

What's Under the Hood? Talking to your patients about their mood.

Nursing Rounds


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Overview

- Depression and anxiety – how relevant are they?
 - Direct and indirect effects
 - Assessment
 - Strategies:
 - Stepped-Care
 - Resources
- 

Quiz

1. Depression is associated with a _____% increased mortality risk in HF patients.

- a. 10%
- b. 25%
- c. 33%
- d. 55%

Correct answer: c) 33%

Quiz

2. Rates of depression increase as severity of HF increases.

True?

False?

Correct answer? True. 11% in class I
vs. 42% in class IV

Quiz

3. For individuals who have had an MI, which is a greater risk factor for future cardiovascular events and mortality:

Post MI depression?

Smoking?

Correct answer: Depression.

Quiz

4. People with higher anxiety levels are _____ times more likely to experience in-hospital complications than individuals with low anxiety.

- a) 2 times
- b) 3 times
- c) 4 times
- d) 5 times

Correct Answer: d) 5 times

Depression and Anxiety: Direct and Indirect Effects



Direct

Depression can lead to:

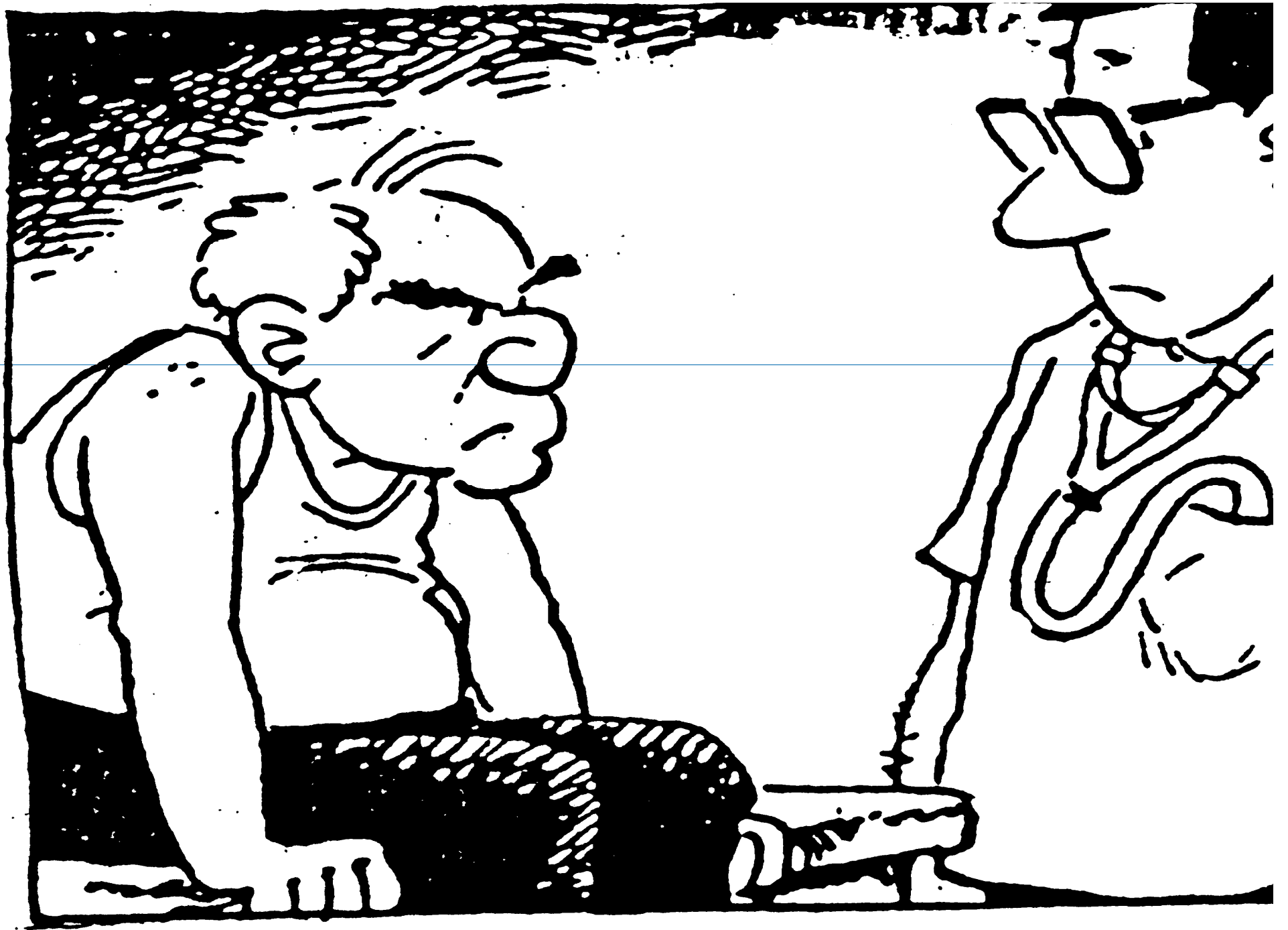
- Increase in cortisol
- Increase platelet activation
- Altered autonomic function
- Increase inflammatory markers

