

January, 2004

PATIENT POWERline from the desk of Marie Savard, M.D.

RE: Depression

Dear Friends,

I was recently asked to write an article for primary care doctors to learn more about Depression and how to adapt the treatment of depression to the Savard System of Patient Power. I thought I would share the original article with all of you. The diagnosis and treatment of depression is so important. Thank you for sharing this with anyone you feel may benefit. I would love to hear from you with any comments or questions you may have.

Please visit me at my website at <http://www.DrSavard.com>. Please check in with my home page frequently – I will soon be linking you to a website at <http://www.mercksource.com>. You will find all of my most up-to-date forms for managing your health care along with a short video of me explaining step-by-step how you can take charge of your health.

Warm regards,

Marie Savard, MD

Bridging the Communication Gap in Patients With
Physical Symptoms Who Are Depressed
MARIE SAVARD, M.D.

Depression is a common, treatable disorder that remains under diagnosed and under treated. Primary care physicians are often the first line of identification, diagnosis, and management of depression. Depression presents a myriad of challenges to primary care doctors since successful treatment requires proactive and systematic approaches to detection and management. One challenge is that depressed patients are often neither assertive nor informed and therefore may not clearly communicate symptoms.

Another factor that complicates the treatment of depression is the lack of an objective test to determine if the patient is improving. Depressive symptoms can also be confusing—they vary greatly (from mood disturbance to physical complaints), can often be contradictory (from hypersomnia to insomnia), and can present as other medical conditions (such as back pain from arthritis). Patients may compound the problem if they are unwilling to accept depression as the cause of their physical complaints and demand diagnostic tests or treatment for a specific physical symptom. However, when the physician is able to discuss the nature of depression with the patient and his or her family, along with information about the treatment plan, duration, and side effects, the chances

for recovery are significantly increased. The clinician should ask a number of important questions when caring for patients diagnosed with depression.

Does the Patient Understand the Diagnosis?

Patients should also know that depression is often a recurrent illness. Patients who have had 3 or more episodes of major depression should be told that maintenance therapy for at least 3 years—possibly a lifetime—will decrease the incidence or severity of a relapse. For the first uncomplicated episode of depression, a patient should know that the antidepressant will be tapered off when they have completed the first phase of treatment, often 6 to 8 months after symptoms are resolved.

Table 1. Information to Share With the Depressed Patient

- 1) Depression has a physical basis that affects one's emotional and physical condition
- 2) Depression is a medical condition and should not be viewed as shameful
- 3) When the chemical imbalance (and situational or life stresses) that causes depression is treated, the depressive mood and/or physical symptoms will improve

Table 2. Items to be Included in the Education of Depressed Patients and Their Families

- 1) Treatment options, including indications, benefits of therapy, mechanism of action, costs, and potential side effects
- 2) An overall treatment plan including frequency of visits, follow-up contact, and timing of referral to a psychiatrist or other mental health professional (if needed)
- 3) Anticipated outcomes in terms of relief of symptoms, functional ability, and quality of life
- 4) Potential difficulties in complying with treatment and strategies to handle these obstacles
- 5) Early warning signs of relapse or recurrence

Does the Patient Understand the Treatment Plan?

Significant discrepancies exist between what physicians remember telling patients versus what patients remember being told. Whereas 72% of physicians said they usually tell patients to continue using antidepressants for at least 6 months, only 34% of patients reported being told that information. This discrepancy highlights the need for physicians to reinforce expected duration of treatment during follow-up visits. The patient with depression should understand that because each person with depression is different, an

effective course of therapy takes time and that for therapy to work, the patient (and ideally his or her family or friends) must take an active part in it.

Patients being started on antidepressant treatment should initially have frequent monitoring, weekly or every 2 weeks, to minimize side effects, monitor symptoms, and ensure compliance. Once patients begin to respond to treatment, monitoring can be reduced to every 6 or 12 weeks. Attention should be paid to any suicidal ideation as well as side effects and residual symptoms. Table 2 details information that should be shared with and emphasized to depressed patients and their families.

Patients need to understand that medications used to treat depression, like those used to treat other medical conditions, may have side effects. If side effects are intolerable, different remedies can keep the patient on the path to recovery. The physician must be able to anticipate possible side effects, underline the importance of continuing the medication at the suggested dose, and ask about side effects at each visit. Some of the side effects may not seem crucial.

