

CONTEXTUALIZING DEPRESSION CLINICAL PRACTICE GUIDELINES

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Conflicts of Interest

- Dr. Courtney's research is funded by the Cundill Centre for Child and Youth Depression; he has no conflicts of interest to declare.
- Emma McCann's involvement in the Youth Engagement Initiative is supported through the Margaret and Wallace McCain Centre for Child, Youth and Family Mental Health; she has no conflicts of interest to declare.

Objectives

- Discuss:
 - discrepancy between what we know and what we do when treating adolescent depression
 - potential implementation tools for evidence-based care.
 - use of an knowledge translation strategy that collaboratively works with stake-holders (including youth) to implement evidence-based care

Outline

- Introductions
- What is meant by “Implementation Science”?
- Example: Care Pathway to implement the NICE clinical practice guidelines at CAMH
- Barriers/Facilitators to implementing clinical practice guidelines in your context
- Goal-setting

Introductions

-

Implementation Science

- Problem across all of healthcare:
 - Known gap between “what we know” and “what we do”
 - Not well known to what extent this is problem in Child and Youth Mental Health
 - Clinically:
 - Clients are not able to say what type of psychotherapy they receive
 - Variety of medications
 - Often not fluoxetine
 - Often venlafaxine, sometimes tricyclics
 - Various other medications

Implementation Science

- Goal of Implementation Science: Take research findings from clinical studies and optimize application in clinical practice
- i.e. Close the gap between “what we know” and “what we do”

Implementation Science

- Simplest model: RE-AIM

www.re-aim.org

- Enola Proctor et al, 2011 for a more comprehensive list of implementation outcomes

RE-AIM

- Reach: What % of eligible clients follow the recommendations?
- Efficacy/Effectiveness: What impact did the recommendations have on benefits and adverse events for clients?
- Adoption: What % of clinicians willing to initiate the recommendations?
- Implementation: To what extent was recommendations adhered to (ie. fidelity)?
- Maintenance: To what extent has the recommendations become part of routine clinical practice?

