Collaborative Care Model for Depression, Anxiety and Mild Cognitive Impairment among older adults

Centre for Addiction and Mental Health
&
McMaster University
(Department of Psychiatry and Behavioural Neurosciences & Department of Family Medicine)

PRESENTER DISCLOSURE

- **Presenter:** Pallavi Dham, Nick kates

- **Relationships with commercial interests:**
  - **Grants/Research Support: The study is supported by a grant from the Labarge Community Foundation**
  - **Speakers Bureau/Honoraria: NONE**
  - **Consulting Fees: NONE**
  - **Other: NONE**

LEARNING OBJECTIVES

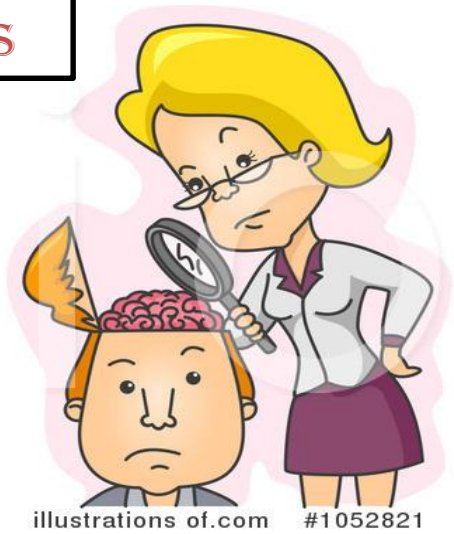
1) Understand the role that primary care can play in detecting mild cognitive impairment in seniors

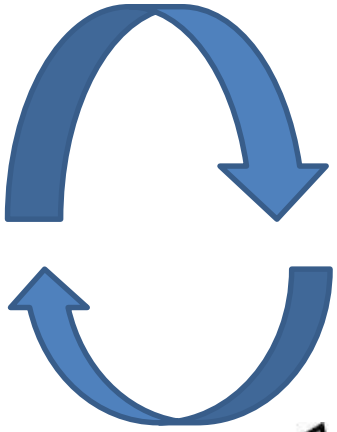
2) Learn about the components of a treatment pathway for MCI that can be introduced within primary care

3) Learn about challenges in implementing a treatment pathway within primary care


