

MAJOR DEPRESSIVE DISORDER: EVIDENCE-BASED STRATEGIES TO IMPROVE PATIENT OUTCOMES

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INTRODUCTION

- Major depressive disorder (MDD) is a common mood disorder affecting 21% to 30% of the US population at any one time¹
- Each year, more than 49,000 people in the US die by suicide, and an additional 1.7 million people attempt suicide²
- MDD is underdiagnosed and undertreated^{3,4}
- Among patients who do start antidepressant therapy, most do not achieve full remission with initial therapy⁵
- Given the current knowledge and practice gaps in the management of MDD and the availability of established and novel treatment options from various drug classes, there is a need for education targeted toward the NPs that most often treat these patients (ie, primary care providers)

1. Centers for Disease Control and Prevention (CDC). November 8, 2023. <https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>.
2. CDC. November 29, 2023. <https://www.cdc.gov/suicide/suicide-data-statistics.html>.
3. Mitchell AJ et al. *Lancet*. 2009;374(9690):609-619.
4. Thornicroft G et al. *Br J Psychiatry*. 2017;210(2):119-124.
5. Rush AJ et al. *Am J Psychiatry*. 2006;163(11):1905-1917.

OBJECTIVES

The goal was to develop an enduring CE monograph for NPs that addresses knowledge and practice gaps in MDD care through the following LOs:

- 1 Compare new and emerging pharmacologic treatment options for patients with MDD, including initial treatments, and those for patients with an inadequate initial response or treatment-refractory MDD.
- 2 Evaluate the importance of prompt diagnosis of MDD to prevent negative effects on patient quality of life, morbidity, and mortality.
- 3 Measure response to antidepressant treatment to assess if a patient will benefit from alternative or adjunctive interventions.
- 4 Apply evidence-based and guideline-recommended strategies for the individualization of antidepressant treatment options.

DESIGN & METHODS

CE activity and assessments

- The CE activity included an enduring monograph activity (1.0-hr CE credit and 0.5-hr Rx credit), podcast, and patient tool
- Outcomes questions were developed based on LOs, with linkage to the needs assessment and content
- Before the activity, learners self-reported demographic data and answered knowledge and confidence questions (pre-activity responses)
- After the activity, learners answered the same knowledge and confidence questions (post-activity responses) and activity evaluation questions
- A follow-up survey was conducted 60 days after activity completion

Data analysis

- Descriptive statistics were used for demographic and evaluation data
- Differences between pre- and post-activity multiple choice responses and Likert responses were analyzed with Chi-square tests and paired analyses, respectively (significance level, $P \leq .05$)

RESULTS

REACH & DEMOGRAPHICS

- During the 12-month activity, **11,024 learners** registered
- Of the **7963 learners** who completed the activity:
 - 7113 (89%) were NPs
 - 5624 (71%) were certified in family practice
 - 985 (12%) were certified in adult/gerontology care
 - 3065 (38%) practiced in a primary care or internal medicine setting