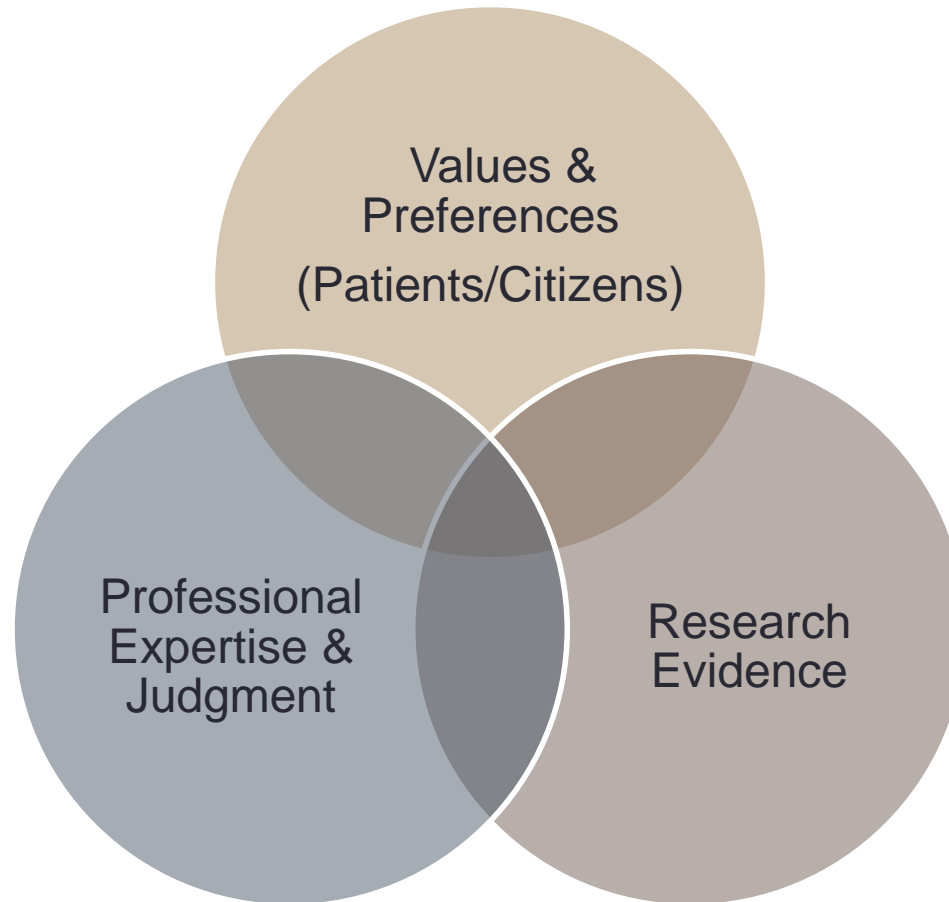
Example of Implementation Tools

- Printed education materials
- Web-based applications
- Built-in applications to EMR
- Flow diagrams/Algorithms
- Face-to-face training
- Group Educational Training Sessions
- Checklists
- Chart Audits and Feedback
- Care Pathways

Use of Multi-disciplinary Care Pathway

- RAISE-ETP study (Kane et al 2015):
 - Showed that co-ordinated multidisciplinary comprehensive care for early schizophrenia improved outcomes over treatment as usual
- Not yet studied for Adolescent Depression (study currently underway) - CARIBOU

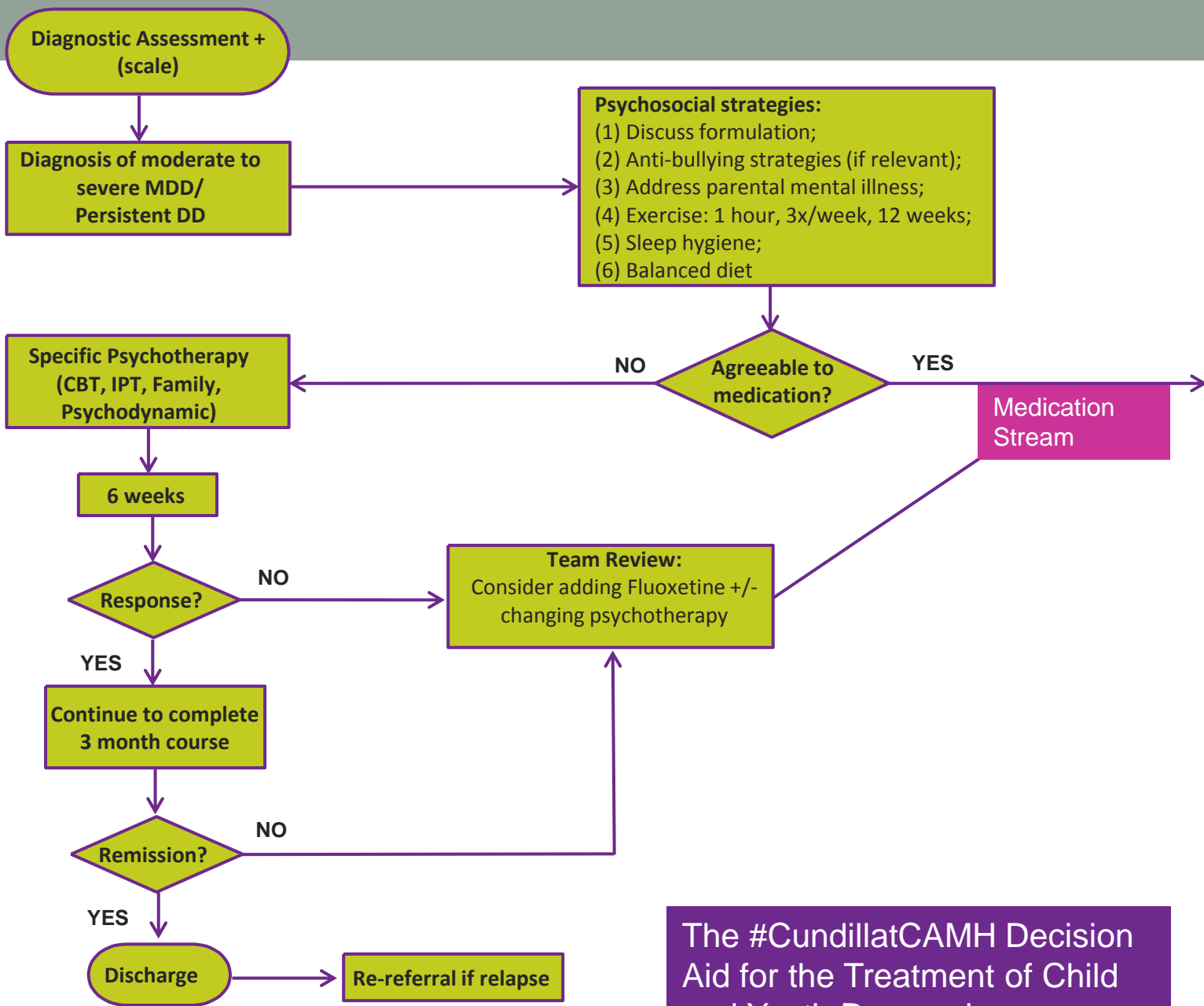
Evidence-informed Decision Making: 3 Pillars



