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## CME PSYCHCAST

### **STRATEGIES FOR IMPROVING ADHERENCE IN THE TREATMENT OF MAJOR DEPRESSIVE DISORDER: *THE ROLE OF RESIDUAL SYMPTOMS IN NONADHERENCE TO TREATMENT***

#### **AUTHOR**

Richard C. Shelton, MD

#### **CME COURSE DIRECTOR**

James C.-Y. Chou, MD

CME .25

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#### **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™, Richard C. Shelton, MD, reviews data from the Sequenced Treatment Alternatives to Relieve Depression study to determine the role residual depressive symptoms have in causing patients to become nonadherent to treatment as well as defines characteristics common to patients who discontinue their medications.



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



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**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 Affiliation

**Richard C. Shelton, MD**, is James G. Blakemore Research Professor and Vice Chair for Clinical Research in the Department of Psychiatry at Vanderbilt University School of Medicine in Nashville.

## 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. Shelton is a consultant to and serves on the advisory boards of Forest, Janssen, the National Institute of Mental Health, Novartis, Otsuka, Pamlab, and Repligen; and has received grant/research support from Bristol-Myers Squibb, Eli Lilly, Forest, Janssen, the National Institute of Mental Health, Novartis, Otsuka, Pamlab, Pfizer, and Repligen.

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:

- Recognize the scope of patient nonadherence to antidepressant therapy and its effect on patient outcomes

## 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.

## 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 5 and 6. 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.

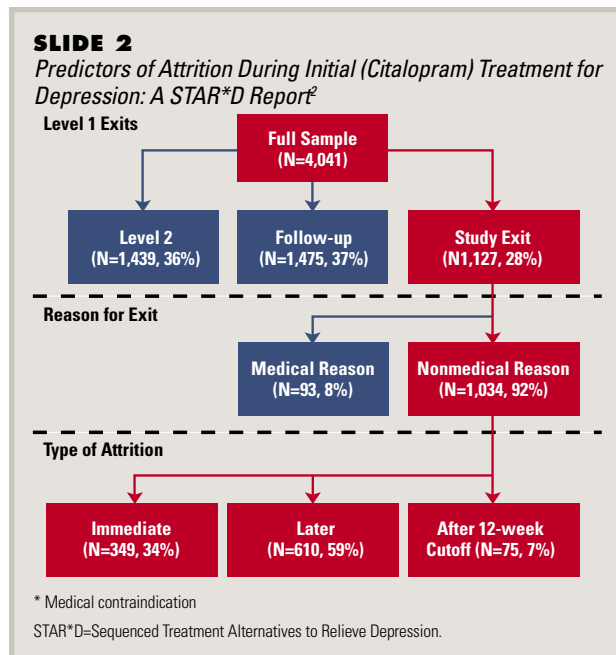
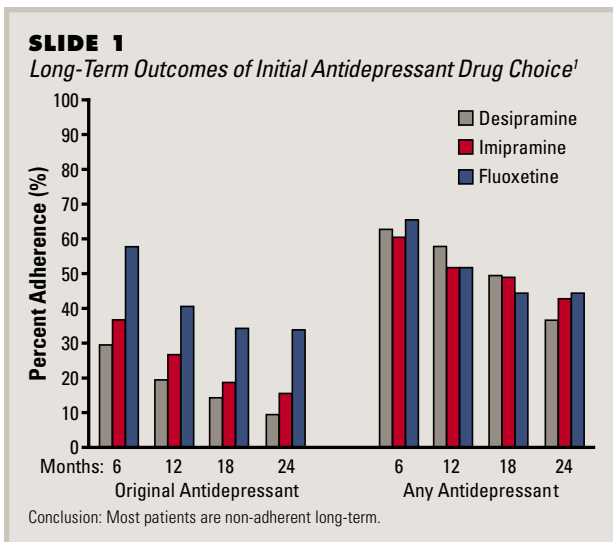
Selected content from this supplement will be available via ePocrates MobileCME in early 2010.

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# THE ROLE OF RESIDUAL SYMPTOMS IN NONADHERENCE TO TREATMENT

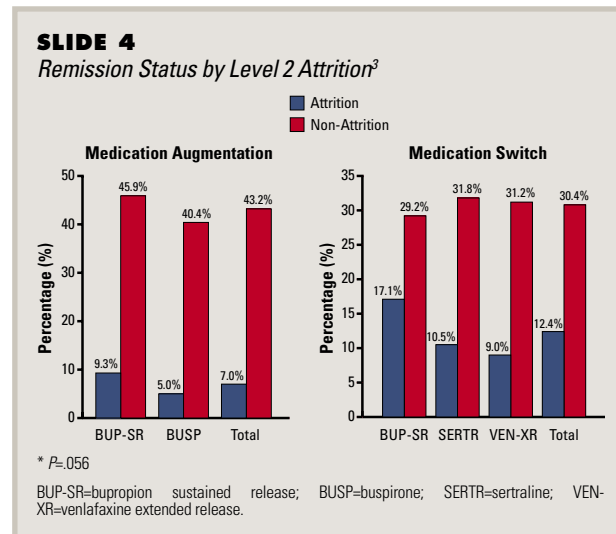
Richard C. Shelton, MD  
Slide Library



**SLIDE 3**  
*Predictors of Attrition During Initial (Citalopram) Treatment for Depression: A STAR\*D Report<sup>2</sup>*

