

## Clinical and Economic Considerations of Depression Management: A Managed Care Approach

This Special Report supplement to *The American Journal of Managed Care* contains the proceedings of a roundtable discussion titled "Clinical and Economic Considerations of Depression Management: A Managed Care Approach," which was held April 16 and 17, 1999 in Scottsdale, Arizona. The 10 panelists were experts drawn from diverse areas, including psychiatry, primary care, healthcare economics, pharmacology, and managed healthcare. The panel addressed medical, social, and economic problems involved in the management of depression in specialty and primary care settings, the impact of new research, and the challenges posed by evolving healthcare delivery processes.

The prevalence of depressive disorders in the US population is high.<sup>1,2</sup> Depressed patients experience limitations in social and physical functioning that are comparable in severity to those experienced by patients with other chronic medical illnesses. In addition, mortality rates are higher among depressed individuals, as are health service use and healthcare costs.<sup>3,4</sup> However, successful treatment of depression can reduce associated medical morbidity and improve social outcomes.<sup>5</sup>

Despite the availability of treatments, numerous issues complicate the management of depression in

specialty and, in particular, in primary care, including lack of recognition of the disorder, especially in older patients despite positive psychiatric screens; copresentation of medical comorbidities; the perceived stigma associated with the illness; treatment failure; and lack of adherence. Other challenges to effective treatment include low rates of intervention, rigid adherence to *Diagnostic and Statistical Manual of Mental Disorders* criteria, and undertreatment. Unresolved issues also include the appropriate length and locus of care.

Although the majority of care for depression is provided by primary care physicians, identification and treatment in this setting is challenging because of the chronicity of the illness, concealment by patients of their mental health history, somatic manifestations, the brevity of most office visits, competing demands for the clinician's attention, and the separation of medical and mental healthcare.<sup>6-9</sup>

One potential way of improving depression outcomes is health management—a patient-centered approach to managing depression in primary care with a focus on quality of life. In this model, depressive disorders are placed within the context of the total well-being of the patient and are not addressed in isolation. The ReACT strategy (Recognize, Assess,

Categorize, and Treat) provides another possible means to improving outcomes in depression. The strategy assists primary care physicians to prioritize better by providing a guideline for detecting and triaging depressed patients according to the level of intervention required.<sup>10</sup>

Collaborative treatment involving primary care physicians and mental health professionals may also be used to improve outcomes. An integrated psychiatry-primary care model and a psychiatrist/psychologist-primary care model, in which intensive interventions were applied at the level of the patient, the physician, and the process of care, are examined in this supplement. Both models of care have been shown to improve adherence and health outcomes in patients with major depression.<sup>11,12</sup> An economic analysis of the models demonstrated that despite somewhat higher costs with the intervention, the cost effectiveness of the collaborative care models was more favorable, making such strategies a high-value approach to improve care.

Collaborative care in the clinical setting, however, does not appear to work as effectively as it does in controlled studies, and some studies have attempted to determine the factors that improve or hinder the success of such programs. The proximity of specialty care to primary care has been shown to be a major determinant of a successful collaboration.<sup>13</sup>

In addition to methods of care, the benefits and side effects of the cyclic antidepressants—the cornerstone of therapy for major depression—are detailed. The major agents are the tricyclic antidepressants (TCAs) and the selective serotonin reuptake inhibitors (SSRIs). Despite their effectiveness in improving depressive symptoms, TCAs have a variety of adverse effects stemming from antagonism of muscarinic, histaminic, and alpha-adrenergic receptors, and they are the leading cause of morbidity

### ACRONYM LIST

The following acronyms appear in this Special Report supplement.

<b>AHCPR</b>	Agency for Health Care Policy and Research
<b>AIDS</b>	Acquired immune deficiency syndrome
<b>APA</b>	American Psychiatric Association
<b>ARNP</b>	Advanced registered nurse practitioner
<b>CABG</b>	Coronary artery bypass grafting
<b>CES-D</b>	Center for Epidemiological Studies Depression scale
<b>CL</b>	Consultation liaison
<b>CY</b>	Cytochrome
<b>DO</b>	Doctor of osteopathy
<b>DRADA</b>	Depression and Related Affective Disorders Association
<b>DSM</b>	<i>Diagnostic and Statistical Manual of Mental Disorders</i>
<b>ECG</b>	Electrocardiogram
<b>ECT</b>	Electroconvulsive therapy
<b>FP</b>	Family physician
<b>HIV</b>	Human immunodeficiency virus
<b>HEDIS</b>	Health Plan Employer Data and Information Set
<b>HMO</b>	Health maintenance organization
<b>ICU</b>	Intensive care unit
<b>IPT</b>	Interpersonal psychotherapy
<b>IVR</b>	Interactive Voice Response
<b>MAO-I</b>	Monoamine oxidase inhibitor
<b>MBHO</b>	Managed behavioral health organization
<b>MCO</b>	Managed care organization
<b>mD</b>	Minor depression
<b>MD</b>	Major depression
<b>MDE</b>	Major depressive episode
<b>MDD</b>	Major depressive disorder
<b>minD</b>	Minor depressive disorder
<b>MH</b>	Mental health
<b>MHP</b>	Mental health practitioners
<b>NCQA</b>	National Committee for Quality Assurance
<b>NIMH</b>	National Institute of Mental Health
<b>PCP</b>	Primary care physicians
<b>PRIME-MD</b>	Primary Care Evaluation of Mental Disorders
<b>ReACT</b>	Recognize, Assess, Categorize, Treat
<b>SSD</b>	Subthreshold depressive
<b>SSRIs</b>	Selective serotonin reuptake inhibitors
<b>SIADH</b>	Syndrome of Inappropriate Antidiuretic Hormone secretion
<b>TCA</b>	Tricyclic antidepressants
<b>VA</b>	Veterans Administration

from drug overdose in adults and children.<sup>14</sup> TCAs' side effects have led to the increase in popularity of the SSRIs, which have a comparatively benign side-effect profile and can be dosed with relative safety. Physicians, however, must remain vigilant for drug interactions with both prescription and over-the-counter medicines, as some of the SSRIs inhibit drug-processing pathways in the liver.

With the availability of effective therapy, complex medical and psychologic issues relating to diagnosis, adherence, and treatment can begin to be addressed and alternative models of providing care can be explored. Managed care can become a major driver for these endeavors, as health-care providers strive to deliver optimum care in an era of increasingly scrutinized healthcare costs.

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