

# **Depression and Anxiety: When to Treat, How to Treat, and When to Refer**

**J. Luke Engeriser, MD**

Residency Program Director; Assistant Professor

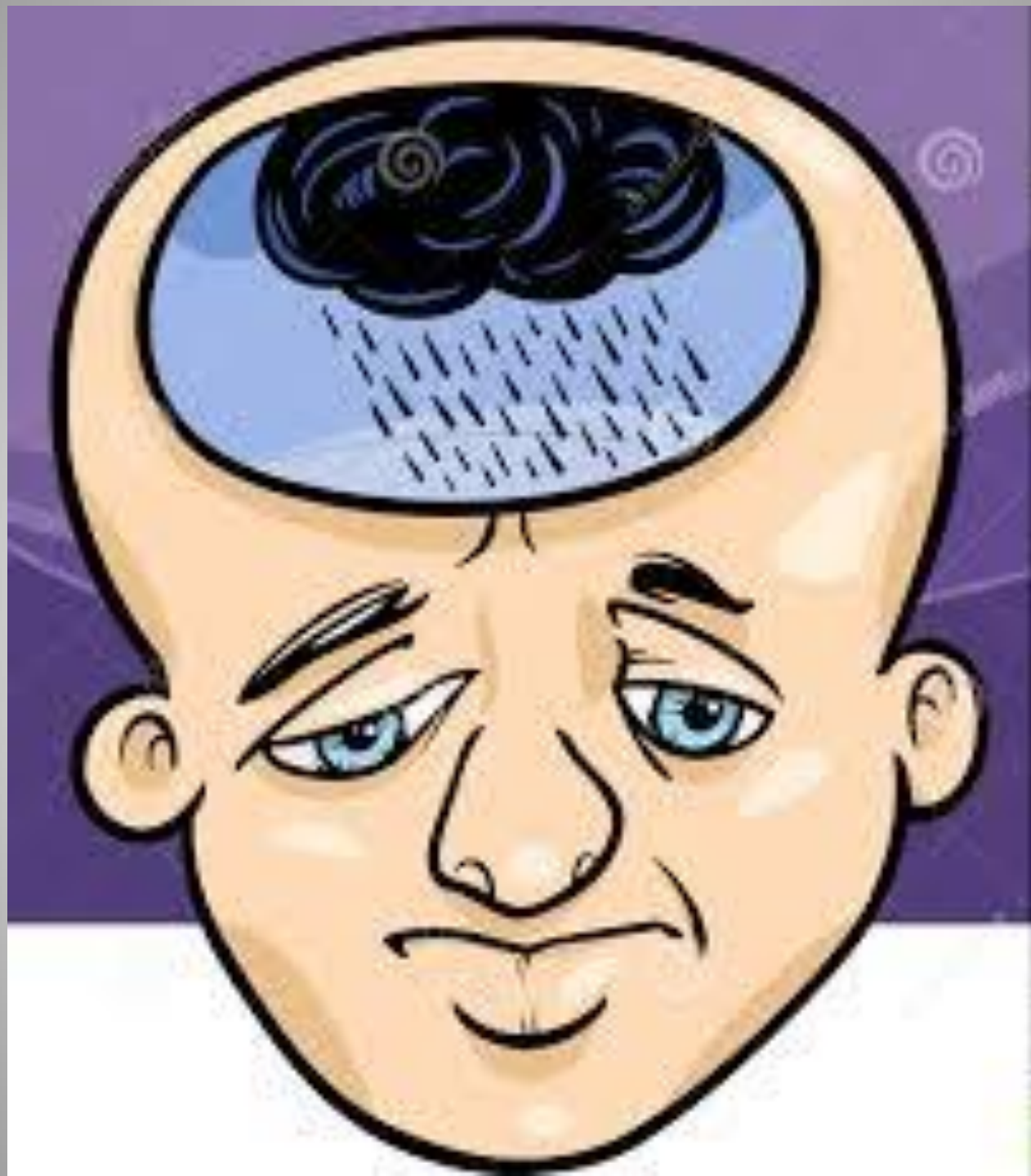