NOTE: This decision aid draws on NICE guidance

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Recognized scale should be chosen with clear cut-offs for "response" and "remission"

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The #CundillatCAMH Decision Aid for the Treatment of Child and Youth Depression
Psychotherapy Stream

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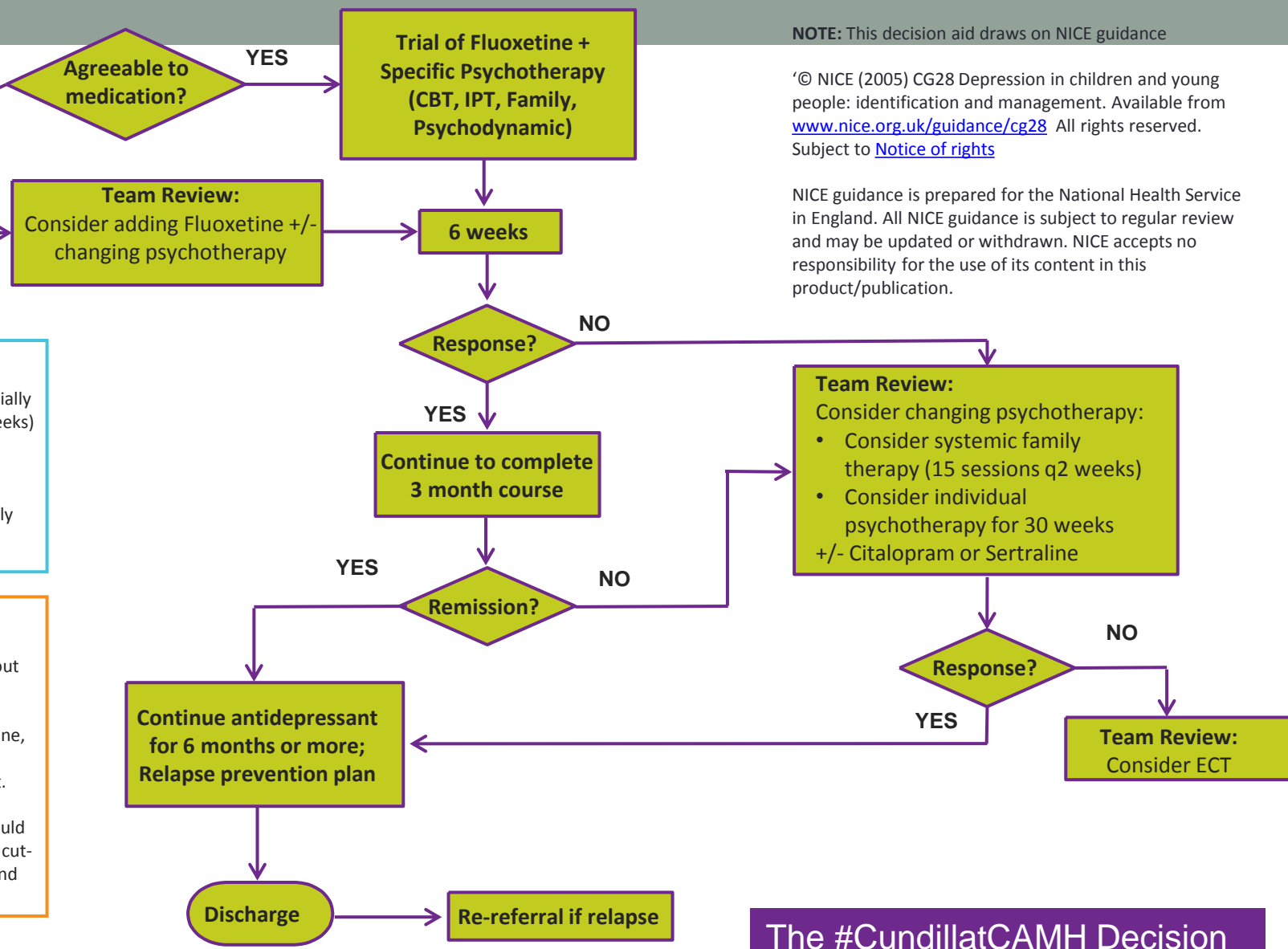
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Psychotherapy Stream

