

# Screening and Addressing Postpartum Depression (PPD) in your practice



## It takes a team

Helping women with PPD requires a team approach.

- Receptionists – help with screening
- Nursing staff – help with assessment and follow up
- Physicians/clinicians – help with diagnosis, therapy and follow up



## Must have it all



- Find the women
  - Make the diagnosis
- Provide them options
  - Medications, counseling or both
- Support these options
  - Follow up visits and calls
- Prevent suicide
  - Identify warning signs



## Why worry about PPD?



- PPD is common
  - 13% of all postpartum women
- PPD symptoms don't just last a few days
  - 1/2 of women are symptomatic at 6 months
  - 1/3 of women continue to be symptomatic at 12 months
- Preliminary work suggests it is under-recognized and under-treated.

Perinatal Depression: AHRQ Evidence Report. Feb 2005



## Impact of PPD



Potential impacts on:

- Baby
  - Delayed cognitive and psychological development
  - Fussier, vocalize less
  - Delayed motor skills
  - Increased health care resource use
- Marriage and Partnerships
  - Doubles risk of dissolution
- Depressive symptoms
  - Women clearly remember even 3 years later



## How are we doing?



- Recognizing and diagnosing depression
  - Only 30% to 50% of cases are recognized during routine care
- Maintaining treatment
  - 50% of women drop treatment in 4 weeks or less
- Treating like a chronic disease
  - Planned care—follow up visits and calls
  - Written action plan
  - Education
  - Family involvement



## Why aren't we doing better?



- Don't the women or partners recognize the depression?
  - Maybe, but
    - Think it is normal---prolonged baby blues
    - Afraid to comment
- Want to make correct diagnosis
  - Breastfeeding
  - Self image
  - Chronic management
  - Risk for PPD in future pregnancies



## PPD identification and management



- **Screen**
  - A good start
- **Diagnose**
  - Must use another tool to make a diagnosis
  - Further assess suicidal ideation if present
- **Treat**
  - Emergency support for suicidal concerns
  - Medication
  - Counseling
- **Follow up**
  - Biggest problem is loss to follow up
  - Provide tools to make it easier
    - Nurse tools
    - Physician tools



# Screening tool



- **EPDS (Edinburgh Postnatal Depression Scale)**
  - Specifically for PPD
  - It is sensitive but not specific
    - That means that it identifies almost all of the women who might be depressed but identifies some who are not depressed (false positives)
  - Scored by nurse or physician/reviewed by physician
  - Determines next steps in depression assessment:
    - 1. Risk of suicide
    - 2. PHQ-9
    - or
    - 3. Usual care



Your Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_

### Woman's Feelings

**Instructions:**  
Because you have recently had a baby, we would like to know how you are feeling. Please underline the answer that comes closest to how you have felt in the past seven days, not just how you feel today. Here is an example:  
I've felt happy.  
Yes, all of the time.  
Yes, most of the time.  
No, not very often.  
No, not at all.  
This would mean "I have felt happy most of the time" during the past week. Please complete the other questions in the same way.

**In the past seven days:**

1. I've been able to laugh and see the funny side of things: 0 As much as I always did. 1 Not quite so much now. 2 Definitely not so much now. 3 Not at all.	6. Things have been getting on top of me: 0 No, I have been coping as well as ever. 1 No, most of the time I have coped quite well. 2 Yes, sometimes I haven't been coping as well as usual. 3 Yes, most of the time I haven't been able to cope at all.
2. I've looked forward with enjoyment to things: 0 As much as I ever did. 1 Rather less than I used to. 2 Definitely less than I used to. 3 Hardly at all.	7. I've been so unhappy that I've had difficulty sleeping: 0 No, not at all. 1 Not very often. 2 Yes, sometimes. 3 Yes, most of the time.
3. I've blamed myself unnecessarily when things went wrong: 0 No, never. 1 Not very often. 2 Yes, some of the time. 3 Yes, most of the time.	8. I've felt sad or miserable: 0 No, not at all. 1 Not very often. 2 Yes, quite often. 3 Yes, most of the time.
4. I've been anxious or worried for no good reason: 0 No, not at all. 1 Hardly ever. 2 Yes, sometimes. 3 Yes, very often.	9. I've been so unhappy that I have been crying: 0 No, never. 1 Only occasionally. 2 Yes, quite often. 3 Yes, most of the time.
5. I've felt scared or panicky for no very good reason: 0 No, not at all. 1 No, not much. 2 Yes, sometimes. 3 Yes, quite a lot.	10. The thought of harming myself has occurred to me: 0 Never. 1 Hardly ever. 2 Sometimes. 3 Yes, quite often.