|                              | <u>Attrition</u> | <u>Non-Attrition</u> |
|------------------------------|------------------|----------------------|
| Last QIDS-SR score           | 10.4             | 8.3                  |
| Changes QIDS-SR              | -5.6             | -7.0                 |
| <b>Side effects ratings*</b> |                  |                      |
| Frequency                    | 3.3              | 4.3                  |
| Intensity                    | 3.2              | 4.2                  |
| Burden                       | 3.1              | 4.4                  |

\* Frequency, Intensity, and Burden of Side Effects rating scale (FIBSER)  
STAR\*D=Sequenced Treatment Alternatives to Relieve Depression; QIDS-SR=Quick Inventory of Depressive Symptomatology-Self Report.



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Dr. Shelton is James G. Blakemore Research Professor and Vice Chair for Clinical Research in the Department of Psychiatry at Vanderbilt University School of Medicine in Nashville.

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# STRATEGIES FOR IMPROVING ADHERENCE IN THE TREATMENT OF MAJOR DEPRESSIVE DISORDER

## *THE ROLE OF RESIDUAL SYMPTOMS IN NONADHERENCE TO TREATMENT*

### CME QUESTIONS

- 1. Approximately what proportion of patients with major depression will discontinue antidepressant therapy with a selective serotonin reuptake inhibitor within the first 6 months of treatment?**
  - A. 5%
  - B. 15%
  - C. 40%
  - D. 60%
  - E. 80%
- 2. What is the principal reason why patients discontinue antidepressants after initial prescription?**
  - A. Intolerable side effects
  - B. Greater depression severity
  - C. Lack of acceptance of antidepressant therapy
  - D. Loss of therapeutic effect
  - E. Early benefit and loss of a “need” to continue the treatment
- 3. Which of the following factors has the strongest association with premature discontinuation of an antidepressant?**
  - A. Total side effect burden
  - B. Younger age
  - C. Public health insurance
  - D. Chronic depression
  - E. Recurrent depression
- 4. Which of the following reasons is most significantly associated with premature discontinuation of an antidepressant?**
  - A. High dose of the antidepressant
  - B. Very rapid dosage titration
  - C. Upward titration of the dose of the antidepressant in spite of side effects
  - D. Lack of therapeutic response
  - E. Slower dose titration

Fax  
212-328-0600

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

Web  
mbl.cmeoutreach.com



**ANSWER FORM**

Expert Review Supplement – Strategies for Improving Adherence in the Treatment of Major Depressive Disorder—*The Role of Residual Symptoms in Nonadherence to Treatment*

**TERMINATION DATE:** XXX, 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 E    3. A B C D E    4. A B C D E

**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:
 

|  |   |
|--|---|
|  | <u>1=Needs Improvement, 5=Outstanding</u> |
|  | 1 2 3 4 5                                 |
  
4. As a result of participating in this educational activity, I will (please check one)
 

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Change my practice | <input type="checkbox"/> Seek additional information | <input type="checkbox"/> Confirm my current practice |
|---|--|--|

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 <input type="checkbox"/> No <input type="checkbox"/> |
|--|--|

5a. If "no," please explain: \_\_\_\_\_
  
6. Do you feel these topics should be repeated/updated in future CME activities?
 

|  |  |
|--|--|
|  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|--|

6a. If "yes," what suggestions would you make to improve this activity? \_\_\_\_\_
  
7. Please indicate your three preferred formats for CME activities:
 

|                                      |                                   |   |                                       |                              |                                  |
|--------------------------------------|-----------------------------------|---|---------------------------------------|------------------------------|----------------------------------|
| <input type="checkbox"/> Print media | <input type="checkbox"/> Internet | <input type="checkbox"/> Multimedia/video | <input type="checkbox"/> Live meeting | <input type="checkbox"/> PDA | <input type="checkbox"/> Podcast |
|--------------------------------------|-----------------------------------|---|---------------------------------------|------------------------------|----------------------------------|
  
8. Please indicate three professional education gaps you would like to be addressed in future CME activities:
 

Topic 1: \_\_\_\_\_

Topic 2: \_\_\_\_\_

Topic 3: \_\_\_\_\_

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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.