Monitoring Medication
Frequent monitoring initially (weekly for the first 4 weeks)
Recommended titration:
• Week 1: 10mg/d
• Week 2: 20mg/d (if tolerated and clinically necessary)

Other Guidelines

- Do not offer antidepressant without also offering psychotherapy
- Do not offer paroxetine, venlafaxine, tricyclic antidepressants or St. John's Wort
- Recognized scale should be chosen with clear cut-offs for "response" and "remission"



The #CundillatCAMH Decision Aid for the Treatment of Child and Youth Depression
Medication Stream

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Clinician Engagement

- Reviewed decision-tool
- Pros and Cons

	Pros	Cons
Using Tool		
Not using tool		

- How to modify for context of our clinic.....

Appendix 1: Treatment Protocol

Assessing MD:
 Diagnostic Assessment
 Scales (MFQ, CIS)
 Manage acute risk (eg. self-harm, abuse)
 Flag: Parental Mental Illness
 Flag: Bullying
 Formulation

If diagnosis of MDD

Multi-family Psychoeducation Group:
 (1) Education on causes of depression
 (2) Healthy Diet
 (3) Sleep hygiene;
 (4) Encourage Exercise: 1 hour, 3x/week, 12 weeks;

Treating MD to oversee care through flowchart

Consider adding SSRI to psychotherapy if:
 (1) patient/family willing
 (2) moderate or severe
 (3) Non-response after 4 weeks of psychotherapy

Psychotherapy Stream

Medication Stream

Team Review:
 Consider Change of Treatment

Response at 4 weeks?

Continue treatment

Response at 8 weeks?