USACOM, Department of Psychiatry

Deputy Chief Medical Officer

AltaPointe Health Systems

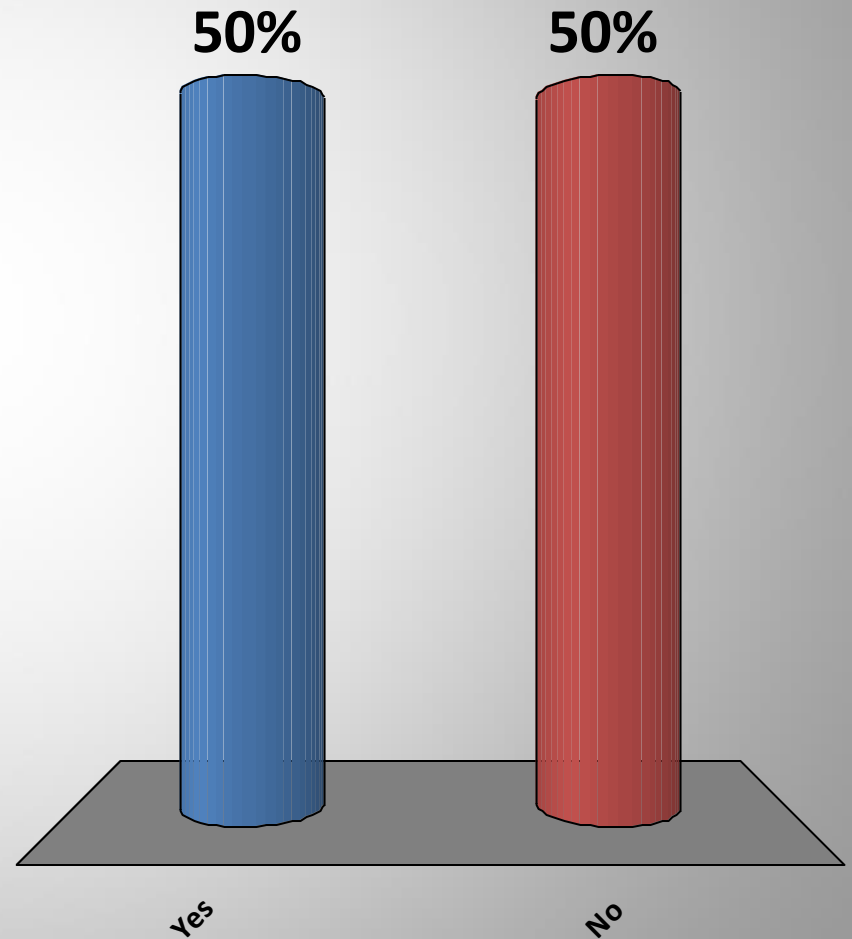
**No Financial  
Disclosures to Report**