~270%

more registrants and completers than estimated

6700

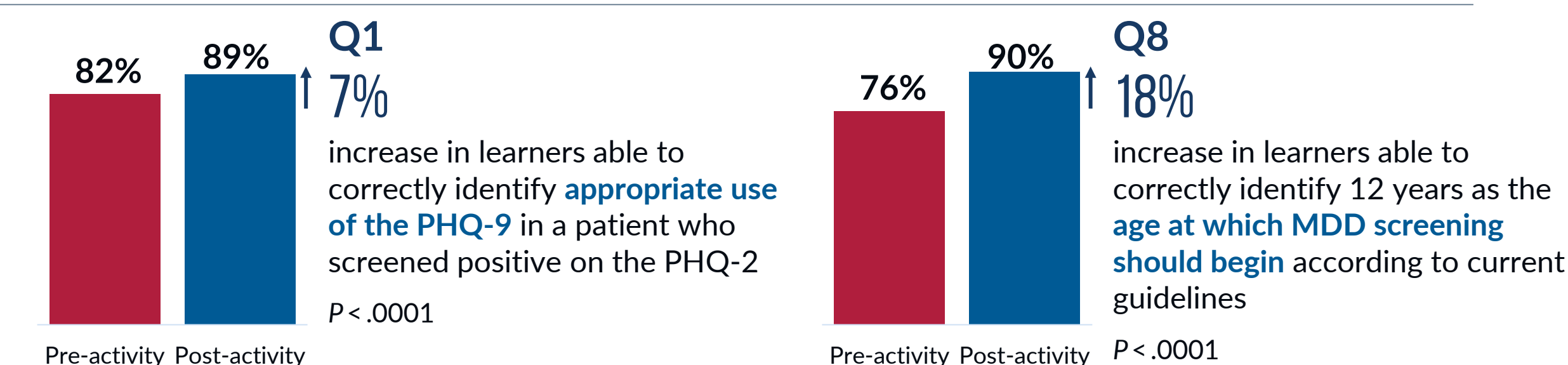
podcast downloads as of January 1, 2024

RESULTS

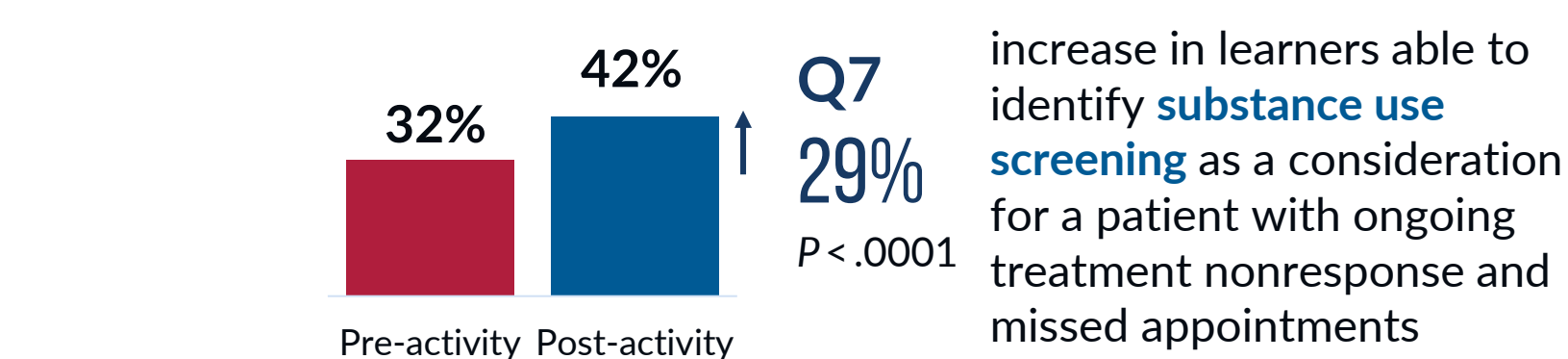
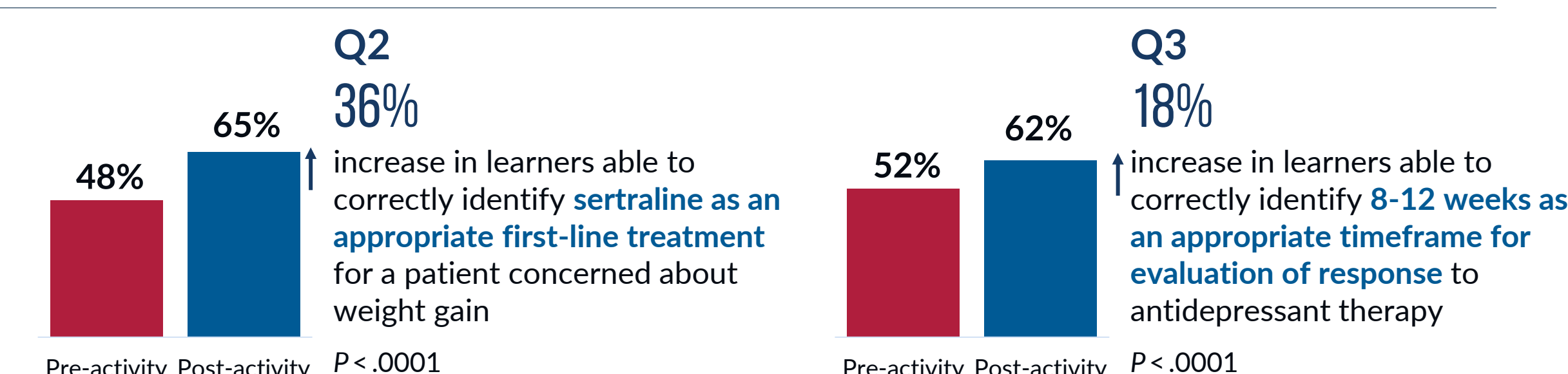
KNOWLEDGE CHANGE