Mental health
Physical health
Social, psychological, cognition
PRIMARY CARE

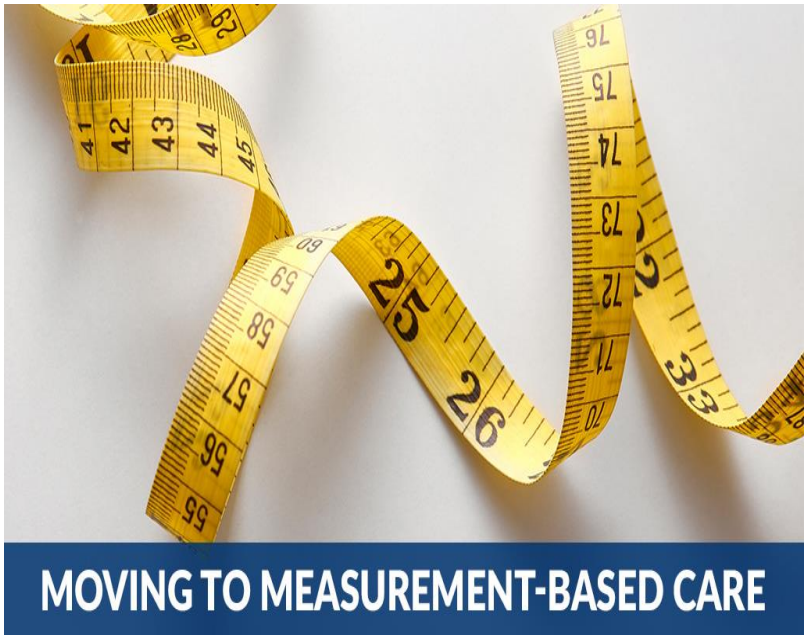
3-4
MONTHS



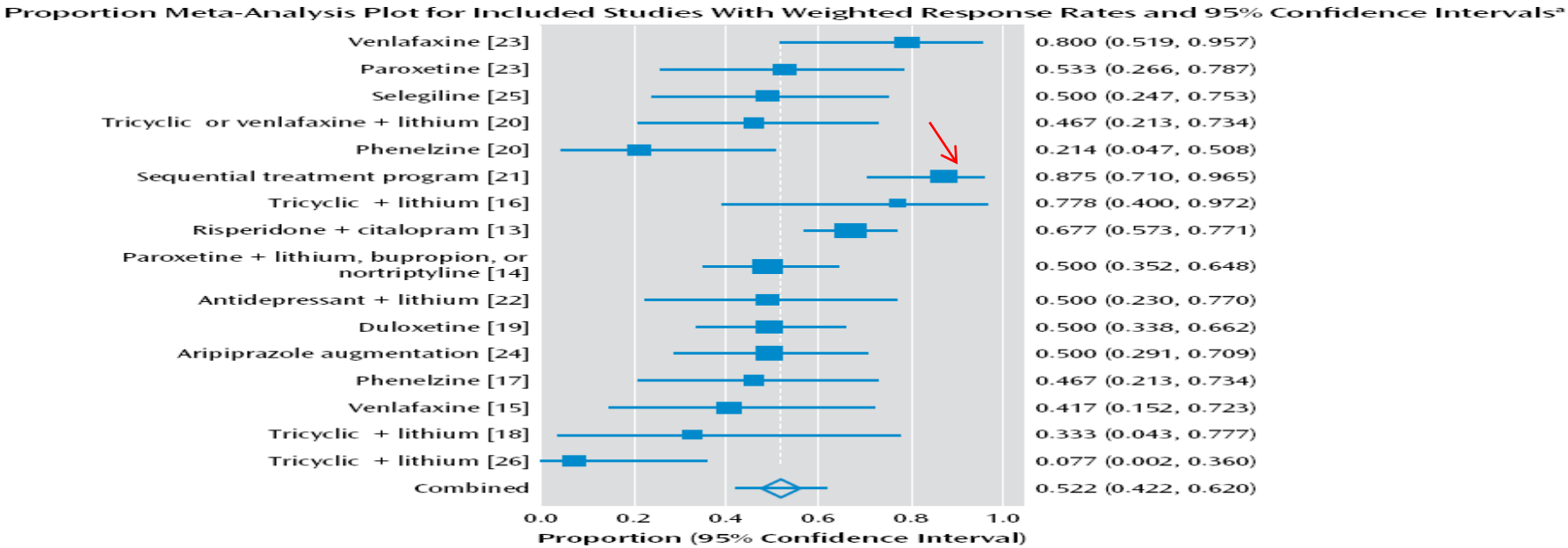


WHAT SHOULD WE DO?

BREAK BARRIERS



EVIDENCE BASE TREATMENT & CARE PATHWAYS



HOW DO WE DO IT?

Team

CAMH

- **Principal Investigator**-

Dr Tarek Rajji

- **Co-Investigator –**

Dr Pallavi Dham

- **Co-Investigator**

Dr Sarah Colman

- **Project manager**-

Ms Lillian Lourenco/ Ms Lina Chiuccariello

- **Research Analyst**

Ms Noor Malik

McMaster

- **Principal Investigator**:

Dr Nick Kates

- **Co-Investigator**:

Dr Karen Saperson

- **Co-Investigator**:

Carrie McCainey

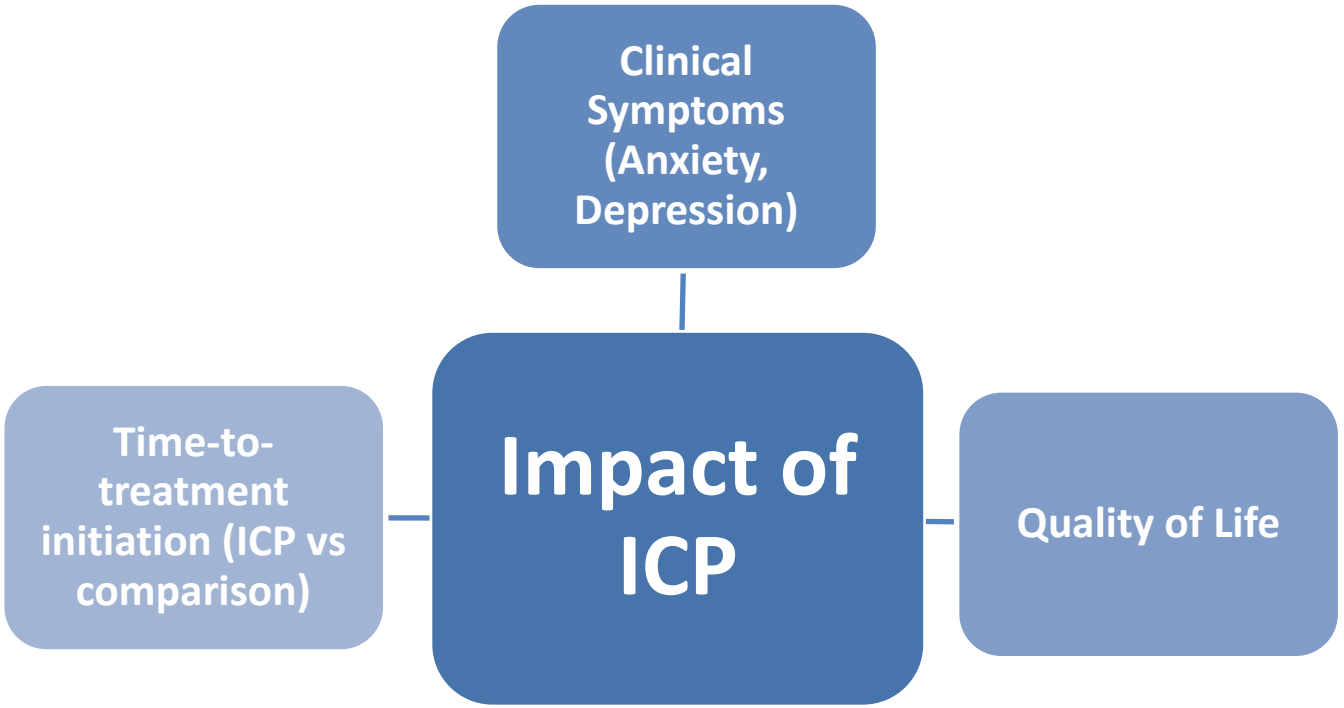
- **Research Analyst**:

