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Webinar

An interdisciplinary panel discussion

A Collaborative Approach to Supporting People with Coronary Heart Disease and Depression

Tuesday, 3rd December 2013

"Working together. Working better."

Supported by The Royal Australian College of General Practitioners, the Australian Psychological Society, the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

This webinar is presented by

Panel

- Dr Robert Grenfell (General Practitioner)
- A/Prof David Colquhoun (Cardiologist)
- Dr Rosemary Higgins (Psychologist)
- Prof Nicholas Glozier (Psychiatrist)

Facilitator

- Dr Michael Murray (General Practitioner)

Ground Rules

To help ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants consider the following ground rules:

- Be respectful of other participants and panellists. Behave as if this were a face-to-face activity.
- Post your comments and questions for panellists in the 'general chat' box. For help with technical issues, post in the 'technical help' chat box. Be mindful that comments posted in the chat boxes can be seen by all participants and panellists.
- Your feedback is important. Please complete the short exit survey which will appear as a pop up when you exit the webinar.

Learning Objectives

Through an inter-disciplinary panel discussion about Sheila (case study), at the completion of the webinar participants will:

- Better understand the mental health indicators in the context of coronary heart disease
- Identify the key principles of the featured disciplines' approach in screening, diagnosing, and supporting Sheila
- Explore tips and strategies for interdisciplinary collaboration to support people like Sheila

General Practitioner Perspective

The stoic patient

- Who is sick?
- How sick?
- What am I missing?

Dr Robert Grenfell

General Practitioner Perspective

Delayed or poor recovery

- Why is it taking so long to get better?
- What is not being said?

Dr Robert Grenfell

General Practitioner Perspective

Disease progression

- Conditions do deteriorate, what do I do?
- What are the influencers with this particular patient?

Dr Robert Grenfell

General Practitioner Perspective

Poor response to therapy

- Why is the therapy not working?
- Are they taking it?
- Is my diagnosis wrong?

Dr Robert Grenfell

Cardiologist Perspective

Lipid Cohort Study - Prevalence Of Depression

- Sub-study 715 of 7883 patients
- 25 Australian and 7 New Zealand Centres

Beck Depression Inventory (BDI-II) >10
Males 27%
Females 38%

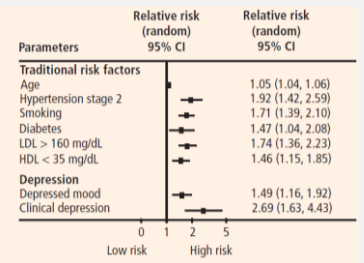
- Baseline characteristics similar in depressed and non-depressed
- No association of depression with Pravastatin treatment in LIPID trial

A/Prof David Colquhoun

Weyers J, Colquhoun D, Stewart R. Atherosclerosis 2000;151:1-354

Cardiologist Perspective

Risk ratios of classic risk factors and depression



A/Prof David Colquhoun

Risk ratios of traditional risk factors in the Framingham study compared to risk ratios by meta-analysis by Rugulies.
REF: Blumenthal J. Cleveland Clinic Journal of Medicine. 2008 75(2):S48-S53

Cardiologist Perspective

Recognition of Depression - Myocardial Infarction Patients

60 patients clinical impression vs BDI
Johns Hopkins Bayview Medical Centre
30% BDI ≥ 10 (depressed) within 5 days of AMI

- 24 of 32 patient assessments *not depressed* when BDI ≥ 10 (i.e. 75% false negative)
- 13 of 17 patients assessed *not depressed* when BDI < 10 (cardiologists) (i.e. 24% false positive)

A/Prof David Colquhoun

Ziegelstein RC, Bush DE. Psychosomatic Med 2005;67:393-397

Cardiologist Perspective

National Heart Foundation of Australia Recommended Screening Tool

Patient Health Questionnaire (PHQ-2) YES/NO Version

(1) During the past month, have you often been bothered by feeling down, depressed or hopeless?

(2) During the past month, have you often been bothered by little interest or pleasure in doing things?

** Yes to either question is sufficient for a provisional diagnosis of depression.*

A/Prof David Colquhoun

Elderon L et al. Screening for Depression: Heart And Soul Study. Circ. Cardio Qual Outcomes 2011;4:533-540
McManus D. Screening for Depression: Heart And Soul Study Am J Cardiol 2005;96(8):1076-1081
Expert Group. NHFA Consensus Statement. MJA On Line 1st May 2013

Cardiologist Perspective

PHQ2 (Yes/No Version) Prognosis in Heart and Soul Study

- n=1,024 CHD patients mean 6.27 year follow up.

