University of Michigan
Depression Center
Summer 2003

PATIENT & FAMILY NEWSLETTER

Depression in Primary Care

Somewhat surprisingly, many people with depression are not seen by a psychiatrist, psychologist or social worker. Instead, they seek treatment from their family doctor, pediatrician, or obstetrician/gynecologist.

As a result, depression is commonly seen in the primary care setting. By some estimates, 70% of depression is treated by primary care physicians.

Difficult to diagnose

Often, individuals with depression do not complain of traditional depressive symptoms. The more common presenting symptoms are unexplained pain, fatigue, and sleep disturbances. But because these symptoms also accompany other common medical conditions, depression is difficult to diagnose in the primary care setting.

Common Physical Symptoms of Depression

Fatigue or loss of energy
Gastrointestinal complaints
Headache or dizziness
Backache
Muscle or joint pain
Numbness
Chest pains

A unique opportunity

Depression is the "under" disease: under detected, under diagnosed, and under treated. Primary care physicians are in a unique position to address this important problem.

Why? First, they are often the first point of contact for patients suffering from depression.

Second, they are trusted by their patients. Trust is one of the most important elements in a patient's willingness to seek care for depression.

Third, they are able to follow symptoms over time as part of their comprehensive management of all of their patients' medical issues.

Challenges

Although primary care physicians are ideal partners in the fight against depression, certain challenges exist within this setting.

First, some studies indicate that only half of depressed patients are accurately diagnosed by their primary care physicians.

Second, not all primary care physicians treat depression according to the recommended approaches. As a result, patients may receive inadequate doses of antidepressant medications, or are not offered other effective forms of treatment such as brief counseling.

Third, relationships between primary care physicians and mental health specialists have been difficult to create and maintain.

Other barriers to success

Barriers to the successful management of depression in a primary care setting include: short office visits, patients' fear of stigma, lack of reimbursement for mental health care, difficulty in discriminating between symptoms of depression and

(Continued on pg. 3)

Inside this issue

Community events 2
What the Depression Center is doing 3
New facility coming 3
What if the first antidepressant doesn't work? 4

Upcoming Community Events

Please take advantage of the following free and low-cost programs

Into the Light Walk
When: September 20, 2003
Where: Pioneer High School, 601 W. Stadium, Ann Arbor

The U-M Depression Center and the Ann Arbor chapter of the American Foundation for Suicide Prevention are teaming up once again to host the second annual *Into the Light Walk*. Participants will hear opening remarks from former Detroit Lions quarterback Eric Hipple and Detroit radio legend Dick Purtan, and enjoy free food, face painting, massage, and t-shirts. All money raised will be used to develop and implement depression and suicide prevention programs in the community. For more information or to register, please visit our website at www.depressioncenter.org.

Family Education Workshop Series
When: Beginning October 1, 2003
Where: 2101 Commonwealth, off of Plymouth Road

Offered free of charge: To register call (734) 764-0210

Starting in October, the University of Michigan Depression Center will offer families and patients an opportunity to learn about depression and how it affects families. Clinicians from the Depression Center will make presentations and lead discussion groups. Suggestions will be offered on how to cope more effectively with depression and how to improve communication within the family. There will be opportunities for families to discuss how depression has impacted them, and to ask questions. Free educational materials will be available to take home.

Depression on College Campuses Conference
When: March 9-10, 2004

The second annual *Depression on College Campuses* conference will be held on March 9-10, 2004. It will focus on how depression is impacted by sleep, drugs, alcohol, and stress. Prominent speakers will include author, mental health advocate and psychologist Dr. Kay Redfield Jamison, who will deliver a keynote address. For regular updates on this two-day event, please check www.depressioncenter.org.

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(Continued from pg. 1)

other medical problems, and lack of available mental health care providers.

Overcoming the barriers

Longer medical visits to address depressive symptoms is not an option, because this strategy would not be sustainable over time.

Instead, primary care physicians need new "tools".

The tools include screening instruments, electronic progress-monitoring systems, and patient-centered education programs.

Depression experts also need to translate new advances in diagnosis and treatment into interventions that can work within the constraints of primary care, so that physicians can apply them in a practical way.