**I will discuss off-label  
indications**



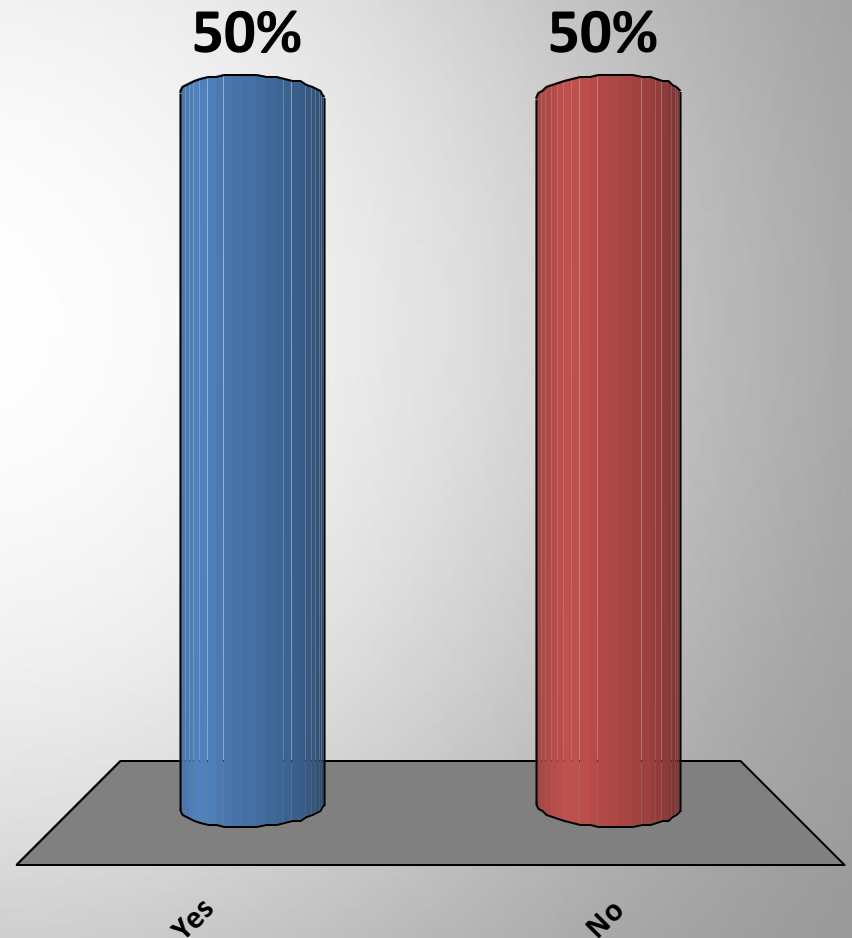
# Do you treat depression in your clinical practice?

- A. Yes
- B. No



# Do you treat anxiety in your clinical practice?

- A. Yes
- B. No



# Depression and Mood Disorders



**Mood Disorders**

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graph TD; A[Mood Disorders] --> B[Depressive Disorders]; A --> C[Bipolar Disorders]
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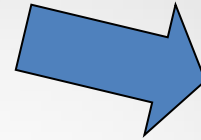
**Depressive Disorders**

**Bipolar Disorders**

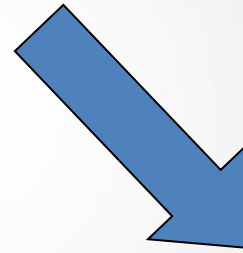
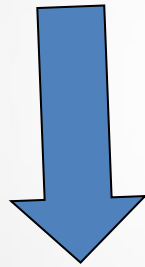
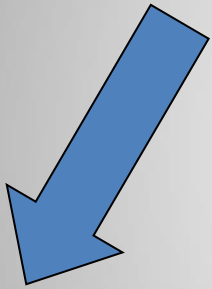
# Types of Depressive Disorders



Depressive Disorders



Adjustment Disorder



Dysthymia

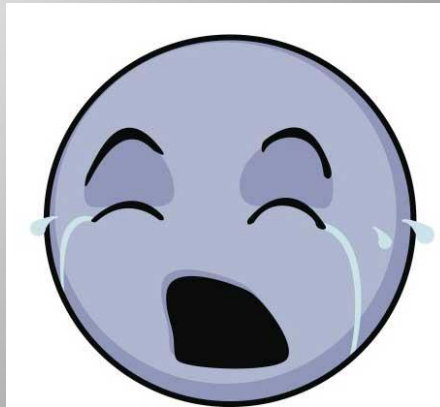
Major  
Depressive  
Disorder

Substance/  
Medical  
Etiology



# DSM Criteria for a Depressive Episode

- S - Sad, Sleep
- I - Interest
- G - Guilt
- E - Energy level
- C - Concentration
- A - Appetite
- P - Psychomotor
- S - Suicide



## Other symptoms which may occur

- Decreased libido or loss of sexual responsiveness
- Loss of motivation
- Aggressive behavior and hostility
- Psychotic symptoms



A 55 year old male presents with symptoms of depression for 3 months including insomnia, anorexia with 15 pound weight loss, difficulties with concentration, and increased feelings of guilt. There are days that he has called in sick to work because he was not motivated to get out of bed in the morning.

