

October is National Depression and Mental Health Screening Month

Depression can affect one in five adults and one in six youth aged 6 -17 each year. October is National Depression and Mental Health Screening Month and, it is a good time to bring awareness and increase our understanding of the signs and symptoms of mental health issues.

Depression, known as major depressive disorder or clinical depression, is a common and serious mood disorder. Those suffering from depression experience persistent feelings of sadness and hopelessness and lose interest in activities they once enjoyed. The emotional problems caused by depression, can manifest as a physical symptom such as issues with digestion or chronic pain. A diagnosis of depression is made when symptoms are present for at least two weeks.

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, (DSM-5) criteria to make a diagnosis of depression outlines an individual must be experiencing five or more symptoms during the same 2-week period and at least one of the symptoms should be either (1) depressed mood or (2) loss of interest or pleasure.

1. Depressed mood most of the day, nearly every day.
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.
3. Significant weight loss when not dieting or weight gain or decrease or increase in appetite nearly every day.
4. A slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down).
5. Fatigue or loss of energy nearly every day.
6. Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
7. Diminished ability to think or concentrate, or indecisiveness, nearly every day.
8. Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

These symptoms must cause the individual clinically significant distress or impairment in social, occupational, or other areas of functioning. The symptoms must also not be a result of substance abuse or another medical condition.

Extreme depression may lead to suicidal ideation or suicidal intent. The difference as defined by DSM-5 is suicidal ideation as “recurrent thoughts that are focused on active plans to kill oneself.” DSM-5 specifies for suicidal intent that “the person must have made active preparations for death (e.g., collecting pills, buying a gun, researching methods).” The important thing to remember is that suicidal ideation and intent can be fluid. A person who is only thinking about suicide may develop intent, and vice versa.

A recommendation based on many studies have assessed severity of depression using clinician-administered instruments, such as the Hamilton Rating Scale for Depression, or Montgomery-Asberg Depression Rating Scale.

Antidepressants Used to Treat Symptoms of Depression

Selective Serotonin Reuptake Inhibitors (SSRIs) is often the first drug class prescribed as these medications tend to cause fewer side effects than others. SSRIs include citalopram (Celexa), escitalopram (Lexapro), fluoxetine (Prozac), paroxetine (Paxil), sertraline (Zoloft), and vilazodone (Viibryd).

Serotonin Norepinephrine Reuptake Inhibitors (SNRIs) antidepressant class includes duloxetine (Cymbalta), venlafaxine (Effexor XR), desvenlafaxine (Pristiq, Khedezla), and levomilnacipran (Fetzima).

Tricyclic Antidepressants (TCAs), these medications tend to cause more severe side effects, so they are often only prescribed after an individual has tried an SSRI or a SNRI without improvement. TCAs used in depression treatment include imipramine (Tofranil), nortriptyline (Pamelor), amitriptyline, doxepin, trimipramine (Surmontil), desipramine (Norpramin), and protriptyline (Vivactil).

Monoamine Oxidase Inhibitors (MAOIs) include tranylcypromine (Parnate), phenelzine (Nardil), and isocarboxazid (Marplan), and require diet restrictions due to potentially serious interactions with foods such as cheese, pickles, and wine. These medications cannot be combined with SSRIs.

Atypical Antidepressants, these second-generation medications fit in other antidepressant categories and include bupropion (Wellbutrin XL, Wellbutrin SR), mirtazapine (Remeron), nefazodone, trazodone, and vortioxetine (Trintellix).

Antidepressants may produce some improvement of symptoms within the first week or two of use, but full benefits may not be realized for 2 to 3 months. If an individual feels no improvement after several weeks, recommendation is to consider altering the dose of the medication, adding another antidepressant, or switching medications.

Cognitive behavioral therapy (CBT) used on its own for mild depression or in conjunction with medication for moderate to severe depression. This can help individuals recognize distorted or negative thinking and learn coping strategies. Depending on depression severity, improvement is usually seen in 10 to 15 psychotherapeutic sessions.

If medication and CBT or other counseling is not effective, an individual may be experiencing treatment-resistant depression. In this case, additional treatment options may be considered.

Repetitive Transcranial Magnetic Stimulation (rTMS), using magnetic fields to stimulate nerve cells in the brain, rTMS involves placing an electromagnetic coil against the scalp. Treatment is typically delivered over 30-minute sessions in rapid bursts.

Ketamine, delivered through an IV in low doses, ketamine is often given in decreasing frequency over several weeks and is used for rapid relief of hard-to-treat depressive symptoms.

Esketamine, this form of ketamine is delivered in intranasal form and is given in the physician's office or clinic to monitor for immediate, serious side effects. The medication is for adults who have tried at least two other antidepressant medications that did not adequately control symptoms.

Electroconvulsive therapy (ECT) delivered while under general anesthesia, ECT involves a carefully measured dose of electricity that intentionally triggers a minor, brief seizure designed to cause changes in brain chemistry. Potential side effects are temporary confusion or memory loss.

References:

1. <https://www.nami.org/Get-Involved/Awareness-Events/Mental-Illness-Awareness-Week>
2. www.psychiatry.org/patients-families/depression/what-is-depression. Accessed October 4, 2023
3. <https://www.uptodate.com/contents/image?imageKey=PSYCH%2F89994>

PREFERRED DRUG LIST UPDATES CAN BE FOUND HERE:

Integrated (Title 19/21 SMI), ACC, DD, ALTCS and DCS CHP

<https://www.mercycareaz.org/providers/completecare-forproviders/pharmacy>

Behavioral Health (Non-Title 19/21)

<https://www.mercycareaz.org/providers/rbha-forproviders/pharmacy>

**** Drugs that are not on the formulary will require a PA (prior authorization) request to be submitted****

Reminder for quicker determinations of a Prior Authorization use the ePA link for Our Providers: Please click [here to initiate an electronic prior authorization \(ePA\)](#) request

This newsletter is brought to you by the Mercy Care Pharmacy Team. For questions, please email Fanny A Musto (MustoF@mercycareaz.org), Denise Volkov (VolkovD@mercycareaz.org) or Trennette Gilbert (gilbert@mercycareaz.org)