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## CME PSYCHCAST

### STRATEGIES FOR IMPROVING ADHERENCE IN THE TREATMENT OF MAJOR DEPRESSIVE DISORDER COLLABORATIVE CARE: ADHERENCE TO ANTIDEPRESSANT MEDICATION: PATIENT-CENTERED SHARED DECISION MAKING COMMUNICATION TO IMPROVE ADHERENCE

#### AUTHOR

Steven R. Hahn, MD

#### CME COURSE DIRECTOR

James C.-Y. Chou, MD

CME.25

A related Expert Panel Supplement was published in *CNS Spectrums* [*CNS Spectr* 14:12(12 Suppl 14):10–13.] and *Primary Psychiatry* [*Primary Psychiatry* 16:12(12 Suppl 9):10–13.]

#### ABSTRACT

It is estimated that 15 million Americans have a depressive disorder, including major depressive disorder, and many of those afflicted do not receive recommended guideline levels of care. Of patients who are correctly diagnosed with depression, a majority of patients do not recover by 4–6 months, often due to discontinuing treatment prior to the initiation of therapeutic effect. It is important for clinicians to understand the factors involved in nonadherence to treatment for the depressive disorders, including presence of residual symptoms, younger age, and less educational attainment. Once clinicians believe a patient is at risk for nonadherence—which is the rule rather than the exception—health care professionals have various techniques available to increase treatment adherence, including communication techniques and other health care interventions.

In this Expert Review PsychCast™, Steven R. Hahn, MD, outlines several strategies for improving adherence among patients, including a four-step process to bolster patient comfort with treatment guidelines and “Ask-Tell-Ask,” a communication technique aimed to provide clinicians additional understanding as to patient attitudes and beliefs.



This activity is jointly sponsored by the Mount Sinai School of Medicine and MBL Communications, Inc.



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**Release date:** XX 2010

**Termination date:** XX 2012

**The estimated time to complete this activity is:** 15 minutes.

### Acknowledgment of Commercial Support

Funding for this activity has been provided by an educational grant from Eli Lilly and Company.

### Activity Review Information

The activity content has been peer-reviewed and approved by Susan F. Abbott, MD.

Review Date: November 12, 2009.

### Faculty Affiliations and Disclosures

**Steven R. Hahn, MD**, is professor of clinical medicine and instructor in psychiatry at Albert Einstein College of Medicine of Yeshiva University in New York City.

### Faculty Disclosure Policy Statement

It is the policy of the Mount Sinai School of Medicine to ensure objectivity, balance, independence, transparency, and scientific rigor in all CME-sponsored educational activities. All faculty participating in the planning or implementation of a sponsored activity are expected to disclose to the audience any relevant financial relationships and to assist in resolving any conflict of interest that may arise from the relationship. Presenters must also make a meaningful disclosure to the audience of their discussions of unlabeled or unapproved drugs or devices. This information will be available as part of the course material.

### Faculty Affiliations and Disclosures

Dr. Hahn is a consultant to Astellas, AstraZeneca, Eli Lilly, GlaxoSmithKline, and Pfizer.

CME Course Director **James C.-Y. Chou, MD**, is associate professor of psychiatry at Mount Sinai School of Medicine. Dr. Chou has received honoraria from AstraZeneca, Bristol-Myers Squibb, Eli Lilly, GlaxoSmithKline, Janssen, and Pfizer.

Susan F. Abbott, MD, is assistant professor of psychiatry in the Division of Child and Adolescent Psychiatry at Mount Sinai School of Medicine, and Chief of Child and Adolescent Inpatient Psychiatry Units at Mount Sinai Medical Center in New York City. Dr. Abbott reports no affiliation with or financial interest in any organization that may pose a conflict of interest.

### Learning Objectives

At the completion of this activity, participants should be better able to:

- Implement communication strategies to assess and promote adherence to antidepressant treatment throughout the course of therapy

### Statement of Need and Purpose

While physicians are routinely trained to recognize symptoms of depression and evaluate side effects of antidepressants, they receive almost no training on assessing nonadherence to antidepressant therapy or considering the factors (ie, nonresponse, adverse events, poor patient insight, etc.) that contribute to nonadherence. Nonadherence to antidepressant treatment in depression is very common and could be considered the single greatest impediment to successful antidepressant therapy. Patients often do not report nonadherence, not realizing that when a physician erroneously believes that a patient has taken the prescribed medications, the physician may make inappropriate medication changes or dosage adjustments which can lead to further complications and worse health outcomes. Unacceptable side effects are often the motivation for discontinuing antidepressant medication. Patient beliefs about the necessity of antidepressants, their understanding of and attitude toward depression as an illness, the frequency of dosing, and patient awareness of the length of treatment course also influence treatment adherence. Physicians would benefit from specific direction regarding fostering effective communication regarding adherence and depression therapy, including tools and techniques for assessing adherence throughout all stages of therapy and creating collaborative relationships with patients.