# What would be the next step in your management plan?

- |                                     |     |
|-------------------------------------|-----|
| A. Prescribe an antidepressant      | 25% |
| B. Ask about suicidal thoughts      | 25% |
| C. Refer to a psychotherapist       | 25% |
| D. Refer to a psychiatrist          | 25% |
| E. Watch and follow-up in two weeks | 0%  |

# Suicide Assessment



- No “crystal ball”. Need to do safety risk assessment. What is the probability?
- Ask about ***thoughts, plans, and intent.***
- Are there behaviors that others have witnessed? Are there physical signs of trauma?
- Is there a ready access to means (e.g. a firearm)

# SAD PERSONS



- **S:** Male sex
- **A:** Older age
- **D:** Depression
- **P:** Previous attempt
- **E:** Ethanol abuse
- **R:** Rational thinking loss
- **S:** Social supports lacking
- **O:** Organized plan
- **N:** No spouse
- **S:** Sickness

When you ask the patient about suicidal thoughts, he said that he has had thoughts about not wanting to wake up in the morning for months, but no thoughts of actually hurting himself. His SAD PERSONS score is 6, putting him at medium risk of suicide.

# What would be the next step in your management plan?

- |   |     |
|---|-----|
| A. Prescribe an antidepressant              | 50% |
| B. Screen for history of manic episodes     | 50% |
| C. Refer to a psychiatrist                  | 0%  |
| D. Send to the nearest Emergency Department | 0%  |



# When to Refer Depression to a Psychiatrist



- *Severe* depression
  - Psychotic symptoms
  - Suicidal thoughts
  - Severe impairment in ADLs
- Bipolar disorder
- Suboptimal response to one or more antidepressant trials
- When you are uncomfortable treating the disorder

While you are discussing referral to a psychiatrist, the patient becomes tearful, and he admits that yesterday morning he did have suicidal thoughts and had loaded his handgun with the intent to shoot himself. He had second thoughts, put the gun away, and made the appointment with you instead.

# What would be the next step in your management plan?

- |   |      |
|---|------|
| A. Prescribe an antidepressant                      | 100% |
| B. Call his wife and tell her to secure the handgun | 0%   |
| C. Refer to a psychiatrist                          | 0%   |
| D. Send to the nearest Emergency Department         | 0%   |

# When to Refer to Emergency Department



- Suicidal thoughts with a plan and/or intent
- Homicidal thoughts with a plan and/or intent
- *New onset* psychotic symptoms
- Command auditory hallucinations to hurt self or others
- Manic episode
- Severe inability to care for self

You are seeing a 25 year old female for an annual checkup. When asked about her mood, she reports that she has been feeling depressed for the past two weeks after a breakup with her boyfriend of 5 months. She has had some trouble sleeping and mild loss of appetite. She has been going to work but feels a little distracted. She has had no thoughts of suicide.

# What would be the next step in your management plan?

- |  |     |
|--|-----|
| A. Prescribe an antidepressant               | 0%  |
| B. Refer to the closest Emergency Department | 0%  |
| C. Refer to a psychiatrist                   | 50% |
| D. Refer for psychotherapy                   | 50% |
| E. Watch and follow-up in two weeks          | 0%  |

You are seeing a 32 year old male who presents with symptoms of depression for 2 months including insomnia, decreased appetite but no weight loss, and some difficulties with concentration which has affected his performance at work. He has had no suicidal thoughts. He has never been treated for depression in the past.