Ms Fiona Parascandalo

Sponsor: Labarge Community Foundation

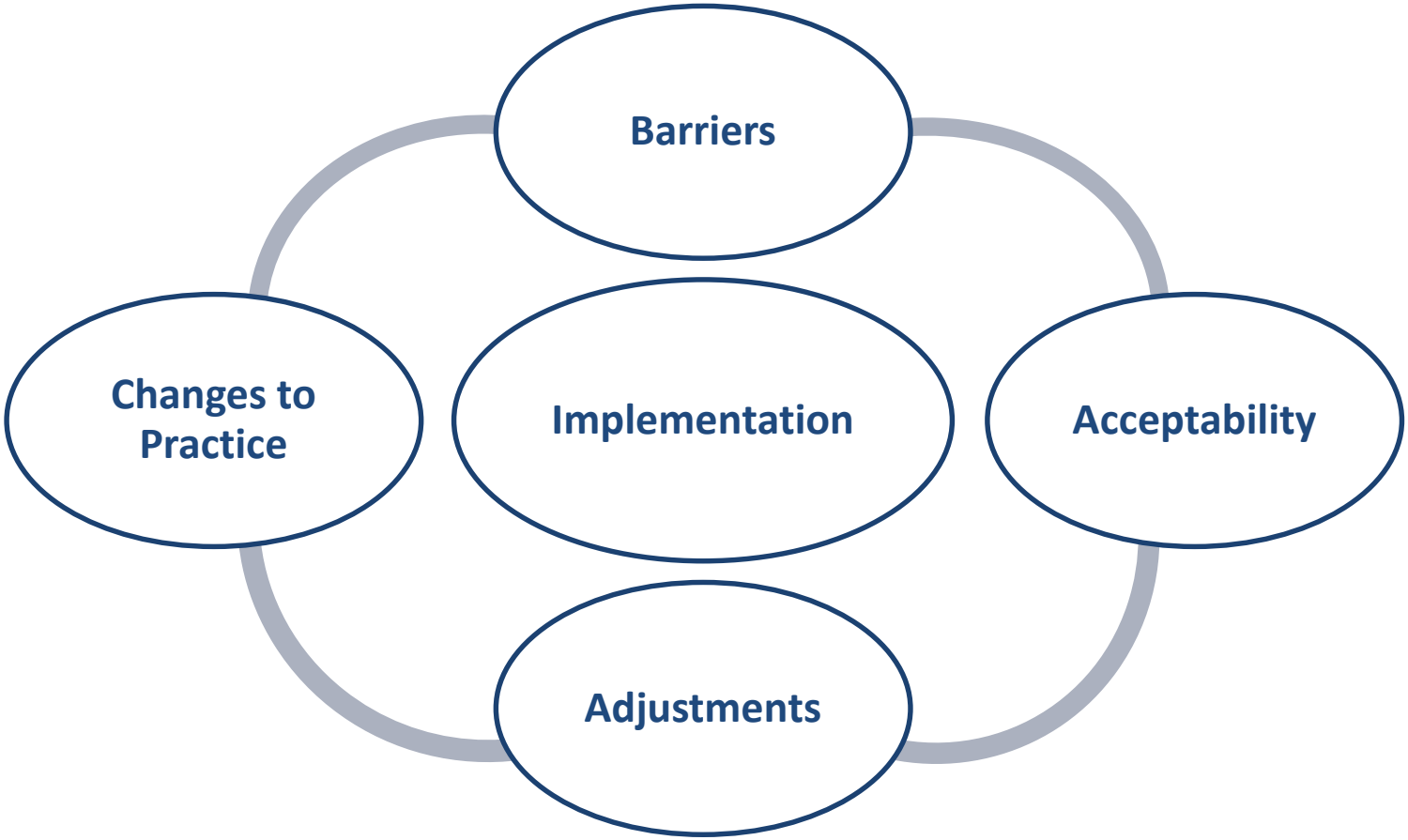
Objective 1

Assess the impact of the Integrated Care Pathway (ICP) on patient-related outcomes



Objective 2

Examine the implementation of the ICP in Primary Care Practices (qualitative objective)



Objectives 3

How does the ICP change rates of identification of Major Depression, Anxiety Disorders and MCI? (Exploratory)

Participants

Patients

- CAMH & McMaster
  - 75 Intervention
  - 75 Comparison

Health Care Providers

- Toronto
  - 2 Family Health Team
  - 1 Private practice (3 PHPs)
  - 1 Polyclinic (7 PHPs)
- McMaster
  - University affiliated Family Health Team (19 PHPs) Allied health