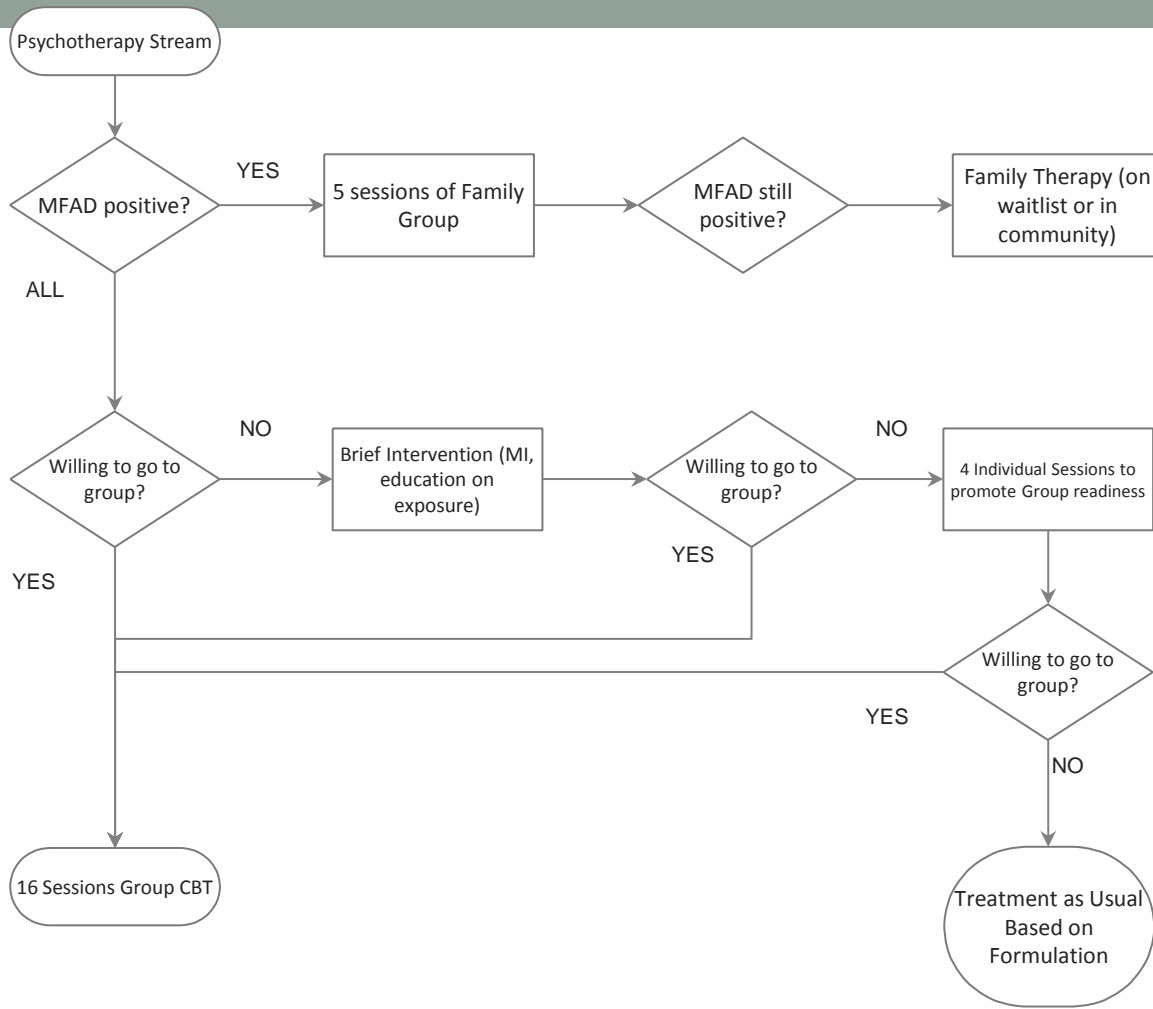
Continue treatment

Remission at 12 weeks?

Do not offer antidepressant without also offering psychotherapy

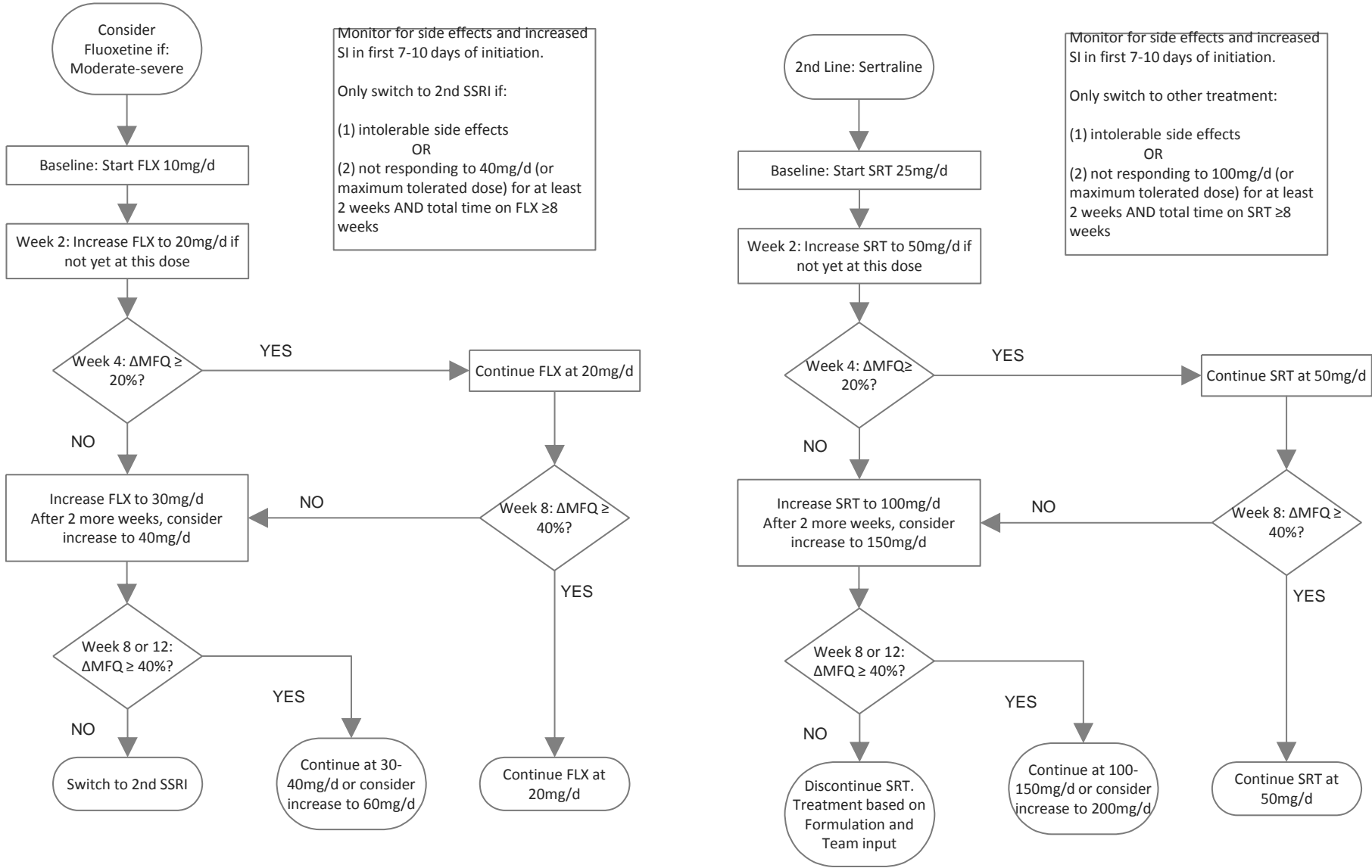
Response defined as $\geq 20\%$ decrease in MFQ at week 4, or $\geq 40\%$ decrease in MFQ at week 8 since last change in treatment plan. Remission defined as MFQ < 22 and CIS ≤ 16 .