Indirect



CRANKSHAFT

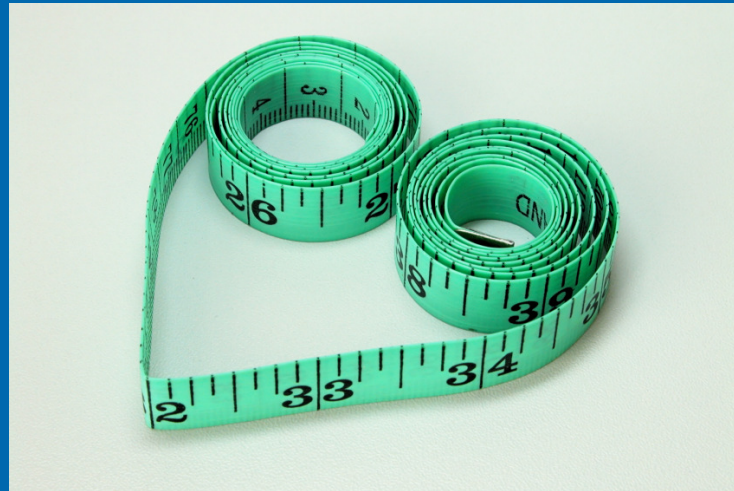




By Tom Batluk and Chuck Ayers



Indirect





Assessment



Caution!

- Don't assume you can tell if someone is depressed
- No sig correlation between BDI scores and health care provider (nurses, med students, cardiologists) assessments
- False pos = 30%; False neg = 75%.

Psychosomatic Medicine 67:393-397(2005)

Depression rates are higher if people with HF are screened with interviews, rather than questionnaires.


True?

False?

Correct Answer: False. 33.6% vs. 19%

Screening Tools

- STOP - D

 Over the last two weeks, how much were you bothered by:

1. Feeling stressed?

0 1 2 3 4 5 6 7 8 9
not at all *a little* *moderately* *severely*

2. Feeling sad, down, or uninterested in life?

0 1 2 3 4 5 6 7 8 9
not at all *a little* *moderately* *severely*

3. Feeling anxious or nervous?

0 1 2 3 4 5 6 7 8 9
not at all *a little* *moderately* *severely*

4. Feeling angry?

0 1 2 3 4 5 6 7 8 9
not at all *a little* *moderately* *severely*

5. Not having the social support you feel you need?

0 1 2 3 4 5 6 7 8 9
not at all *a little* *moderately* *severely*

Screening Tools

Self report

- Beck Depression Inventory
- Hospital Anxiety & Depression Scale

Screening Tools

- Patient Health Questionnaire (PHQ-2)
 - Over the last 2 weeks, how often have you been bothered by feeling down, depressed or hopeless?
 - Over the last 2 weeks, how often have you felt little interest or pleasure in doing things?

Risk for suicide

- Always ask patient with depression and chronic health problems about suicidal ideation and intent
- Arrange help
- Refer to psychiatry and family doctor

Suggested strategies for under the hood.