Inclusion criteria

- Born in 1950-1956
- Read English
- See/hear
- Able to provide consent

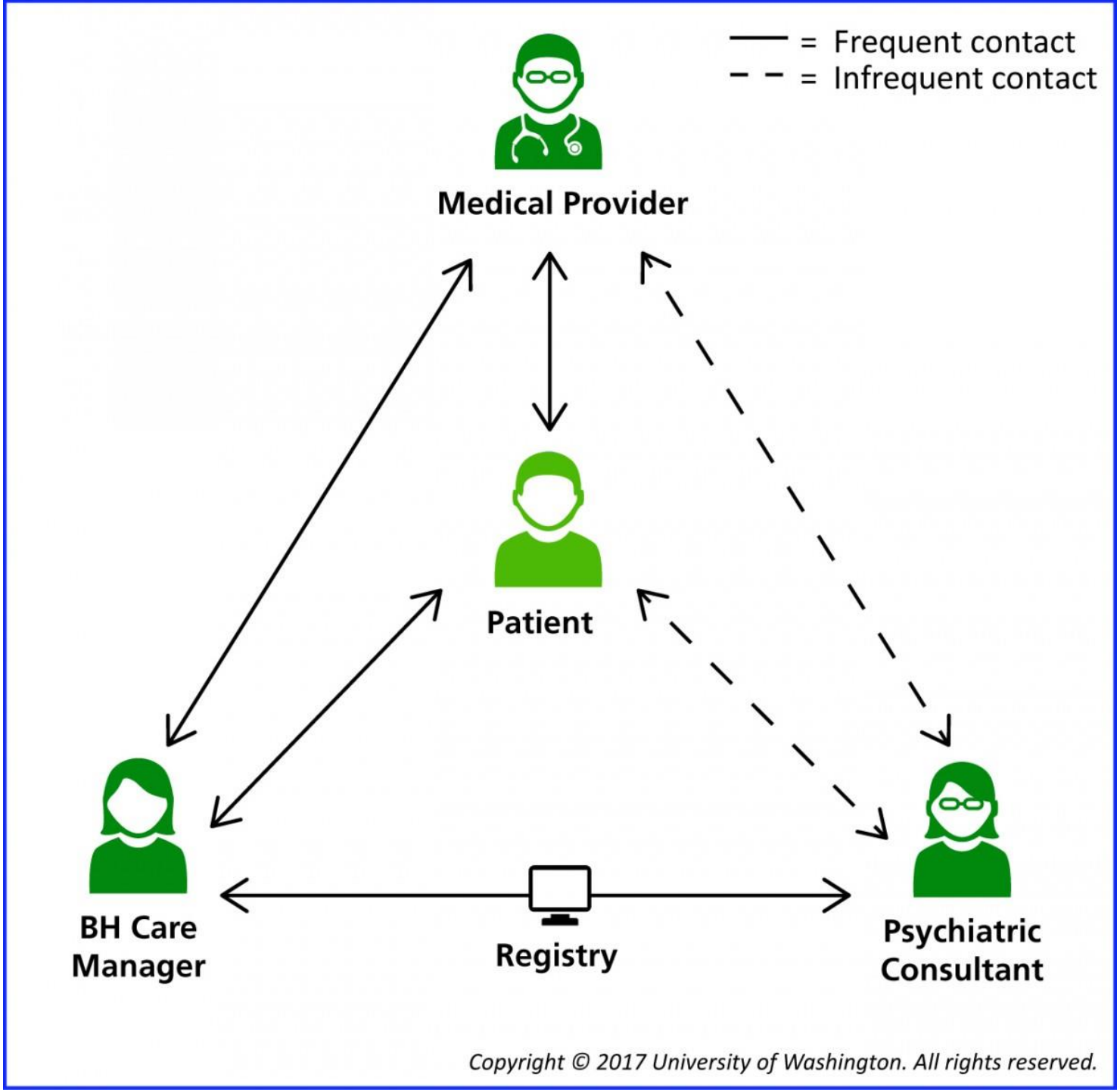
Exclusion criteria

- Dementia diagnosis
- Substance use currently meeting level of disorder
- Unstable medical condition
- Palliative

Recruitment

- Mail out to patients
- Interested patient contacts the RA
- RA books a time to do the baseline screening and consent

COLLABORATIVE CARE MODEL



PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use ✔ to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

For office coding: 0 + _____ + _____ + _____

=Total Score: _____

If you checked off any problems, 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	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

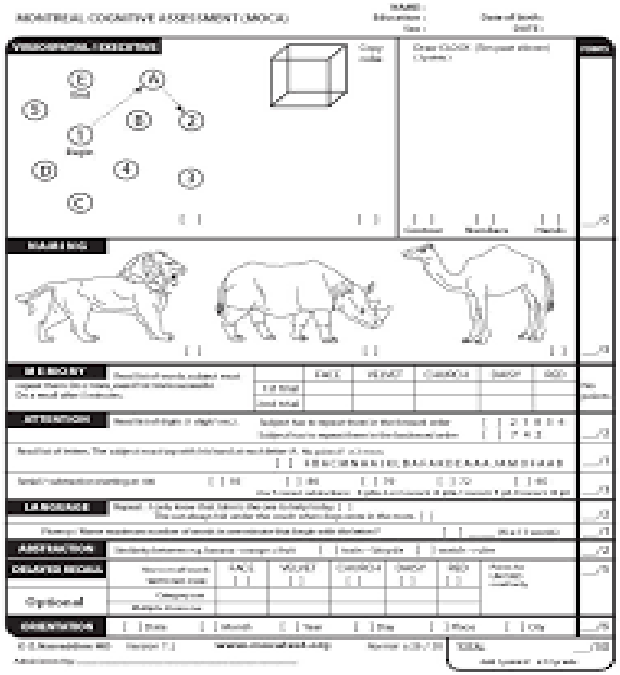
GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