**For clinical use only**  
0 x \_\_\_\_\_ = \_\_\_\_\_  
1 x \_\_\_\_\_ = \_\_\_\_\_  
2 x \_\_\_\_\_ = \_\_\_\_\_  
3 x \_\_\_\_\_ = \_\_\_\_\_  
TOTAL \_\_\_\_\_

Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

# Results



## Interpreting the scores

9 or less	low depression concerns
10 to 12	modest concern
13 to 18	moderate concern
19 and above	likely to have depression and worry about suicide risk



# Diagnosis - PHQ-9 can help



- **PHQ-9**
  - Validated to show scores that are consistent with major depression and increased risk for suicide
  - Has unique functional status question
  - Based on the DSM-IV criteria for depression
    - Sad or depressed most of the day everyday
    - Diminished interest and pleasure



## Diagnosis - continued



- PHQ-9 Must have 1 of 2 major symptoms circled 'More than half the days':
  - Feeling down, depressed, or hopeless
  - Little interest or pleasure in doing things
- Plus enough minor to score >9
  - Weight change
  - Insomnia or hypersomnia
  - Psychomotor retardation or agitation
  - Fatigue or loss of energy everyday
  - Feelings of worthlessness or guilt
  - Diminished ability to think or concentrate
  - Recurrent thoughts of death or suicide



## PHQ - 9 Symptom Checklist

	Not at all 0	Several days 1	More than half the days 2	Nearly every day 3
1. Over the last two weeks have you been bothered by the following problems?				
a. Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself, or that you are a failure . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things, such as reading . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Moving or speaking so slowly . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Thoughts that you would be better off dead . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?				
Not difficult at all	<input type="checkbox"/>	Somewhat Difficult	<input type="checkbox"/>	Very Difficult
	<input type="checkbox"/>		<input type="checkbox"/>	Extremely Difficult
			<input type="checkbox"/>	

Subtotals: \_\_\_\_\_

TOTAL: \_\_\_\_\_

## Interpreting the Score: Severity Tool



- <5 normal
- 5-9 mild or minimal depression symptoms
- 10-14 moderate symptoms
- 15-19 moderately severe symptoms
- $\geq 20$  severe symptoms



## Diagnostic Interview



- R/O other potential causes
- Points of discussion/negotiation
  - Does the woman agree with symptoms?
  - How does she feel about "depression"?
  - What ideas does she have about treatment?
  - Does she accept the concept of chronic condition?
  - How does she feel about long term follow-up?



[www.depression-primarycare.org](http://www.depression-primarycare.org)





## Treatment

- Self help
- Family support
- Medications—antidepressants
  - Consider desire to breastfeed
  - Use full range of doses—start low and increase
  - Side effects—consider timing and other changes
  - For other than mild
- Counseling
  - CBT
  - Supportive counseling
- Hospitalization for suicidal risk, severe depression or psychosis



## Choosing an antidepressant

- Consider response to previous treatment
- Consider breast-feeding status
  - Paroxetine
  - Sertraline
- Use one you are comfortable with
- Begin low and increase
- Use the full range of doses if no side effects
- Give the medication time to work
- Follow with PHQ-9 for improvement



## Antidepressant choice in nursing mothers



- Risk-benefit analysis \*
  - Mother's medical history
  - Mother's response to treatment
  - Risks of untreated depression
  - Benefits of breastfeeding
  - Known/unknown risks of the medication to infant
  - Mother's choice

\* ABM Clinical Protocol #18: BREASTFEEDING MEDICINE volume 3, Number 1, 2008 p 44-52.



## Antidepressant choice in nursing mothers –continued



- If no history of antidepressant use, paroxetine or sertraline having lower breastmilk and infant serum levels and few side effects are appropriate first choice. \*
- For medication use during lactation: TOXNET lactmed at <http://toxnet.nlm.nih.gov>

\* ABM Clinical Protocol #18: BREASTFEEDING MEDICINE volume 3, Number 1, 2008 p 44-52.