### Target Audience

This activity is designed to meet the educational needs of psychiatrists.

### Accreditation Statement

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Mount Sinai School of Medicine and MBL Communications, Inc. The Mount Sinai School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.



### Credit Designation

The Mount Sinai School of Medicine designates this educational activity for a maximum of 2 *AMA PRA Category 1 Credits*™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

### CME Podcast Version

A related audio CME PsychCast™ will also be available online in early 2010 at: [cmepsychcast.mblcommunications.com](http://cmepsychcast.mblcommunications.com) and via the "Science & Medicine" section of iTunes.

### To Receive Credit for this Activity

Listen to this Expert Panel PsychCast™, reflect on the information presented, and complete the CME posttest and evaluation on pages 15 and 16. To obtain credit, you should score 70% or better. Early submission of this posttest is encouraged. Please submit this posttest by DATE, 2012 to be eligible for credit.

Selected content from this supplement will be available via ePocrates MobileCME in early 2010

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# ADHERENCE TO ANTIDEPRESSANT MEDICATION: PATIENT-CENTERED SHARED DECISION MAKING COMMUNICATION TO IMPROVE ADHERENCE

Steven R. Hahn, MD

## Slide Library

### SLIDE 1

*Four-Step Assessment Strategy for Detecting Nonadherence*<sup>7-9</sup>

1. Ask an open-ended question about taking medicine: "Tell me how you are taking your medications."
2. Normalize and universalize nonadherence to reverse the judgmental environment
3. Shared decision-making: Explain the role of information about adherence in decisions about treatment
4. Do not ask about "forgetting" or "missed" doses until the first three steps have set the stage

### SLIDE 2

*Ask-Tell-Ask: The Foundation of Patient Education*

#### First Ask:

Correct information, listen for incorrect information or missing information

#### Tell:

Validate correct information, correct mistakes, add the next piece of information the patient can use

#### Second Ask:

Confirm patient's understanding, confirm your own understanding of patient's beliefs, assess change in belief/motivation/attitude of patient

### SLIDE 3

*Ask-Tell-Ask and Beliefs About Antidepressants*

**NEED:** Tell me what you understand is about the symptoms we have been discussing. Listen for:

- They are caused by an illness that I have called depression (vs. due to external forces)
- "I am not crazy"
- They are likely to last for a while

**CONCERNS:** Tell me what concerns you have about taking antidepressant medications. Listen for:

- Myriad issues
- Sedation, addiction or dependence

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# **STRATEGIES FOR IMPROVING ADHERENCE IN THE TREATMENT OF MAJOR DEPRESSIVE DISORDER—ADHERENCE TO ANTIDEPRESSANT MEDICATION: PATIENT-CENTERED SHARED DECISION MAKING COMMUNICATION TO IMPROVE ADHERENCE**

## **CME QUESTIONS**

1. **A 45-year-old female patient has been diagnosed with major depressive disorder (MDD) for the first time. She has a 9-item Patient Health Questionnaire (PHQ-9) score of 18. She is functioning adequately but with difficulty in her daily activities and denies suicidal ideation. She has agreed to take a medication for depression. In instructing the patient on beginning a selective serotonin reuptake inhibitor, which of the following would be most important for the clinician to use first?**
  - A. Tell her that the medication is not addictive
  - B. Ask her what she knows about antidepressant medication and what her concerns are about taking them
  - C. Tell her that the medication is not sedating
  - D. Tell her that she should take the medicine every day
  - E. A, C, and D
  
2. **The 45-year-old female patient with MDD returns after 6 weeks. Her PHQ-9 score was 18, which is consistent with MDD. Her PHQ-9 score is now 16, which is still consistent with moderate MDD and is not a significant treatment response. Which of the following statements/questions would NOT be included in the optimal assessment of adherence as a cause of non-response?**
  - A. "If you have been taking the medicine every day as we discussed, then we should change your medication today. But if you have had difficulty taking it, we should probably reassess after another 3 or 4 weeks?"
  - B. "Are you taking your medication?"
  - C. "You are not getting an effective dose of medication. Before we change your medication, why don't we make sure you have been able to take it as we discussed."
  - D. "Taking medication every day can be very difficult. Most people have some difficulty."
  