# What would be the next step in your management plan?

- |  |     |
|--|-----|
| A. Prescribe an antidepressant               | 0%  |
| B. Screen for history of manic episodes      | 0%  |
| C. Refer to the closest Emergency Department | 0%  |
| D. Refer to a psychiatrist                   | 25% |
| E. Refer for psychotherapy                   | 75% |
| F. Watch and follow-up in two weeks          | 0%  |



# DSM Criteria for a Manic Episode

- **D** - Distractibility
- **I** - Impulsivity
- **G** - Grandiosity
- **F** - Flight of ideas
- **A** - Activity/Agitation
- **S** - Sleep (decreased need for)
- **T** - Talkative



The patient has no history of manic episodes and no family history of bipolar disorder. He would prefer to be treated by you rather than seeing a psychiatrist, and he does not feel he has time to see a psychotherapist. You decide to start an antidepressant.

# What type of medication do you choose?

|   |      |
|---|------|
| A. Selective serotonin reuptake inhibitor (SSRI)      | 100% |
| B. Serotonin/Norepinephrine Reuptake Inhibitor (SNRI) | 0%   |
| C. Tricyclic antidepressant (TCA)                     | 0%   |
| D. Bupropion  | 0%   |
| E. Mirtazepine  | 0%   |
| F. Monoamine oxidase inhibitor (MAOI)                 | 0%   |

# SSRI's



- If there is prominent anxiety or insomnia, medications can be started at a lower dose to avoid exacerbation of these conditions.
- Citalopram (Celexa)
- Lexapro (escitalopram)
- Fluoxetine (Prozac)
- Sertraline (Zoloft)
- Paroxetine (Paxil)
- Fluvoxamine (Luvox)

# SNRI's



- Venlafaxine (Effexor)
- Duloxetine (Cymbalta)
- Desvenlafaxine (Pristiq)
- Levomilnacipran (Fetzima)

# Tricyclic Antidepressants



- Nortriptyline (Pamelor)
- Amitriptyline (Elavil)
- Doxepin
- Desipramine
- Imipramine
- Clomipramine

# Monoamine Oxidase Inhibitors (MAOI)



- Tranylcypromine (Parnate)
- Selegiline (EMSAM patch)
- Isocarboxazid (Marplan)
- Phenezine (Nardil)

# Others



- Bupropion (Wellbutrin)
- Mirtazepine (Remeron)
- Trazodone (Desyrel, Oleptro)
- Vilazodone (Viibryd)





# Psychotherapy

- Psychodynamic therapy
- Cognitive Behavioral Therapy

The two of you agree to start sertraline. He returns for follow-up six weeks later and tells you he feels a little bit better. His overall severity of depression has lowered from a 7/10 to a 5/10.

# What would be the next step in your management plan?

- |  |      |
|--|------|
| A. Increase the dose of sertraline                 | 100% |
| B. Switch to another SSRI                          | 0%   |
| C. Switch to an SNRI                               | 0%   |
| D. Augment with mirtazepine                        | 0%   |
| E. Watch and follow-up again in another two months | 0%   |

# Treatment of Major Depression



- Common reasons for failure on a particular medication are inadequate dosing and inadequate duration of treatment.
- Most patients should be increased to the lowest therapeutic dose within 1-4 weeks as tolerated.
- The dose should be increased after inadequate response on the lowest therapeutic dose after one month.
- The medication cannot be considered a failure until they have been on the maximum dose for one month.



- Adequate Response = at least a 50% reduction in symptoms
- Partial Response = 25-50% reduction in symptoms
- Non Response = Little, if any, reduction in symptoms.



- The goal is to achieve *at least* an adequate response, not partial response. Partial response eventually ends up as full relapse of symptoms for many.
- Ultimate goal is the achieve remission which is defined as an absence of symptoms and a return to normal functioning.

You increase the dose of sertraline to 100mg, and one month later, the patient has achieved full remission from his symptoms. You see him again six months later, and he has continued to do well. He asks you about continuing the antidepressant.

# What would be the next step in your management plan?

- |   |     |
|---|-----|
| A. Reduce the sertraline dose to 50mg         | 75% |
| B. Taper and discontinue the sertraline       | 25% |
| C. Continue sertraline for another six months | 0%  |
| D. Continue sertraline indefinitely           | 0%  |





- For one episode of Major Depression, the patient should remain on the medication for a period of one year from the time that remission of symptoms had been achieved.
- If multiple episodes or if a diagnosis of bipolar disorder, treatment should be life-long.

