



FIRST COAST ADVANTAGE COMPLETE ARTICLES ON DEPRESSION

What is Depression?

Everyone occasionally feels blue or sad, but these feelings usually pass within a couple of days. When a person has depression, it interferes with his or her daily life and routine, such as going to work or school, taking care of children, and relationships with family and friends. Depression causes pain for the person who has it and for those who care about him or her. Depression can be very different in different people or in the same person over time. It is a common but serious illness. Treatment can help those with even the most severe depression get better.

Why do people get Depression?

There is no single cause of depression. Depression happens because of a combination of things including:

- **Genes** – some types of depression tend to run in families. Genes are the “blueprints” for who we are, and we inherit them from our parents. Scientists are looking for the specific genes that may be involved in depression.
- **Brain Chemistry and Structure** – when chemicals in the brain are not at the right levels, depression can occur. These chemicals, called neurotransmitters, help cells in the brain communicate with each other. Scientists are working to figure out why these differences occur.
- **Environmental and Psychological Factors** – trauma, loss of a loved one, a difficult relationship, and other stressors can trigger depression.

What are the Symptoms of Depression?

- Ongoing sad, anxious or empty feelings
- Feelings of hopelessness
- Feelings of guilt, worthlessness, or helplessness
- Feeling irritable or restless
- Loss of interest in activities or hobbies that were once enjoyable, including sex
- Feeling tired all the time
- Difficulty concentrating, remembering details, or difficulty making decisions
- Not able to go to sleep or stay asleep (insomnia); may wake in the middle of the night, or sleep all the time
- Overeating or loss of appetite
- Thoughts of suicide or making suicide attempts
- Ongoing aches and pains, headaches, cramps or digestive problems that do not go away

Treatment of Depression

There is help for someone who has depression. Even in severe cases, depression is highly treatable. Your family doctor or a health clinic is a good place to start. A doctor can make sure that the symptoms of depression are not being caused by another medical condition. A doctor may refer you to a mental health professional. The most common treatments of depression are psychotherapy and medication. Combination treatment using medications and psychotherapy is generally superior.

Psychotherapy (Cognitive Behavioral, Interpersonal, etc) - For mild to moderate depression, psychotherapy may be the best treatment option. However, for major depression or for certain people, psychotherapy may not be enough.

Medications - Medications help balance chemicals in the brain called neurotransmitters. Although scientists are not sure exactly how these chemicals work, they do know they affect a person's mood. Types of antidepressant medications that help keep the neurotransmitters at the correct levels are:

- SSRIs (selective serotonin reuptake inhibitors)
- SNRIs (serotonin and norepinephrine reuptake inhibitors)
- MAOIs (monoamine oxidase inhibitors)
- Tricyclics

These different types of medications affect different chemicals in the brain. Medications affect everyone differently. Sometimes several different types have to be tried before finding the one that works.

HEDIS measure for Antidepressant Medication Management (AMM)

- First Coast Advantage (FCA) would like to make our providers aware of the national standards for Anti-depressive medication management
- FCA follows the guidelines of the Healthcare Effectiveness and Data Information Sets (HEDIS). These are the most widely used sets of health care performance measures in the United States
- HEDIS measures are developed and maintained using the National Committee for Quality Assurance (NCQA) standards
- In accordance with those guidelines, members 18 years of age and older who were diagnosed with a new episode of Major Depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment, should remain on those medications as outlined below:
 - Effective Acute Phase Treatment - The percentage of newly diagnosed and treated members who remained on antidepressant medication for at least 84 days (12 weeks)



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- Effective Continuation Phase Treatment - The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 180 days (6 months).

FCA will follow the steps below to identify the eligible population, which should be used or both rates. Identify all members who met at least one of the following criteria during the Intake Period.

- At least one principal diagnosis of major depression in any setting, or
- At least two visits in an outpatient, intensive outpatient or partial hospitalization setting on different dates of service with any diagnosis of major depression, or
- At least one acute or non acute inpatient discharge with any diagnosis of major depression

Diagnosis Categories for Major Depression

- 296.20-296.25, 296.30-296.35, 298.0, 300.4, 309.1, 311

FCA ranked 5th out of 6 Medicaid Managed Care Plans in the State of Florida for Antidepressant Medication Management during the Acute Phase in 2008, and 2nd out of 6 Managed Care Plans for the Continuation Phase.

	Antidepressant Med. Mgmt. Effective Acute Phase Treatment 2008
Access Health	60.80%
United	59.00%
SFCCN	58.30%
Staywell	50.00%
FCA	44.70%
HealthEase	38.70%

	Antidepressant Med. Mgmt. Effective Continuation Phase Treatment 2008
SFCCN	50.00%
FCA	36.80%
United	33.30%
Staywell	31.00%
Access Health	28.90%
HealthEase	21.00%

Nationally, FCA's rate for Antidepressant Medication Management during the Acute Phase in 2008 was 44.74%, which placed FCA between the 25th and 50th percentile among Medicaid Plans. The rate during the continuation phase was 36.84% in 2008, which placed FCA in the 90th percentile among Medicaid Plans.

Scoring Criteria (Percentile Ranking)

Key Measures	Rate 2008	90th	75th	50th	25 th	10th
Antidepressant Medication Mgmt. Acute Phase	44.74%	49.90%	48.30%	45.10%	39.60%	30.60%
Antidepressant Medication Mgmt. Continuation Phase	36.84%	33.70%	31.30%	28.30%	24.90%	19.30%

To improve the rate of this important treatment for depression, FCA is implementing a corrective action plan approved by AHCA. FCA would like to stress the importance of members adhering to their anti-depressant medication regimen for optimal results.

Suggestions for Improving Medication Compliance for Patients taking Anti-Depressant Medication

Causes reported by patient for non-compliance:

- Weight Gain
- Sexual Problems (e.g. loss of sex drive, or inability to achieved an orgasm)
- Fatigue during the day
- Began to feel better
- Medication is ineffective
- Problems remembering to take the medication
- Stigma of taking psychotropic medication
- Poor understanding of the benefits of treatment
- Poor interactions among the patient, health care provider, and health care system



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Strategies to improve adherence:

- Telephone follow up within 1-3 weeks may be helpful to assess side effects or compliance
- Actively engage the patient in the treatment plan
- Encourage patients to discuss issue and concerns
- Provide the patient with simple written instructions
- Provide a number for the patient to call if questions or problems occur
- Simplify regimen, fit the treatment with patients lifestyle
- Have the patient call if they are thinking about stopping the medication

For more information on depression, please visit the National Institute of Mental Health's Web site: <http://www.nimh.nih.gov>