Discharge to care of GP



CBT consists of a four 4-session modules on (1) Behavioural Activation, (2) Communication Skills, (3) Problem-Solving Skills and (4) Cognitive Restructuring for a total of 16 sessions. Entry point at the beginning of each module. If no response or not tolerated, treatment as usual based on formulation.

Medication Stream



Do not offer paroxetine, venlafaxine, tricyclic antidepressants or St. John's Wort.

Youth Engagement

- Pathway
- Worksheets
- CBT manual
- Focus Groups

CARIBOU

PATHWAY FOR YOUTH WITH DEPRESSION

CARIBOU stands for "Care for Adolescents who Receive Information 'Bout OUTcomes"

Depression is when feelings of sadness, emptiness and irritability (crankiness) last longer than two weeks, affect most parts of a person's daily life, and stop them from doing things that they used to enjoy.*

Psychotherapy means talking about ideas and actions that may improve your mood.

*Source: headspace (2018). Understanding and dealing with depression - for young people. Retrieved from headspace.org.au.

This a single session in the evening where you and your caregiver(s) will learn about depression and what causes it, as well as ways to use diet, exercise, and sleep to improve your mood.

DIAGNOSIS OF DEPRESSION

FAMILY EDUCATION

Antidepressant treatment may be offered. This decision will depend on the severity of symptoms, your doctor's clinical judgement, and your own opinion about medications

PSYCHOTHERAPY STREAM

MEDICATION STREAM

TEAM REVIEW EVERY 4 WEEKS OVER 20 WEEKS

Everyone's symptoms improve in different ways and at different speeds. We will ask you to rate your symptoms every 2 to 4 weeks. You and your clinicians (and, if you wish, your caregivers) will meet every 4 weeks to see if your treatment is working or if it needs to be changed.

FINISH PROGRAM

HOW THE CARIBOU PATHWAY WORKS

STREAMS

MEDICATION STREAM

If you and your doctor decide that medication is a good fit for you, fluoxetine is usually the first option for treatment. If there is no benefit after 8 to 12 weeks, or if there are too many side effects, the medication will be switched to sertraline. If this doesn't work, or you have tried these before, you will discuss medications in more detail with your doctor.

PSYCHOTHERAPY STREAM

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and Youth Depression

FAMILY SUPPORT

Caregivers are offered 8 weekly sessions on how to best support you through depression. Topics include: understanding emotions, relationships and boundaries, problem-solving and communication.

CBT GROUP THERAPY 20 SESSIONS

CBT stands for "**Cognitive-Behavioural Therapy**". "Cognitive" means working with your thoughts to change your mood. "Behavioural" means working with your actions to change your mood.

Group therapy allows you to learn strategies to help you to have more control of your mood as well as meet other youth who have similar struggles. There are 4 sections of 4 sessions each (16 sessions in total). Topics include: getting active, communication, problem-solving and changing your thinking style.

FINISH PROGRAM OR TEAM REVIEW

For more information about this project, e-mail cundill.centre@camh.ca

Progress so far

- Psychoeducation session:
 - Limited engagement so far
- CBT group for adolescents:
 - Good engagement
 - Retention rate
- “Caregivers of Depressed Youth” group:
 - Just taking off.....

Barriers/Facilitators

Goals

Questions