Total Score ___ = Add Columns ___ + ___ + ___

If you checked off any problems, 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	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐



Mild

Score of: 5-9 on GAD-7, 5-9 on PHQ-9,

18-25 on MOCA/MoCA-B

- General intervention
- Psychological therapies

Moderate

Score of: 10-14 on GAD-7, 10-14 on PHQ-9,

- Interventions for mild symptoms +
- Medication trials

Severe

Score of: 15-21 on GAD-7, 15-27 on PHQ-9,

less than 18 on MOCA/MoCA-B

- Intervention for moderate symptoms +
- Referral to study psychiatrist

GENERAL INTERVENTIONS (GI)

(Applies to all treatment)

- Education
- Diet
- Exercise
- Stress Management
- Increased Social Engagement
- Cognitive Activation
- Management of Comorbid Medical Condition
  - HTN
  - DM
  - Chol
  - Smoking Cessation

MEDICATION TRIAL

TRIAL 1

Sertraline

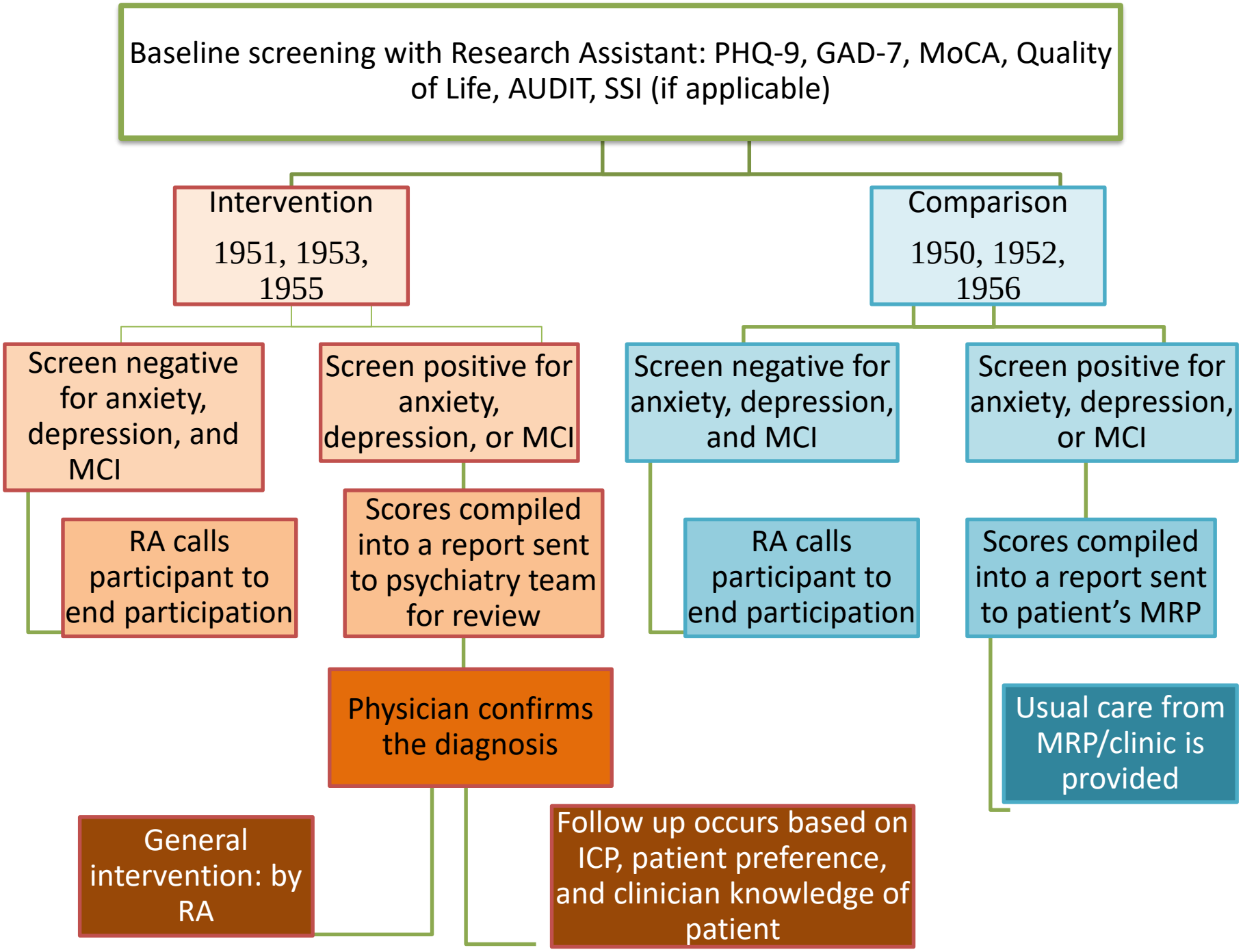
- Initiation dose: 25 mg/day
- Increase after one week to 50mg/day (minimal effective dose)
- Review and titrate every 2 weeks. Max dose is 200 mg/day

