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"It is better to light one small candle than to curse the darkness."

-- Eleanor Roosevelt

Combination Therapies for Depression

Combination therapies for depression can be described as falling into two types: **1)** regimens that combine two or more anti-depressants and **2)** augmentation strategies that use a different type of medicine to try to enhance the action of an anti-depressant. Although the augmentation strategies have the best empirical backing, they are not used as often as certain combination strategies.

Combination strategies

- An **SSRI, Effexor or Wellbutrin, plus trazodone** 50-200 mgs qHS to help with sleep, especially when patients find the first medication to be excessively stimulating or insufficiently helpful with insomnia.
- An **SSRI, Effexor or Remeron, plus Wellbutrin**: Wellbutrin may reduce sexual side effects for some individuals or may be used for its stimulant properties to address sedation or enhance anti-depressant effect. Wellbutrin doses of up to 200 mgs BID may be well tolerated by patients, though some may find higher doses too stimulating in combination. Even 200 mgs qAM can be helpful.
- **Effexor plus Remeron**: Thought by some to be a very potent anti-depressant combination, especially with doses in the 225-300 mg qAM and the 30-45 mg qHS range, respectively.

Augmentation strategies

- An **anti-depressant plus Lithium**: Lithium levels (measured about 12 hours post last dose) of 0.6-0.8 are probably sufficient. Lithium doses of 300-600 mgs BID are usually needed to get it there.
- An **anti-depressant plus Cytomel (T-3)**: The Cytomel is usually dosed from 25-50 micrograms qD.
- An **SSRI, Effexor or Wellbutrin, plus one of the newer anti-psychotic medications**, such as Risperdal (0.5-4mgs qHS), Seroquel (25-300 mgs qHS), or Zyprexa (2.5-10 mgs qHS): Addition of one of these agents is essential if the depression has psychotic features, but may also be helpful with certain co-morbid personality disorders, anxiety, or insomnia. Weight gain can be a problem, especially with Zyprexa. These doses are lower than those used when treating a primary psychotic disorder.

If you have any questions about any of these medication combinations, feel free to call or email the M-DOCC nurses or Dr. Kevin Kerber for assistance or further information.

Congratulations to... CHELSEA FAMILY PRACTICE

In December, Chelsea Family Practice PCPs referred more patients into the DPC project than ever before in the clinic's history. Furthermore, their total 25 referrals are the highest total number of referrals to the program in one month for all clinics!

Our thanks to Chelsea for the hard work. You are this month's Star Clinic!

Meet Your Care Managers

Julie Kuebler, RN, NP

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pager # 6283



Julie has worked at the University of Michigan Hospitals for over 19 years in a variety of settings. Her nursing experience includes 7 years on the adult inpatient psychiatric unit, 6 years on the child and adolescent inpatient psychiatric unit and 5 years in adult outpatient psychiatry. Julie recently completed the Psychiatric/Mental Health Nurse Practitioner program at the University of Michigan, School of Nursing.

Charlotte Allport, RN, MS

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Charlotte has been a nurse for 20 years working in a variety of settings including general surgery, home care and hospice. For 10 years she worked on the adult inpatient psychiatric unit at the University of Michigan, and for the last 3 years has worked in outpatient psychiatry for UM. She graduated in April 2003 with her Masters degree in Psychiatric/Mental Health nursing and was recently certified as a Psychiatric/Mental Health Nurse Practitioner. She has also co-developed the Self-Management for Depression skills training group with Julie Kuebler.

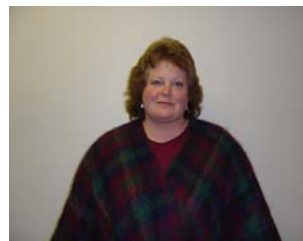


Bernie Di Carlo, MSW

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Bernie trained at Henry Ford Hospital Psychiatry Department's Behavioral Health clinic, focusing on cognitive behavioral therapy for mood and anxiety disorders. Her experience also includes adult substance abuse treatment. Prior to graduating from Wayne State University with an MSW, she worked for several years at Trinity Health System, organizing international surgical mission trips. She has been with the M-DOCC program since it began operating in UM primary care sites in early 2003.

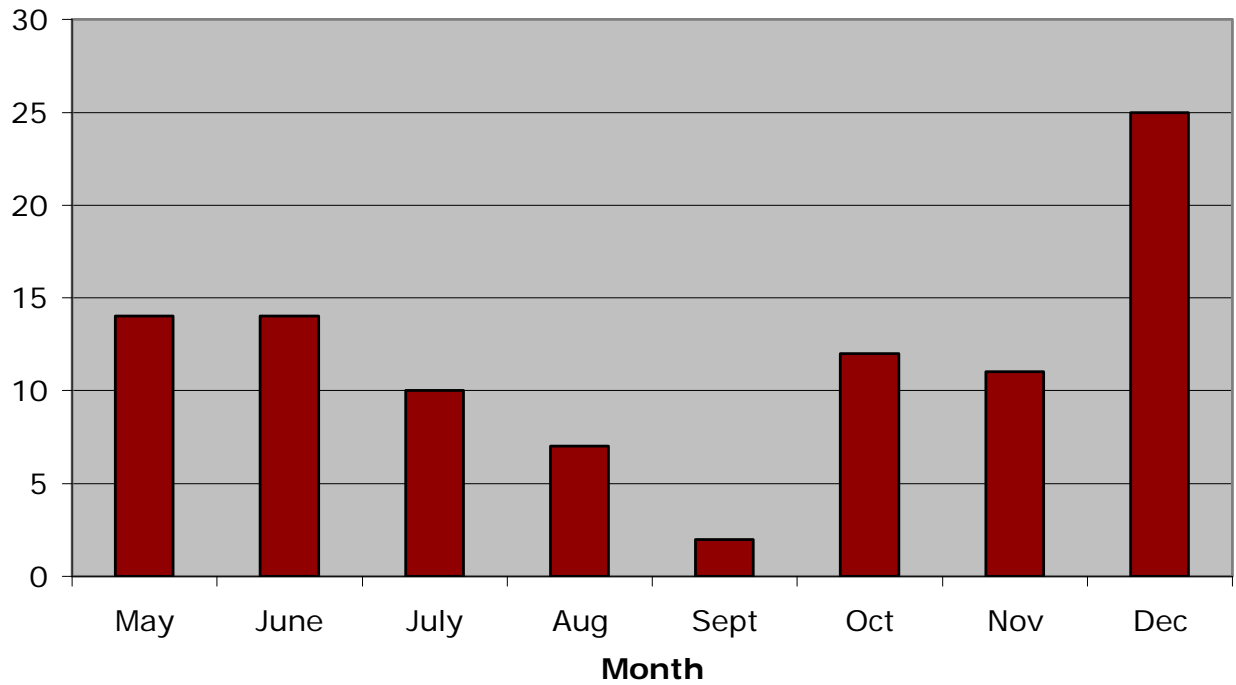


Diane Griffith, MSW

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Diane brings over 15 years of social work experience to the MDOCC program. She graduated from the University of Michigan with a Masters degree in Social Work in 1989 and was received into the Academy of Certified Social Workers in 1991. Diane has worked in a variety of clinical mental health venues; including both private practice and Community Mental Health settings. Her areas of clinical expertise include treatment of depression as it relates to grief, loss and change of life issues, and mental health issues related to childhood trauma.

Chelsea Progress Month-to-Month



Here is a chart of your monthly progress, through December 2003. We look forward to an even better year in 2004!!