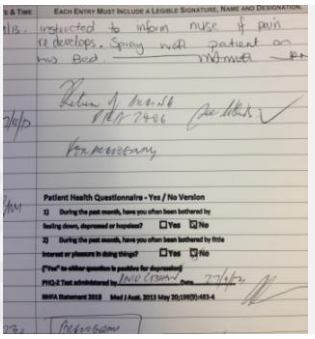
PHQ2 Yes/No Version

- Yes to either question predicted 55% greater CV events P=0.0005

A/Prof David Colquhoun

Elderon L, Smolderen K, Na B, Whooley MA. Circ Cardiovasc Qual Outcomes 2011;4:533-540

Cardiologist Perspective



Patient Health Questionnaire - Yes / No Version

A/Prof David Colquhoun

Psychologist Perspective

Presenting Problem

- Worsening physical health issues
- Reluctance to 'bother' cardiologist
- Fear of emotional impact of further health issues
- Anxiety and panic
- Grief re loss of strength / ageing
- Positive response to depression screen
- Symptoms - depression? Cardiac?
- Sleep initiation difficulties / insomnia?
- Sleep apnoea?
- Low coping self-efficacy

Dr Rosemary Higgins

Psychologist Perspective

Precipitating Factors

- Husband retirement
- Cancelled holiday – guilt and tension?
- Trauma / anxiety from previous MVR surgery and infection?
- Internaliser – not a complainer
- Own needs last? Selfless
- Role threat?
- Cognitive decline?
- Worn down - meaning?

Dr Rosemary Higgins

Psychologist Perspective

Perpetuating Factors

- Internaliser – not a complainer
- Illness perceptions?
- Own needs last? Selfish?
- Values – strength / health / pride
- Illness as weakness
- Family / relationship role
- Social isolation - community? Friends?
- Self management skills and capacity
- No cardiac rehabilitation

Dr Rosemary Higgins

Psychologist Perspective

Protective Factors

- Family - adult daughter?
- Husband
- General Practitioner
- Cardiologist
- Resilience
- Independence
- Previous history of good coping
- Social support?
- Health behaviours?

Dr Rosemary Higgins

Psychologist Perspective

Interventions

- Values work - what valued personal goals?
- Physical activity
- Mindfulness
- Cardiac rehabilitation - group support
- Cognitive Behaviour Therapy or Acceptance and Commitment Therapy
- Address illness misperceptions
- Sleep intervention
- Assertiveness / empowerment
- Self management support

Dr Rosemary Higgins

Psychiatrist Perspective

Psychiatrist's Role

- Potentially to confirm diagnosis if required (although differentiation between depression and anxiety at low levels of symptoms in this context moot)
- This may be important though to establish care approach with Sheila & Hugh. Patient / couple centred approach most likely to achieve adherence and results
- Support and advice to GP if non-response to initial treatment, augmentation, deterioration, risks of self harm
- Most likely would be one off (item number 291) with guidance to GP about stepped care, drug interactions e.g. P450 interactions

Prof Nick Glozier

Psychiatrist Perspective

If depressed, evidence would support:

- Exercise
- SSRI +/-
- Time limited psychotherapy initially – e.g. PST, IPT, CBT.
  Access could be concern – iCBT
- Suggest adequate family / couple involvement

Process:

- Adequate monitoring of symptom change, review at 2,4 etc weeks with regular titration of dose if agreeable to medication
- Adherence and SEs
- Given good relationship and history GP is key person
- Up to five sessions with exercise physiologist / dietician

Prof Nick Glozier

Psychiatrist Perspective

Other clinical / symptom issues

- Address insomnia as co-morbidity – CBTi or specific approach. Important to detect whether insomnia or phase advance and / or phase inconsistency. Probably not benzo
- Psychological – role change from coping carer to what…?
- Health anxiety / panic – both amenable to CBT type approaches with good results
- Fatigue - ? cause
- Boundaries on investigation e.g. fatigue vs good history taking

Prof Nick Glozier

Psychiatrist Perspective

- Family concerns and Hugh care
- Adequate diet
- Function and enjoyable activities
- Possibly son / daughter involvement
- Check cognition (MMSE fine) early and then as improves as dep / CHD risk
- Access could be concern – iCBT
- Review if non-response - aim for remission and address residual symptoms
- Consider use of other modalities e.g. measured self - sleep mood diaries, apps, iCBT, cognitive training, pedometers

Prof Nick Glozier

Q&A session

Thank you for your participation

- Please ensure you complete the *exit survey* before you log out (it will appear on your screen after the session closes). Certificates of attendance for this webinar will be issued in 4-5 weeks
- Each participant will be sent a link to online resources associated with this webinar within 1-2 days
- This is our final webinar in 2013. Keep checking the MHPN website at www.mhpn.org.au/upcomingwebinars to stay up to date about planned webinars for 2014.

Are you interested in leading a face-to-face network in your local area with a focus on Coronary Heart Disease and Mental Health?

MHPN can support you to do so.

Please fill out the relevant section in the exit survey. MHPN will follow up with you directly.

For more information about MHPN networks and online activities, visit www.mhpn.org.au

Thank you for your contribution and participation