Patients need to be reminded that they must play an active role in managing their depression in collaboration with their doctor (see Table 3 below). The more informed and involved patients are in their care, the more satisfied they will be and the better their ultimate health outcome. Patients can do a number of things to engage themselves fully in the management of their depression.

Depression is associated with substantial suffering, functional impairment, diminished health-related quality of life, frequent use of general medical services and poor adherence to medical treatment. Physician-patient communication affects important health outcomes, including information exchange and recall, reduction of distress and improved satisfaction and treatment adherence.

There is substantial evidence that effective communication with the patient and their designated family member or friend along with appropriate medication and ongoing monitoring and support is the key to successful treatment.

Does the Patient Understand What Side Effects May Occur?

Many symptoms may not be considered serious to the physician but may be extremely distressing to the patient (such as sexual dysfunction and weight gain). Giving patients concrete suggestions as to how to deal with side effects can be helpful (for example, an early side effect may be nausea, so suggest they take their medicine with food). Describing in advance what side effects of a therapy may occur is also important and may increase compliance. The patient should be apprised of the strategy to adjust medication based on symptoms of depression and any possible side effects.

What About Multidisciplinary Approaches to the Treatment of Depression?

Most primary care practices are set up to address acute care problems but less able to handle the patient with a chronic illness such as depression that require multiple follow-up visits, education, and support. Systems interventions or disease management programs such as those used successfully for diabetes and arthritis may increase the quality of care for depressed patients. However, interventions that are limited to education alone are not successful.

Programs that integrate a psychologist, psychiatrist, or mental health practitioner into the primary care setting to provide education, symptom monitoring, and short-term cognitive behavioral therapy and medication recommendation have led to improved adherence, outcome, and satisfaction, at least for the short term.

How Can Patients Become Involved Fully in Their Health Care?

Table 3. Ways Patients Can Be Involved in Their Treatment

- 1) Learn everything they can about depression: It is often best not to give depressed patients too much information too soon since these patients are easily overwhelmed, so the clinician should educate them gradually and refer them to published or Web resources.
- 2) Keep a personal health journal and bring it to each office visit: Keeping a journal allows patients to keep a running record of everything from possible side effects to improved symptoms.
- 3) Identify a close family member or friend to serve as a “health buddy” or advocate: The personal advocate can be a crucial part of ensuring compliance with treatment, objectively monitoring symptom improvement and side effects, and providing moral support to the patient.
- 4) Come prepared for each visit: In addition to bringing their health journal, patients should write down questions they have regarding their condition or treatment so that they do not forget to ask them during the visit.
- 5) Ask about side effects and expected treatment effects of medications: Giving patients information about what to expect from a medication can help ensure compliance with that medication regimen.
- 6) Record symptoms, possible side effects, and progress toward recovery: Monitoring their own progress can help patients more in control of their disease.
- 7) Carry a personal health information list with them at all times: This list should include the emergency contact information, all medical conditions as well as allergies and current medications (prescription, over the counter, and nutritional supplements).

8) If referred to a psychiatrist for further treatment, go prepared with relevant information: If patients have been involved with their treatment from the beginning, they should take their health journal and health information list as well as the details of the reason for their referral.

Please share this information with anyone you know who could benefit.

Thanks,

Marie Savard, M.D.

For more information on the Savard System and to download free forms to help you manage your health, please visit me at <http://www.DrSavard.com>.

To learn more about Dr. Savard's health management system, download free forms and a sample letter to your doctor, or to order her books *How To Save Your Own Life: The Savard System for managing – and controlling – your health care* (Warner Books, Inc. 2000) and/or *The Savard Health Record: a six-step system for managing your health care* (Time Life Books), visit <http://www.drsavard.com>. Also don't forget to check <http://www.mercksource.com> where you will find all of my most up-to-date forms for managing your health care along with a short video of me explaining step-by-step how you can take charge of your health

By using the information and forms you will learn to how to prepare for office visits, set your target goals, collect and read your medical records and understand your test results. In short – you'll have everything you need to manage your health care right at your fingertips.

Marie Savard, M.D. is an internationally known internist, women's health expert and champion of patient empowerment. She is the founder of The Savard System, dedicated to teaching patients how to manage their own healthcare. She is the author of two highly acclaimed books, *How to Save Your Life: The Savard System for Managing-and Controlling-Your Health Care* (Warner Books, Inc. 2000) and *The Savard Health Record: a Six-Step System for Managing Your Health Care* (Time-Life, Inc. 2000).

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