You have been treating a 40 year old female patient for a recurrent episode of depression. You have gradually increased her dose of fluoxetine over three months to the maximum dose of 80mg daily, and she has achieved a partial response.

# What would be the next step in your management plan?

- |   |      |
|---|------|
| A. Taper fluoxetine and switch to another SSRI. | 100% |
| B. Taper fluoxetine and switch to an SNRI.      | 0%   |
| C. Augment with bupropion                       | 0%   |
| D. Refer for psychotherapy                      | 0%   |
| E. Refer to a psychiatrist                      | 0%   |

# Anxiety Disorders



# Anxiety Disorders (DSM-IV)



Anxiety Disorders

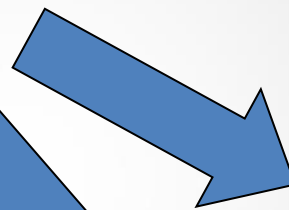
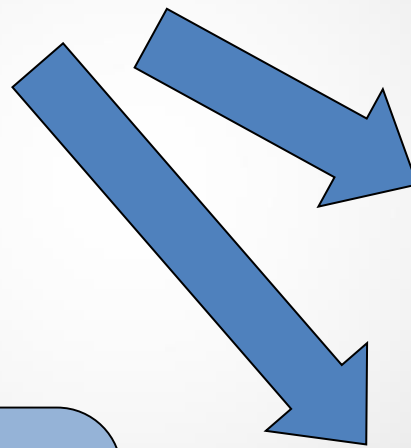
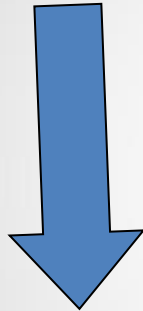
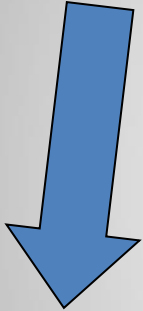
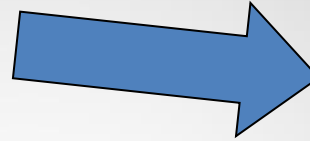
Panic Disorders

Generalized anxiety disorders

PTSD

Obsessive-Compulsive Disorder

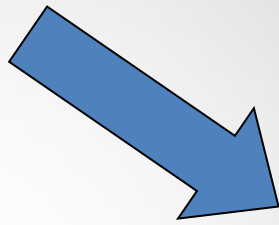
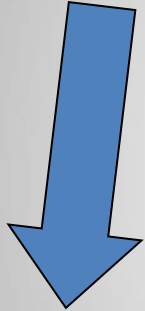
Phobias



# Anxiety Disorders (DSM-5)



Anxiety Disorders  
(DSM-IV)