Table for anti-depressants

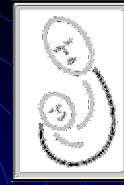
Brand Name	Generic Name	Class	Dosage	In breast milk	Major side effects in mothers	Major side effects in babies if mothers are breastfeeding	Use during breastfeeding	FDA Pregnancy Grade
PAXIL PEXEVA PAXIL CR	PAROXETINE	SSRI	Start 10 mg daily X 3 days Increase to 25 mg/day weekly Maximum dose is 37.5 mg daily	YES	sleepiness, sexual dysfunction	uneasy sleep, irritability, poor feeding/sucking	No effect on development and weight	D
ZOLOFT	SERTRALINE	SSRI	Start 25 mg daily X 4-5 days Increase by 25 mg/day weekly Maximum dose is 100mg daily	YES	poor appetite, agitation and sexual dysfunction	uneasy sleep, irritability, poor feeding/sucking	No effect on development and weight	C
PROZAC SARAFEM	FLUOXETINE	SSRI	Start 10 mg daily X 3 days Increase by 10mg/day weekly Maximum dose 40 mg daily	Yes	insomnia, anxiety, nervousness, sexual dysfunction	colic, irritability, feeding and sleep disorder	Use only when potential benefit outweighs the risk	C
PROZAC WEEKLY LUVOX	FLUVOXAMINE	SSRI	Start 50 mg qhs X 4 to 7 days Increase by 50 mg/day weekly Maximum dosage 300 mg daily	Yes	headache, insomnia, dizziness, weakness, palpitation, vomiting	Not recommended	Not recommended	C
CELEXA	CITALOPRAM	SSRI	Start 10-20 mg/day X 7 days Increase by 10 mg/day weekly Maximum dose is 40mg/day—highest dose for nonresponders	Yes	insomnia, anxiety, nervousness, sexual dysfunction, marked weakness	excessive somnolence, decreased feeding	Use only when potential benefit outweighs the risk	C
LEXAPRO	ESCITALOPRAM	SSRI	Start 10mg/day X 7 days Maximum dose is 20 mg daily	Yes	somnolence, agitation, sexual dysfunction, rare chest pain	excessive somnolence, decreased weight gain	Use only when potential benefit outweighs the risk	C
EFFEXOR	VENLAFAXINE	SNRI	Start 25 mg/day X 4-5 days Increase by 25 mg/day weekly Optimal dosage is 75 mg. Maximum dose is 225 mg daily	Yes	somnolence, agitation, sexual dysfunction, nausea, dizziness	Not recommended	Not recommended	C
WELLBUTRIN	BUPROPION	ORI	Start 100 mg/day X 4-5 days Increase by 100 mg/day weekly Maximum dose is 300mg daily	Yes	nausea, headache, insomnia	poor weight gain, irritability	Use only when potential benefit outweighs the risk	B
WELLBUTRIN SR	BUPROPION	ORI	Start 150 mg/day in AM X 7d Increase by 50 mg/day weekly Maximum dose is 300mg daily	Yes	nausea, headache, insomnia	poor weight gain, irritability	Use only when potential benefit outweighs the risk	B
WELLBUTRIN XL	BUPROPION	ORI	Start 150 mg/day in AM X 7 Increase by 50 mg/day weekly Maximum dose is 450mg daily	Yes	nausea, headache, insomnia	poor weight gain, irritability	Use only when potential benefit outweighs the risk	B

## Beginning the antidepressant



- Lower dose for first 3 to 5 days then increase
- Monitor for side effects
- Nurse phone call and follow-up visits
- Critical stage
  - Time women often stop therapy

# Postpartum psychosis



- Rare (0.1 to 0.2 % of all pregnancies)
- Typical psychosis symptoms
  - Extreme restlessness, agitation, delusions
  - Hallucinations, suicidal or homicidal ideation
- Baby at high risk of harm or neglect
- Requires hospitalization
- Rarely compatible with breast feeding



# Screening for manic-depression with DIGFAST



## Using CBT



- Cognitive behavioral therapy (CBT) is not the same as talk therapy.
- Shown to be as effective as antidepressants
  - Problem solving but the patient identifies the problems and the solutions
  - Long term
  - Requires 4 to 6 weeks to show response
  - May not be available in many rural sites or smaller communities.
- Can be useful addition to antidepressants



## Self- help brochures



**More Than Just The Blues**

Are You a Mom With a New Baby Who Is Feeling...

- Sad most of the time?
- Angry?
- Guilty?
- Nervous?
- Alone?
- Inadequate?
- Hopeless?
- Unable to pay attention?
- Crabby or irritable?

Do You Tend To...

- Cry for no reason?
- Feel "panic"?
- Worry a lot about your health or the baby's health?
- Have trouble sleeping or relaxing?
- Stay away from other people?
- Have a change in appetite?
- Have difficulty making decisions?

**Depression Self-Care Action Plan**

Patient: \_\_\_\_\_  
 Physician/Ref: \_\_\_\_\_  
 Clinic: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Depression is treatable!