TRIAL 2

Venlafaxine XR

- Initiation dose: 37.5 mg/day
- Increase to 75 mg after one week (minimal effective dose)
- Review and titrate every 2 weeks. Max dose is 300 mg/day

IMPLEMENTATION


Baseline screening with Research Assistant: PHQ-9, GAD-7, MoCA, Quality of Life, AUDIT, SSI (if applicable)
Intervention
1951, 1953, 1955
Comparison
1950, 1952, 1956
Screen negative for anxiety, depression, and MCI
Screen positive for anxiety, depression, or MCI
Screen negative for anxiety, depression, and MCI
Screen positive for anxiety, depression, or MCI
RA calls participant to end participation
Scores compiled into a report sent to psychiatry team for review
RA calls participant to end participation
Scores compiled into a report sent to patient's MRP
Physician confirms the diagnosis
Usual care from MRP/clinic is provided
General intervention: by RA
Follow up occurs based on ICP, patient preference, and clinician knowledge of patient

Diagnostic Assessment: DSM 5

- Depression
- Anxiety
- Mild Cognitive Impairment:

✓ Change from the baseline: patient/informant/clinician

✓ Objective impairment on tests

✓ Does not interfere with independent living though effortful

✓ Not due to mental illness, medical condition, chemical effect

Criteria for psychiatrist consultation

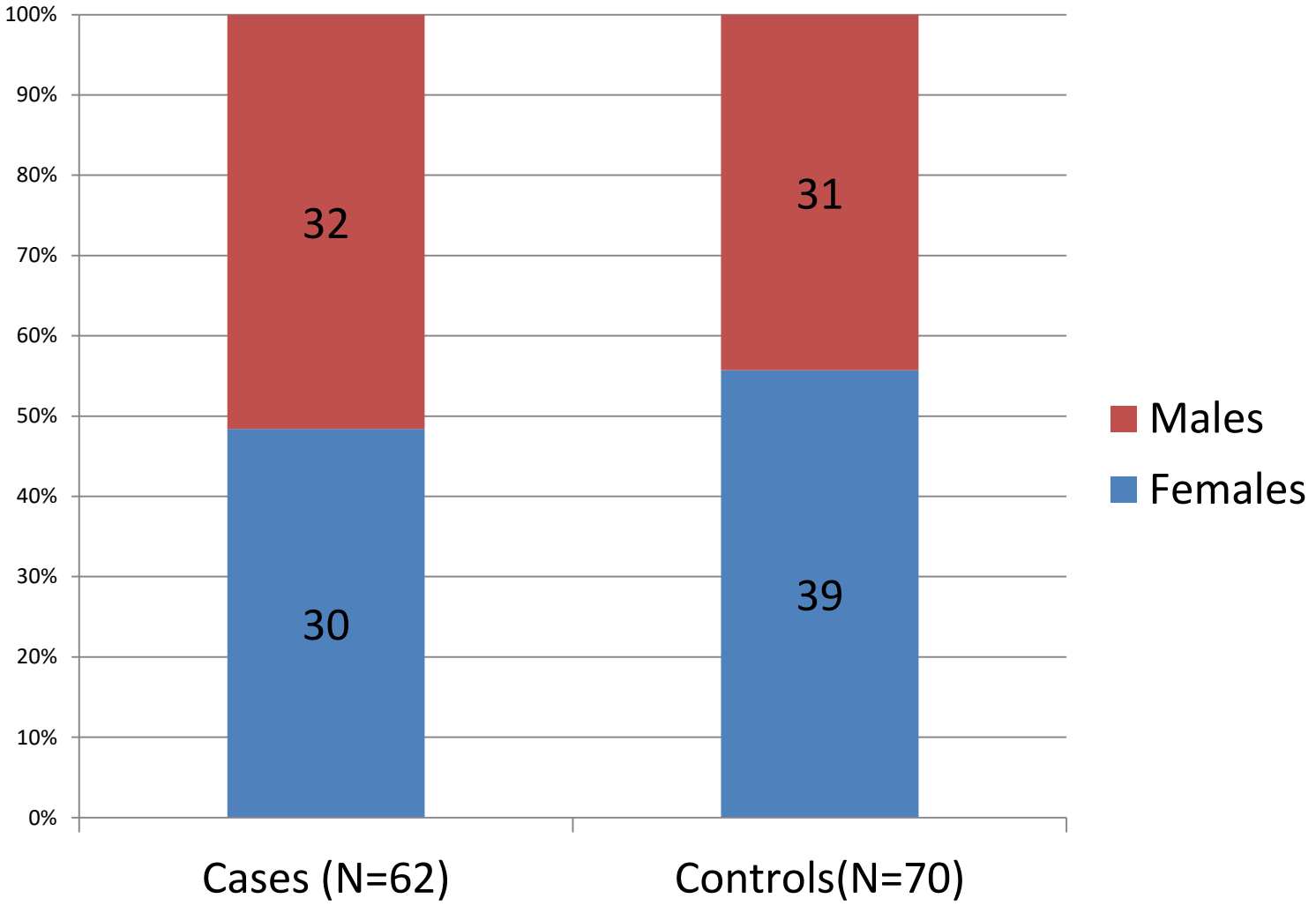
- At the discretion of the primary care physician
- Treatment failure
- Severe symptoms
- Multiple comorbidities needing diagnostic clarification
- High risk of harm to self or others