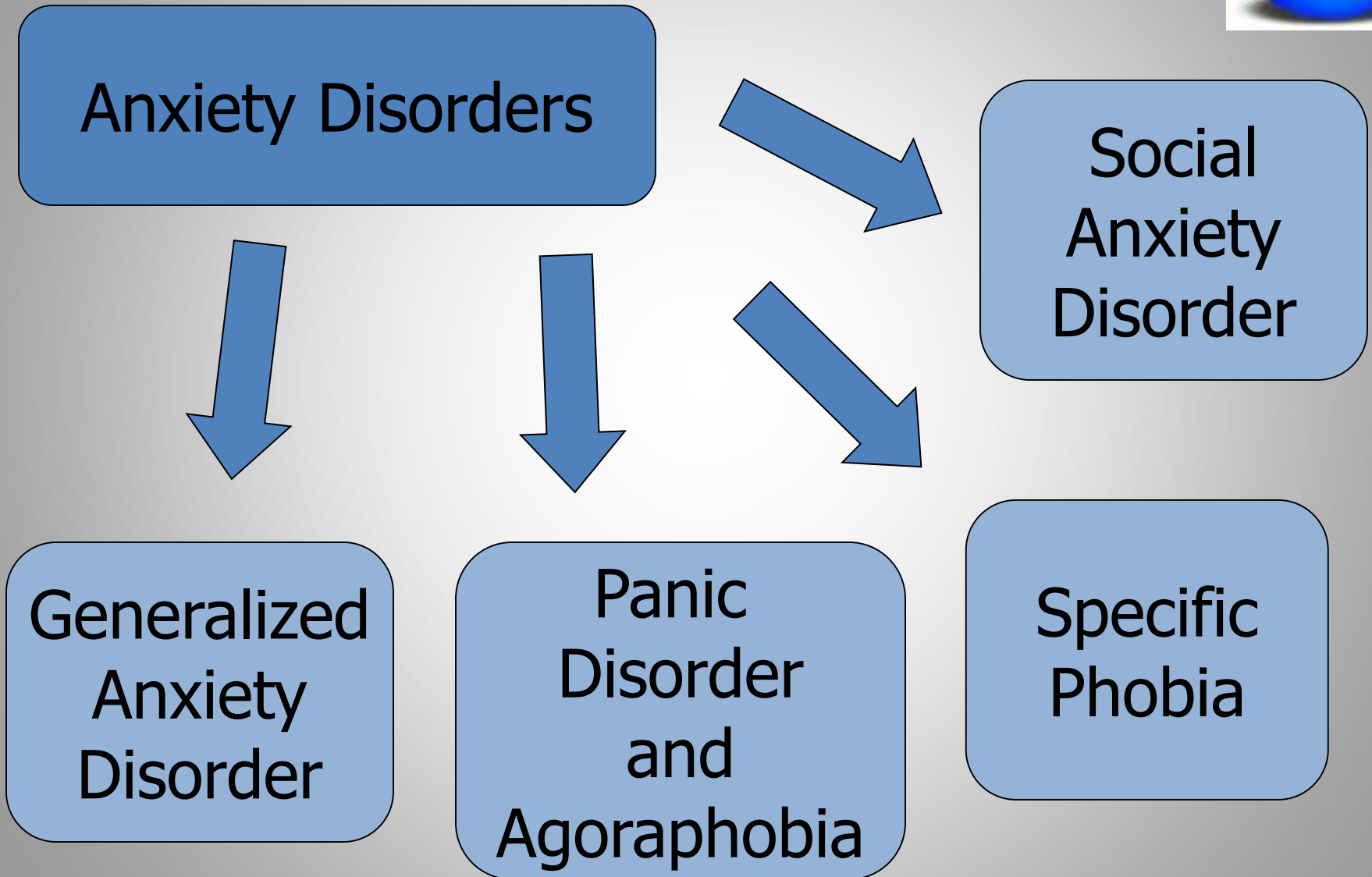


Anxiety  
Disorders

Obsessive  
Compulsive  
Disorders

Trauma  
Related  
Disorders

# Anxiety Disorders (DSM-5)



A 25 year old male presents with symptoms of anxiety which have been present for years but have worsened over the past 6 months.

He has a chronic worrying about both important and trivial matters, and his anxiety causes him periodic nausea, diarrhea, and headaches. Routine medical workup is negative and he has no thoughts of suicide.



# What would be the next step in your management plan?

- |                            |      |
|----------------------------|------|
| A. Start an SSRI.          | 0%   |
| B. Start an SNRI.          | 100% |
| C. Start a benzodiazepine  | 0%   |
| D. Refer for psychotherapy | 0%   |
| E. Refer to a psychiatrist | 0%   |

# SSRI's



- Citalopram (Celexa)
- Lexapro (escitalopram)
- Fluoxetine (Prozac)
- Sertraline (Zoloft)
- Paroxetine (Paxil)
- Fluvoxamine (Luvox)

# SNRI's



- Venlafaxine (Effexor)
- Duloxetine (Cymbalta)
- Desvenlafaxine (Pristiq)
- Levomilnacipran (Fetzima)