1. Stay active  
 • Make time every day to do some physical activity such as walking for 10 or 20 minutes or dancing to a favorite song.  
 Every day during the next week I will spend at least \_\_\_\_\_ minutes doing \_\_\_\_\_.

2. Do something that you think is fun each day  
 • Even though you may need to work a little more at having fun, by doing something that has always been fun such as a hobby or listening to music or watching a favorite video or TV show.  
 Every day during the next week I will spend at least \_\_\_\_\_ minutes doing \_\_\_\_\_.

3. Spend time with people who help or support you  
 • Other people who have been there for you in hard times but you should not be alone all the time. Consider people who you can talk to or who can do your activities with you. Talk to them about how you feel. If you can't talk about it, that's okay.  
 During the week I will make contact for at least \_\_\_\_\_ minutes with \_\_\_\_\_ (parent, sibling or talking about \_\_\_\_\_, parent, sibling or talking about \_\_\_\_\_).

4. Relaxing  
 • If you're people with depression, it is hard to stop feeling sad or having unhappy thoughts. Physical activity can help and so can learning to relax. Things like showering, listening, counting down from 10 to 1, or just taking a warm bath or sitting and concentrating on relaxing one leg and one arm at a time can help.  
 Every day during the next week I will practice relaxing at least \_\_\_\_\_ times for at least \_\_\_\_\_ minutes each time.

5. Set simple goals  
 • On the days that you feel low, set a goal. Do simple things like making only a few pages of a magazine or make one bed or fix a cup of tea or coffee. Every big achievement will be a feeling better. Give yourself credit for each thing you do and break work into small steps.  
 What I want to do is \_\_\_\_\_  
 Step 1: \_\_\_\_\_  
 Step 2: \_\_\_\_\_

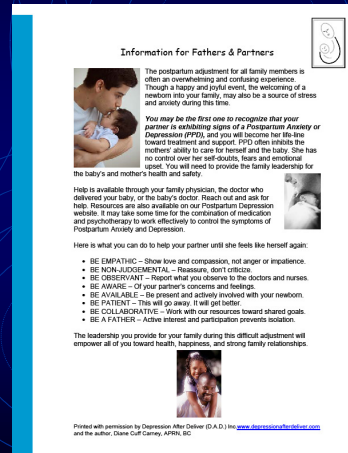
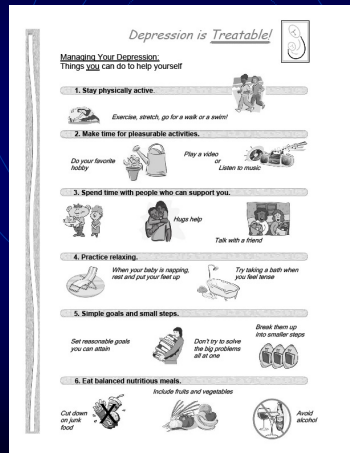
How likely are you to do the above things during the next week?

Very likely      Maybe      Unsure      Not very likely

Adapted from Ted Amann, RN, C.



# Self- help brochures



## Congratulations for making a diagnosis and selecting therapy BUT--you've only just begun

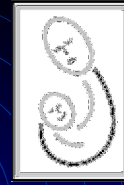
- Recognized
- Diagnosed
- Treated

but

Will she adhere?  
Will she get better?  
Will she stay better?



## Multiple parts of follow-up



- Phone calls to assess:
  - Adherence
  - Side effects
  - Keeping in touch
- Visits to assess:
  - Improvement
  - Treatment modifications
- Consultations/referrals?

## Critical junctures in follow up



- Initial visit
  - Engaging the woman
  - Treatment initiation
  - Taking treatment?
- 4-8 weeks
  - Should be showing a response to treatment
- Longer term
  - Staying the course
  - Maintenance of treatment



# Nurse Call Content



Not therapy –are brief calls and focused on:

- Treatment
  - Medication adherence
  - Medication side effects/other barriers
- Counseling appointments made/kept
- Self-management
  - Confirm/reinforce commitment
  - Check progress/provide encouragement
- Next office visit scheduled