The stepped-care model

Step	Focus of intervention	Nature of intervention
1	All known and suspected cases	Assess, support, psychoed, active monitoring, referral for further assessment
2	Persistent subthreshold dep. symptoms; mild to mod dep.	Add low intensity psychosocial interventions, meds (?)
3	Persistent subthreshold symptoms; mild to mod dep. with inadequate response to initial tx; mod to severe dep.	Add meds, high-intensity psychosocial interventions, collaborative care
4	Severe and complex dep; risk to life; severe self-neglect	Add crisis service, ECT (?), inpatient care

Step 1 - all known and suspected cases.

- Provide support: active listening and validating
- Psychoeducation: normalize sadness as a response to change or loss; provide information about the impact of cardiac problems and meds on mood and behavior
- Active monitoring: advise patient and family to be vigilant for mood changes, negativity, & hopelessness
- Refer: inform family physician, and refer to psychologist or psychiatrist for further assessment

Step 2 – mild to moderate, persistent subthreshold

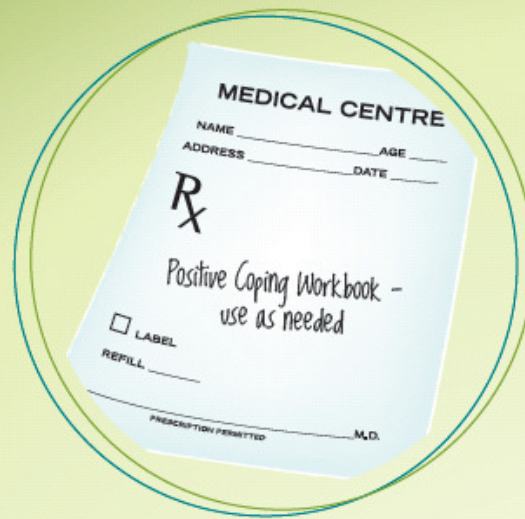
- Low intensity psychosocial
 - provide information about the nature and course of depression
 - Sleep hygiene
 - Structured group physical activity
 - Groups based peer support / self-help
 - Individual guided self-help based on CBT
 - Reassess within a few weeks
- Meds, if mild symptoms are persistent despite psychosocial tx

Step 3- persistent mild to severe

- Antidepressants
- High intensity psychological interventions
 - Group CBT
 - Individual CBT for those who decline group, or are not appropriate for group
 - Couple therapy if relationships problems are central to the development or maintenance of depression or where the partner may be of therapeutic benefit

Step 4 – Severe and complex

- Patients with severe depression that do not respond to high intensity psychotherapy and/or medication may need an inpatient admission, and support from a senior mental health professional who can coordinate their care and provide long term follow up




Positive Coping with Health Conditions

A Self-Care Workbook



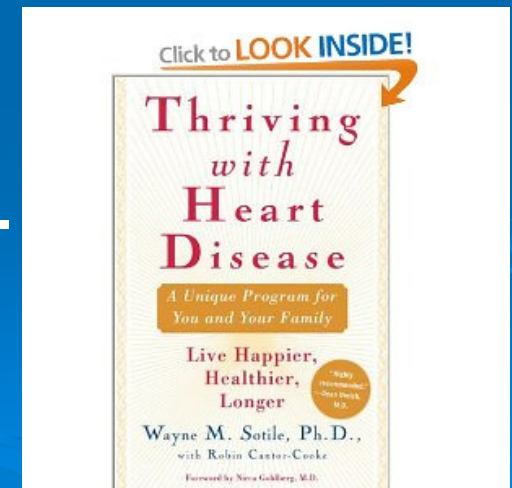
Contents

The Positive Coping Skills:

- Relaxation
 - Managing Worry
 - Activating Your Life
 - Solving Problems
 - Managing Depressive Thinking
 - Managing Anger
 - Relationship Building
- 

Strategies for getting (and keeping) support:

1. Make a list of what needs to get done.
2. Be behavioural.
3. Match items on the list to personalities and abilities.
4. It's a marathon, not a sprint.
5. Get back-up for your back-up.



Thank You!

Questions?