3. **A 49-year-old female patient received her first prescription for an antidepressant 3 months and two visits ago. Phone contact 2 weeks after her initial prescription confirmed that she was taking her medication without problems; however, today she has a visibly depressed affect. On her first in-person follow up visit at 5 weeks she was noted to be doing better and had a PHQ-9 score of 12; which is 5 points lower than her initial score of 17. She was instructed to continue the medication. Today, she initially says she is "doing ok". When her affect is pointed out to her, she begrudgingly acknowledges that she "could be doing better." Her PHQ-9 score is 17, the same as it was at the time of initial prescription. She then reports that she has not been taking the medication as prescribed. Approximately 1 week after her first follow-up, she started forgetting to take it. Initially her mood remained good. She then began taking the medication on days when she felt more depressed for 2 to 4 days in a row with gaps between. She became "disgusted" and stopped the medication altogether for the last 2 weeks. Which of the following would be the LEAST helpful initial response:**
  - A. Tell me what you mean by "disgusted."
  - B. The medication will not work unless you take it every day, and it takes several weeks to begin working or start working again if it is stopped. When you feel better on the medication, you should still continue to take it because your depression is likely to return if you stop it.
  - C. Tell me what your understanding is of how the medication works over time.
  - D. Tell me more about your experience with the medication. Often there can be side effects that are troublesome. Did you have any problems?
  
4. **The "Ask-Tell-Ask" model is an effective means of discovering barriers to adherence by:**
  - A. Asking the patient why they are not taking their medication, telling them why it is beneficial, and asking if they will comply.
  - B. Asking the patient to discuss their feelings regarding the medication, confirming their side effects and negative feelings, and suggesting other medication alternatives.
  - C. Uncovering the patient's understanding, validating true information and correcting mistakes, and confirming the patient's understandings of what the patient has reported.
  - D. None of the above

Fax

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Mail

CME Director, CNS Spectrums
333 Hudson Street, 7th Floor, New York, NY 10013

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ANSWER FORM

Expert Panel Supplement – Adherence to Antidepressant Medication: Patient-Centered Shared Discussion Making Communication to Improve Adherence

TERMINATION DATE: XX, 2012

To receive credit, you should score 70% or better (participants will receive certification for their records in approximately 4–6 weeks). Early submission of this posttest is encouraged. Please submit this test by December 1, 2011, to be eligible for credit. If you have any questions about this, or any of our other CME materials, please e-mail CME@mblcommunications.com

Please circle your answers

- 1. A B C D E 2. A B C D 3. A B C D 4. A B C D

EVALUATION SECTION (please provide the information below and print clearly)

1=Minimally, 5=Completely

- 1. Please rate how well this CME activity met the stated learning objectives:
A. Recognize the scope of patient nonadherence to antidepressant therapy and its effect on patient outcomes 1 2 3 4 5
B. Identify clinically actionable barriers to adherence and formulate treatment plans that address these barriers 1 2 3 4 5
C. Review the evidence regarding safety and tolerability of available and emerging agents, and their potential influence on patient adherence 1 2 3 4 5
D. Implement communication strategies to assess and promote adherence to antidepressant treatment throughout the course of therapy 1 2 3 4 5

- 2. Please indicate how well this CME activity met your expectations regarding the following:
A. Translating clinical information/trial data to patients I see in my practice 1 2 3 4 5
B. Providing new information 1 2 3 4 5
C. Increased my knowledge and/or skills in delivering patient care 1 2 3 4 5
D. Communicated information in an effective, accessible manner 1 2 3 4 5

- 3. Compared to other CME activities in which I have participated this year, I would rate this activity as: 1=Needs Improvement, 5=Outstanding 1 2 3 4 5

- 4. As a result of participating in this educational activity, I will (please check one)
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4a. If "change my practice," please describe: \_\_\_\_\_

- 5. Did this CME activity provide a balanced, scientifically rigorous presentation of therapeutic options related to the topic without commercial bias and influence? Yes [ ] No [ ]
5a. If "no," please explain: \_\_\_\_\_

- 6. Do you feel these topics should be repeated/updated in future CME activities? Yes [ ] No [ ]
6a. If "yes," what suggestions would you make to improve this activity? \_\_\_\_\_

- 7. Please indicate your three preferred formats for CME activities:
[ ] Print media [ ] Internet [ ] Multimedia/video [ ] Live meeting [ ] PDA [ ] Podcast

- 8. Please indicate three professional education gaps you would like to be addressed in future CME activities:
Topic 1: \_\_\_\_\_
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I certify that I completed this CME activity (signature) \_\_\_\_\_ Date \_\_\_\_\_

I have read the CME article and completed this activity in \_\_\_\_\_ hours.