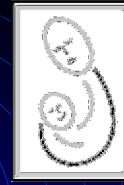
# Follow-up depressed women protocol

Phone and Visit Follow-up Depressed Women		Key ☎ = Nurse phone call 🏠 = Office Visit
Week 0	Enroll and Diagnose	
Wk 1		
Wk 2	☎ OR 🏠	
Wk 4	<p>☎ Assess using PHQ-9, as well as side effects, adherence and satisfaction.</p> <p><b>DOING WELL:</b> PHQ-9 drops by 4-5 points means woman is responding, continue therapy or increase dose if necessary.</p> <p><b>NOT DOING WELL:</b> PHQ-9 has dropped by only 1-3 points means that the woman is not responding. Change drugs, add CBT or if using CBT initially—add medications.</p>	
Month 2	☎	☎ Call at week 6
Month 3	<p>🏠 Assess PHQ-9, as well as side effects, adherence and satisfaction</p> <p><b>DOING WELL:</b> PHQ-9 drops to 50% of initial score or to &lt;5. She is recovering. Maintain therapy. If PHQ-9 falling but has not reached recovery levels, modify therapy.</p> <p><b>NOT DOING WELL:</b> PHQ-9 is not down to 50% of initial score or to &lt;5. Reassess diagnosis. Change therapy. Consider referral.</p>	<p>🏠 Visit at 8 weeks to recheck PHQ-9 as well as side effects, adherence and satisfaction.</p>
Month 4	☎	
Month 5	☎	
Month 6	<p>☎ Assess using PHQ-9, as well as side effects, adherence and satisfaction. Assess parenting and relationships. If possible, move to R side of sheet. If doing well continue as below.</p>	<p>If woman is not referred then continue to treat women for depression and do MONTHLY visits. Phone calls should be done to follow up on any missed visits.</p>
Month 7	☎ if needed	
Month 8	☎ if needed	
Month 9	<p>☎ Assess using PHQ-9 as well as side effects, adherence and satisfaction. If possible, move to R side of sheet. If doing well continue as below.</p>	<p>Check PHQ-9 at each monthly visit. If PHQ-9 does not return to &lt;5 or 50% or less of initial high score, consider referral.</p>
Month 10	☎ if needed	
Month 11	☎ if needed	
Month 12	<p>☎ Assess readiness to discontinue therapy.</p>	<p>If PHQ-9 begins to fall or is &lt;5 or 50% of initial score then move to the left side of the sheet.</p>





## How will the nurse know which patient needs to be called?



- The physician to nurse referral form
- It informs the nurse about:
  - The diagnosis of depression
  - What treatment was begun
  - When the next appointment is required
  - What the woman chose to do on the self management plan
- Nurse cannot get started without it



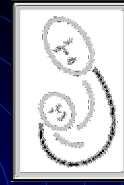
## How will the physician know about the nurse calls?



- Nurse follow up call form
- Ask the physician to sign off
- Can be kept in the medical record as documentation



## What to do at a follow up office visit



### Assess:

- PHQ-9
- Side effects
- General life skills
- Parenting comfort
- Satisfaction with progress
- Concerns and fears
- Issues from relatives or others



## How to interpret PHQ-9 on follow up visit

The PHQ-9 is a very useful way to guide therapy. Added to the side effects it can be the basis for your decisions. Works much better than questions like—"How are things going?"

- **Adequate:**  $\geq 5$  point drop
  - (Continue therapy and routine depression follow-up care)
- **Possibly inadequate:** 2 - 4 point drop
  - (Consider adjusting management)
- **Inadequate:** 1 point drop, no change or increased score
  - (Adjust management)

## Follow up depressed women who are not doing well



- Close follow up
- Maximal doses of medication or change drugs
- Call within 2 weeks after changes in therapy
- Repeat visits
- Don't give up
- Consider consultation or referral



## What is the Immediate Action Protocol?



### Steps to assessing suicidal risk

- You (primary care physician) can assess using the Suicide Risk Assessment Questions OR
- You can immediately (same day) refer to a mental health professional who has access to an inpatient psychiatric facility or referral to an emergency department.



## Suicide Risk Assessment

- **Sample Questions: (use your own words)**
- **Intent** – On the questionnaire you said you think about killing yourself---do you have a plan?
- **Means** – Can you tell me about the plan? (May want to assess access to any weapons or other means they mention such as “pills”.)
- **Likelihood** – Do you think you would harm or kill yourself? (This is especially useful in those who state they think about but would never do it because it would leave their children without a mother or such reasons and in those with no social support.)
- **Impulsivity** – Have you tried before? (Look for signs of alcoholism, drug use, or a history of previous attempts.)
- **If the answer to any of these is positive then referral to inpatient management is strongly recommended.**

## Summary



- PPD is common
- Screening will increase recognition
- Better outcomes will require:
  - Appropriate long term use of therapy
    - Medications
    - CBT
  - Follow up including
    - Nurse phone calls
    - Recurrent visits - reassess using PHQ-9
  - A team approach