# Tricyclic Antidepressants



- Nortriptyline (Pamelor)
- Amitriptyline (Elavil)
- Doxepin
- Desipramine
- Imipramine
- Clomipramine

# Monoamine Oxidase Inhibitors (MAOI)

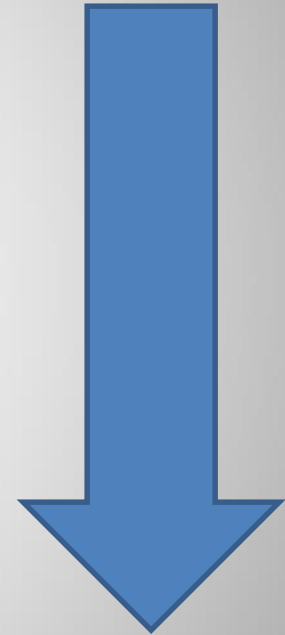


- Tranylcypromine (Parnate)
- Selegiline (EMSAM patch)
- Isocarboxazid (Marplan)
- Phenzelzine (Nardil)

# Benzodiazepines



- Clonazepam (Klonopin)
- Lorazepam (Ativan)
- Diazepam (Valium)
- Alprazolam (Xanax)



# Others



- ~~Bupropion (Wellbutrin)~~
- Mirtazepine (Remeron)
- Trazodone (Desyrel, Oleptro)
- Vilazodone (Viibryd)
- Buspirone (Buspar)
- Gabapentin (Neurontin)
- Propranolol (Inderal)



# Psychotherapy

- Cognitive Behavioral Therapy
- Exposure therapy



A 35 year old female presents with severe, disabling panic attacks which occur unexpectedly about three times per year. She had an attack once when at a supermarket, and she now will go to the store only first thing in the morning when there are less shoppers. This has created difficulties as her children have gotten older.

# What would be the next step in your management plan?

- |                            |      |
|----------------------------|------|
| A. Start an SSRI.          | 0%   |
| B. Start an SNRI.          | 0%   |
| C. Start a benzodiazepine  | 100% |
| D. Refer for psychotherapy | 0%   |
| E. Refer to a psychiatrist | 0%   |

You are seeing a 25 year old male with a severe fear of flying after a plane trip 2 years ago in which the plane experienced severe turbulence. He has not flown since.

He found out that he will need to attend a business meeting in Seattle in 2 months, and not attending the meeting could mean losing his job.

# What would be the next step in your management plan?

- |                            |     |
|----------------------------|-----|
| A. Start an SSRI.          | 20% |
| B. Start an SNRI.          | 20% |
| C. Start a benzodiazepine  | 20% |
| D. Refer for psychotherapy | 20% |
| E. Refer to a psychiatrist | 20% |

You are seeing an 18 year old male with a long history of panic attacks which have progressively worsened. For the past several months he has rarely left his parents house due to fears of having another panic attack.

He has dropped out of college because he cannot go to class. In your office, his hands are visibly shaking, and he looks very uncomfortable.

# What would be the next step in your management plan?

- |                                 |     |
|---------------------------------|-----|
| A. Start an SSRI.               | 50% |
| B. Start an SNRI.               | 50% |
| C. Start a benzodiazepine       | 0%  |
| D. Screen for suicidal thoughts | 0%  |
| E. Refer for psychotherapy      | 0%  |
| F. Refer to a psychiatrist      | 0%  |

A 28 year old female presents for an annual physical. She reports that she was recently promoted, but she is very stressed because her new position requires her to give occasional presentations in front of large groups, and this is something which she has always struggled to do due to her intense anxiety.

# What would be the next step in your management plan?

- |                            |     |
|----------------------------|-----|
| A. Start an SSRI.          | 0%  |
| B. Start an SNRI.          | 50% |
| C. Start a benzodiazepine  | 50% |
| D. Start propranolol       | 0%  |
| E. Refer for psychotherapy | 0%  |
| F. Refer to a psychiatrist | 0%  |



Questions?

