

Managing depression and anxiety in the community: An integrated treatment approach Pearls for practice

Dr. Yakov Shapiro

Why Integrated Treatment?

- Depression and anxiety disorders carry a major burden of morbidity and mortality in the community: 60% are treated in primary care settings with 79% of antidepressants prescribed.
- Current treatment guidelines focus on the symptom reduction model of mental health provision that relies on generic psychopharmacological trials and brief skills-based therapy interventions.
- Treatment outcome data demonstrates that the patient's subjective meaning and the quality of treatment alliance are major determinants in the outcome of all psychiatric interventions, including antidepressant response.
- We need to shift from the statistical "disease model" to the individualized "wellness model" of mental health care that considers objective, subjective, and relational contributors to both psychiatric illness and healthy functioning.
- Mental health treatment has to incorporate a multi-disciplinary approach with the goal of answering Gordon Paul's challenge: "What treatment, by whom, is most effective for this individual with that specific problem, and under which set of circumstances?"

Specific recommendations:

- Re-analysis of the FDA database for antidepressant response shows that psychopharmacology is inherently a relational treatment that depends just as much on the "doctor dosing" as on antidepressant dosing.
- Treatment relationship is a vital ingredient in both psychotherapy and psychopharmacology treatments that ranges from working alliance (mutual agreement on the goals of treatment) to dysfunctional patterns the patient brings in, to real relationship defined by interest, safety, and mutual care.
- Rating scales can be a useful measure of the patient's progress – but only in the context of a functional treatment relationship with a primary care provider.
- Psychotherapy and psychopharmacology are synergistic treatment approaches that facilitate mutual effectiveness but require ongoing attention to the quality of the treatment relationship and the patient's systems of meaning.
- Individualized treatment plan for each patient requires effective communication between the members of an interdisciplinary treatment team, including primary care physicians, psychiatrists, psychotherapists, behavioral health consultants, dietitians, exercise specialists, and social workers.

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How to Treat?

- Pay attention to the patient's dysfunctional patterns that led to the current illness and how they may impact the treatment.
- Pay attention to the patient's attitude toward the specific treatment(s) suggested, and provide psychoeducation about the reasons for your recommendations.
- Use an antidepressant with a suitable side effect profile (e.g., potential weight gain in a malnourished but not obese patient) and monitor the patient's response on a regular basis
- Consider dose optimization to the highest recommended dosing; followed by augmentation with a different class of agent in case of incomplete remission; followed by substitution for a different class agent in case of lack of response.
- Consider concurrent psychotherapy/behavioral approaches, such as behavioral activation, social re-engagement, relevant skills training, and healthy diet – but also the need for specialized trauma/relational therapy, including group programs.

Behavioral activation

- Social re-engagement; regular daily routines, including attention to healthy sleeping and eating; and regular out-of-the-house routines.
- Attention to weight management to prevent medical complications of obesity or depression-related anorexia.
- Physical activity is highly beneficial for improving symptoms of depression, anxiety and distress across a wide range of adult populations, including the general population, the youth and people with diagnosed mental health disorders and people with chronic disease.
- Physical activity should be a mainstay approach in the management of depression, anxiety and psychological distress. Largest benefits were seen in people with depression.
- A personalized physical activity program co-created with the exercise specialist and the patient would allow for more successful outcomes.

References and supports

- King I, Shapiro Y. Learning the “Science of the Art of Prescribing”: From Evidence-based Algorithms to Individualized Medicine in Psychiatric Care. *Journal of Psychiatric Practice*. 2022; 28(5): 409-20. doi: 10.1097/PRA.0000000000000651
- Shapiro Y, John N, Scott R, Tomy N. Psychotherapy and its Role in Psychiatric Practice: A Position Paper. I. Psychiatry as a Psychobiological Discipline. *Journal of Psychiatry Practice*. 2016; 22(3): 221-31. doi.org/10.1097/prs.0000000000000159
- Shapiro Y, John N, Scott R, Tomy N. Psychotherapy and Its Role in Psychiatric Practice: A Position Paper. II. Objective, Subjective, and Intersubjective Science. *Journal of Psychiatric Practice*. 2016; 22(4): 321-32. doi: 10.1097/PRA.000000000000016
- ConnectMD is a telephone advice line for Edmonton zone primary care providers to obtain non-urgent patient advice from local specialist colleagues. Over 45 specialty groups are available, and physicians are reimbursed fee-for-service. For more information, and to submit your request online, please visit www.pcnconnectmd.com