Follow up

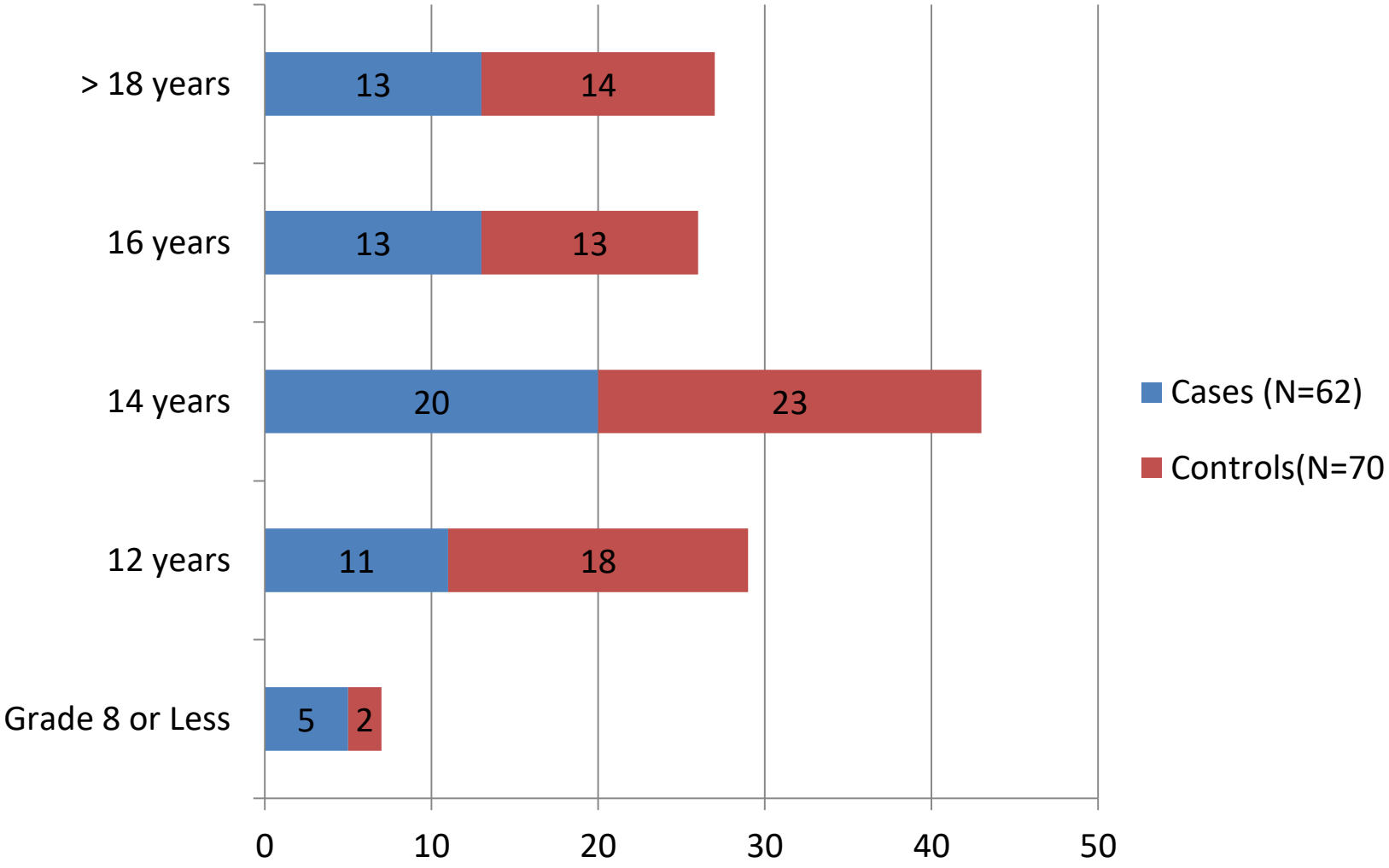
- Every 6 months for 24 months
- Moderate to severe symptoms: If medications initiated, every 2 weeks until remission
- If patient has moderate to severe symptoms and refuses medications, follow up every 4 weeks by PCP and every 3 months by the RA

