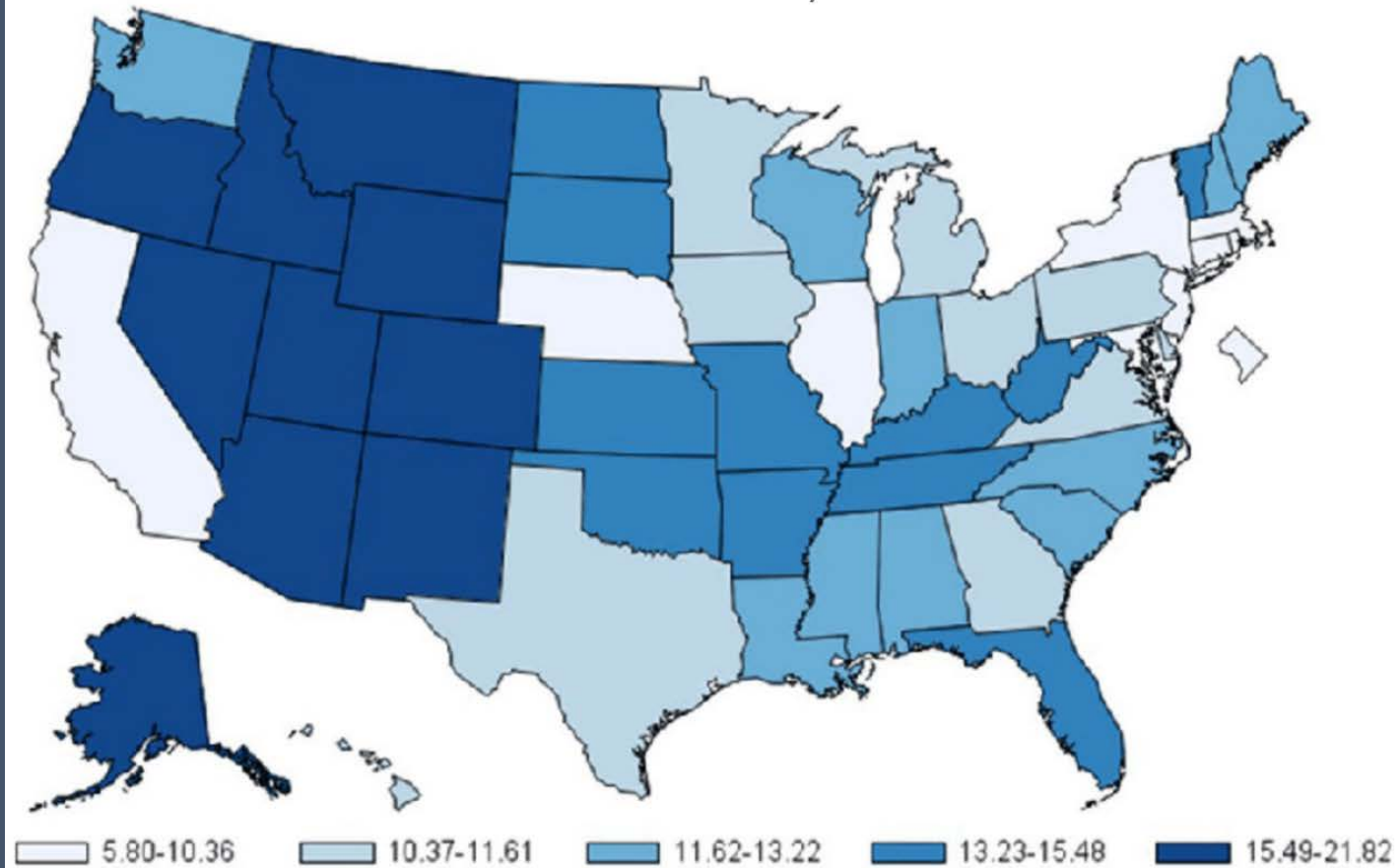
According to the CDC website, in 2015, suicide ranked as the ____ leading cause of death in the US?

When poll is active, respond at **PollEv.com/laurelralsto006** 📱 Text **LAURELRALSTO006** to **22333** once to join



Suicide Rates in the United States
(by state; per 100,000; average 2004–2010)

Data Courtesy of CDC



Suicide Risk Factors

- Previous attempts, male, white, >65, access to firearms, limited social support, family hx of suicide, chronic pain, chronic medical conditions, altitude



Patients with suicidal thoughts

- Columbia Suicide Scale
- Asking about suicide does not make patients suicidal
- Know the guidelines for involuntary hospitalization in your state
- Helpful to have written down a plan for how your office will handle this situation

Patient Resources

- National Suicide Prevention Lifeline, 1-800-273-TALK (8255) or Live Online Chat
- SAMHSA Treatment Referral Helpline, 1-877-SAMHSA7
- National Alliance for Mental Illness (NAMI)

Provider Resources

- Project ECHO (Extension of Community Health Outcomes)
- Collaborative Care Models
- Telepsychiatry





Every life deserves world class care.