Perhaps the most important need is to create and maintain stronger collaborative relationships, or partnerships, between primary care and specialty mental health clinicians.

When should depression be referred?

Most patients with mild to moderate depression can be successfully managed by their primary care physicians.

Severe and complicated cases need to be referred. This is where the collaborative relationship described above is most important.

Depending on the primary care physician's level of skill and interest, cases involving suicidal ideation, psychosis, possible bipolar disorder, or lack of response to treatment should be referred to a specialist for psychiatric evaluation.

In a current study, pregnant women are being screened for depression.

What is the Depression Center doing?

The Depression Center Network is working to improve the quality of depression recognition and treatment within the primary care sector in many ways. You can read more about these and other projects on www.depressioncenter.org.

Research

Dr. Michael Klinkman, a U-M family physician, is investigating different ways to integrate "best practice" depression treatment into primary care settings. His current research tests a new clinical model that emphasizes better care management, symptom monitoring and clinician feedback, and the technology to support these processes.

Screening

Dr. Sheila Marcus, a U-M psychiatrist, is conducting a study in which pregnant women are routinely screened in the waiting rooms of their ob/gyns. Results indicate that a substantial number of pregnant women have significant symptoms of depression, yet they are not being monitored in treatment.

As a result, the U-M Depression Center recommends routine screening of pregnant women in clinical settings where follow-up care for depression is feasible.

New Clinical Tools

The U-M Depression Center is also using some new clinical "tools" thought to be easily transferable to the primary care setting.

The Michigan Screening for Treatment and Research Triage (M-START) is a web-based tool that determines the level of care needed by the patient, and also determines the patient's candidacy for research projects.

Another, the Michigan Depression Outreach and Collaborative Care (M-DOCC) program, helps clinicians find the best treatment, track patient progress, and manage side effects. Currently, this is the only accredited depression disease management program in the country.

Education

Primary care patients also need education. The Center offers a variety of printed materials such as *Beyond Sadness,* a brochure which helps patients identify the common symptoms of depression.

IN THE NEWS

Design phase begins for new Depression Center facility

On July17th, the University of Michigan Regents approved a $38 million building project that will help the University lead the way in expanding the treatment, research and education needed to counteract depressive illnesses in the United States.

"By building a comprehensive Depression Center that emphasizes research strategies and collaboration with other health professionals, we can identify and treat depression and bipolar disorder earlier and more effectively," says John F. Greden, M.D., the Center's Executive Director.

"By constructing a specialized facility, we've also created one of the best weapons to counteract the remaining stigma surrounding depressive illnesses and related disorders. We want the millions of Americans who are suffering to feel comfortable when seeking care and treatment."

By bringing together — and expanding — the University's wide range of coordinated patient care services and its extensive, world-class clinical research efforts, the facility will increase research, education and training for health care professionals and community members.

In all, the new building will allow U-M to advance the field of depression and related disorders on all fronts.

The three-level clinical facility will include 54,200 square feet dedicated to outpatient research projects, 40,000 square feet for adult and child clinics and patient consult rooms, and 12,300 square feet for building support.

It will connect to the southwest side of the existing U-M East Ann Arbor Health Center on Plymouth Road in Ann Arbor. The project will add 440 parking spaces for patients, faculty and staff.

Construction is tentatively scheduled to begin in 2004. The facility is set to open for patient use in 2006.

Research Update: What if the first antidepressant doesn't work?

Dr. Michael Klinkman (pictured), a family physician and member of the Depression Center Network, and colleague Dr. Elizabeth Young, a psychiatrist and head of the Depression Center Research Core, are attempting to answer the question, "What if the first antidepressant doesn't work?" by conducting a large, multi-center, multi-site clinical trial called *Sequenced Treatment Alternatives to Relieve Depression* (STAR*D). Funded by the National Institute of Mental Health, the project aims to determine the "next step" treatment for depressive episodes that do not respond to a first treatment with SSRIs.

STAR*D participants were recruited from both primary and specialty care settings, so that the findings will have direct implications for primary care clinical practices as well as in specialist settings. For more information on STAR*D, visit their website at www.edc.gsph.pitt.edo/stard/.