30% increase in average percent correct answers overall from pre- to post-activity results

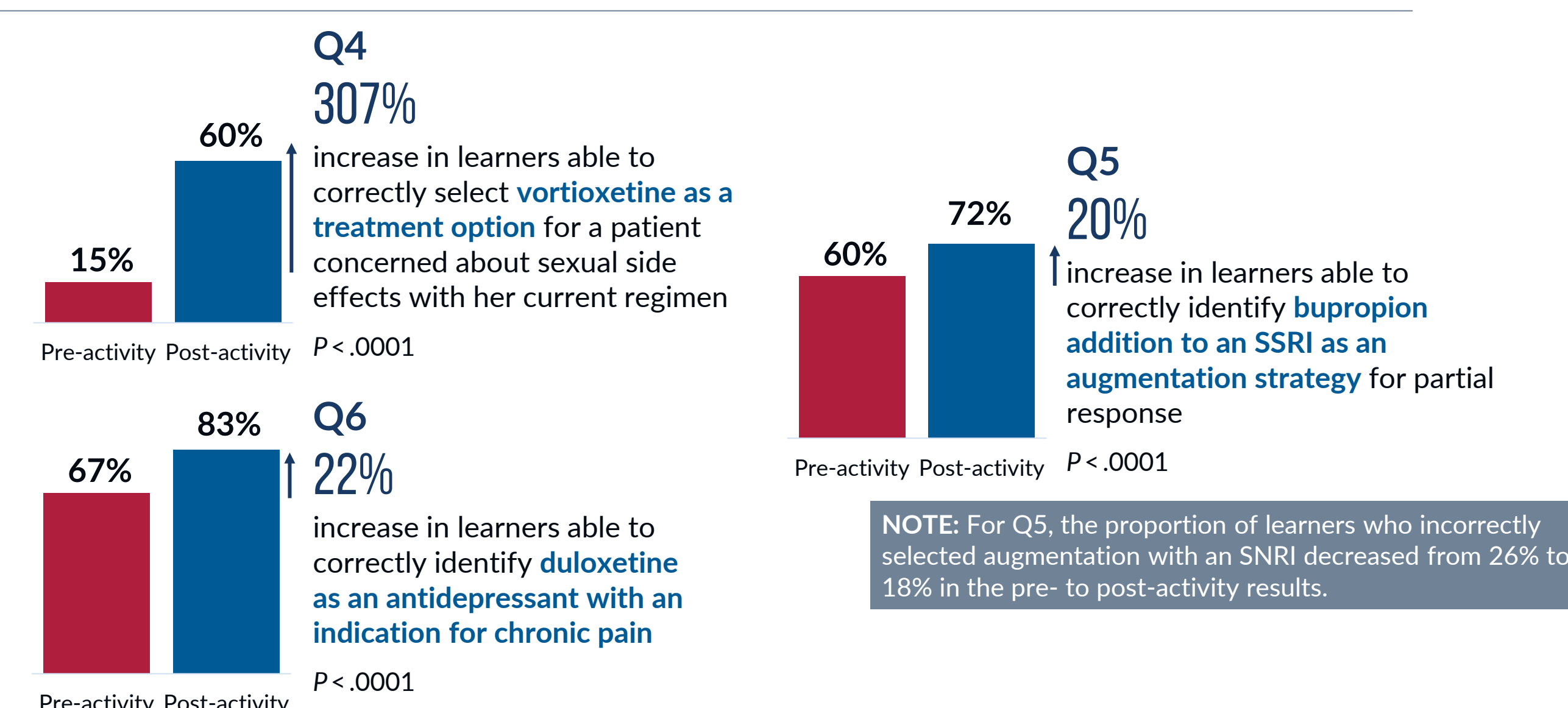
Screening and diagnosis (LO 2)



Initial treatment and response assessment (LOs 1, 3, & 4)



Subsequent-line treatment and individualization (LOs 1 & 4)