BASELINE DATA OF ENROLLED PARTICIPANTS

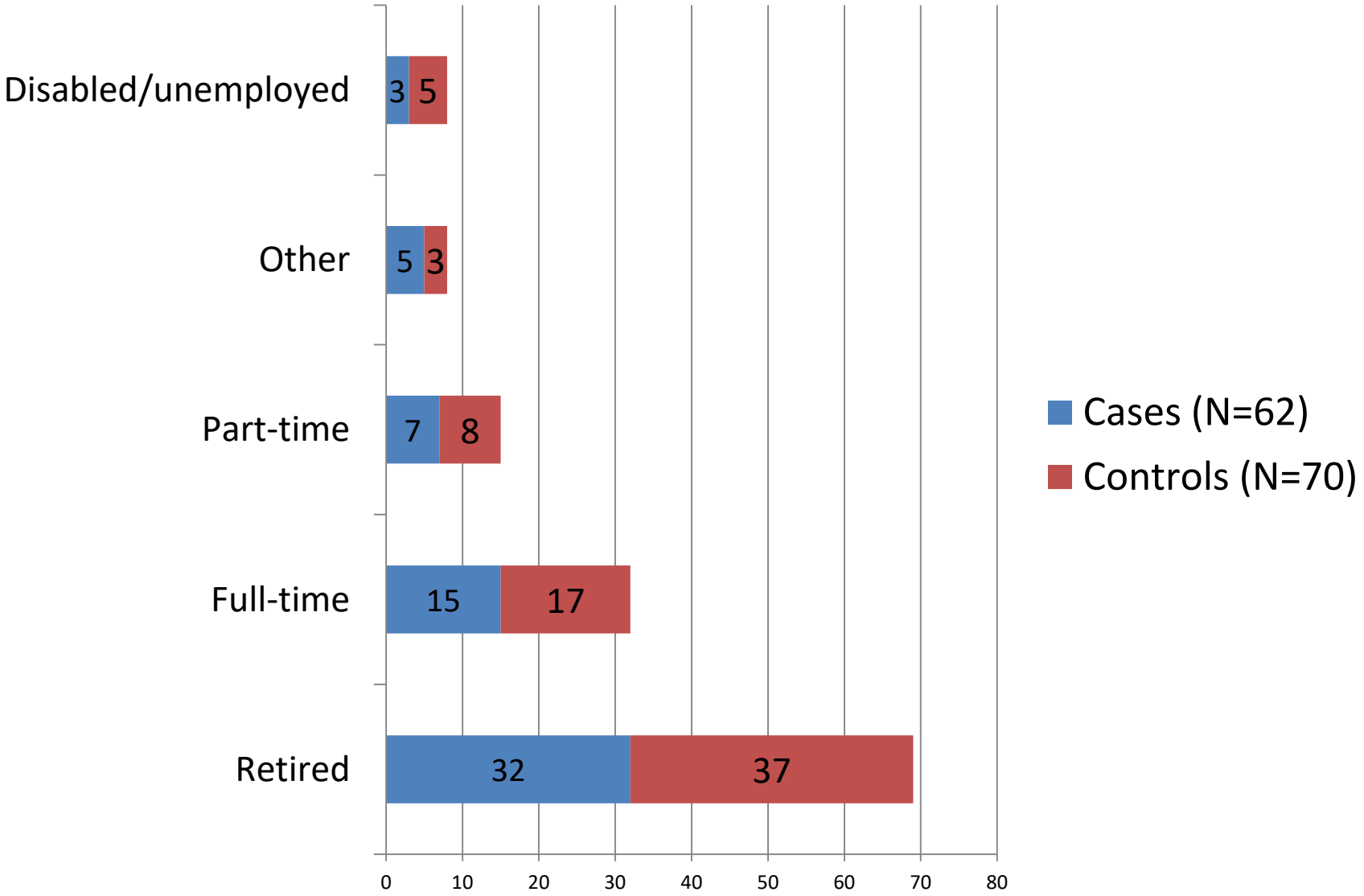
Gender (N=132)


100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
32
30
31
39
Cases (N=62)
Controls(N=70)
Males
Females

Education (N=132)



Employment (N=132)



Baseline scores of enrolled participants	Total N=132	
	Cases (n=62)	Control (n=70)
Mean PHQ-9 Score (SD)	10.0 (5.9)	6.5 (5.4)
Mean GAD-7 Score (SD)	7.8 (4.7)	4.5 (4.1)
Mean MoCA Score (SD)	25.1 (2.7)	25.6 (2.9)
Mean Quality of Life Score (SD)	75.1 (15.2)	83.0 (14.7)

PRELIMINARY QUALITATIVE OBSERVATIONS

Implementation and uptake

- Process of site initiation and buy-in
- Engagement of the physicians
- Skills of the care-coordinator
- Access to resources in the community/ practice
- Care-giver burden/work engagement

Themes	McMaster	CAMH
Best aspect of ICP	Quick turnover of referrals, particularly to geriatric psychiatrist	Increased access to needed mental health supports
Biggest concern of ICP	Didn't initially address the wealth of in-house resources – adapted it and added things to it (e.g. Brain Health Group)	Discomfort with labelling patients with "MCI" when memory concerns had not been raised by patients
Best facilitator of implementation	Having one dedicated clinician moving things along	The pathway has not been intrusive to practice routine
Biggest implementation challenge	Linking the physicians with the huddle team	Tensions between following the pathway and following physicians' own clinical judgment and understanding of their patients

Take home message

- It has been possible to introduce a structured treatment pathway in primary care
- It has helped to improve access to psychiatry care
- Mild to moderate symptoms seem to be the average presentation
- Need for psychological resources in the community

QUESTIONS?