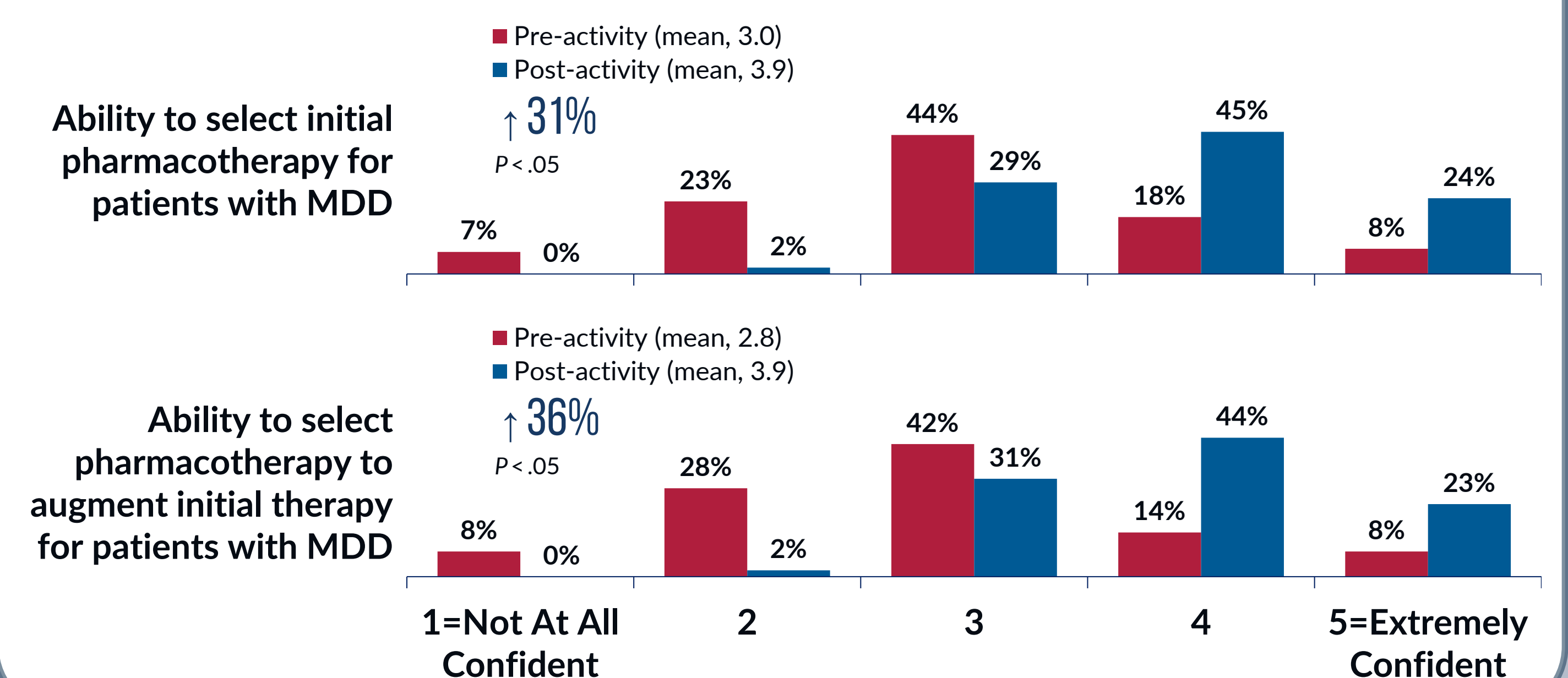


NOTE: In written feedback, many learners indicated they would have screened for substance use at an earlier point in the case. The most commonly chosen incorrect answer was "Switch to an SNRI," which would have been reasonable if substance use screening had already been performed.

NOTE: For Q5, the proportion of learners who incorrectly selected augmentation with an SNRI decreased from 26% to 18% in the pre- to post-activity results.

RESULTS

CONFIDENCE CHANGE



RESULTS

PLANNED CHANGES & BARRIERS

- The proportion of learners who **screened/planned to screen for MDD at every visit** increased from **48%** to **67%**
- The most common **planned practice changes** were consideration of comorbidities when choosing antidepressant therapy (49%), screening with a validated tool (21%), and assessing factors that can impact treatment response (12%)
- 58%** of learners identified **no barriers** to practice changes
- The most common barriers were **time constraints (16%)** and **patient expectations (11%)**

RESULTS

FOLLOW-UP SURVEY (N = 70)

~49% were screening for MDD at every visit

~57% used information from the activity for practice site education or process changes

~58% implemented new tools or practice habits as a result of the activity

CONCLUSIONS

- The program reached the right target audience—primarily NPs in family practice or primary care
- There was a substantial demand for education on the topic of MDD management
- Based on differences between pre- and post-activity results, knowledge increased by a significant 30% ($P < .0001$)
- Confidence increased significantly in selection of initial and subsequent-line therapy

ACKNOWLEDGEMENTS

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