Updated Physician Screening for Depression in Patients Hospitalized for Acute Coronary Syndrome

ArnotHealth Graduate Medical Education

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Introduction

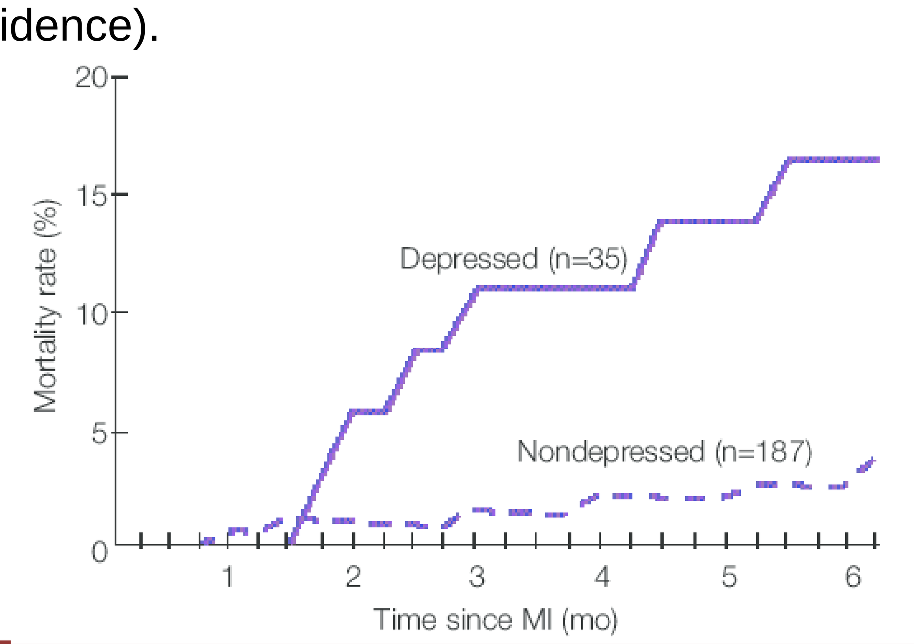
- Depression is the most common comorbidity following ACS, yet it remains underdiagnosed and undertreated.[1]
- Studies have indicated that within first 18 months post- myocardial infarction (MI), symptoms of major depression occurred in 15-22% of patients, however only 10 % of patients were diagnosed.[2,3]

In 2008, the American Heart Association in conjunction with the American Psychiatric Association made the following recommendations to improve outcomes in patients who have been hospitalized with MI[4]

- Routine screening for depression
- Patients who screened positive for depression should be referred to a psychiatrist

In 2019, the American Academy of Family Physicians released updated guidelines for screening and treatment of depression following acute coronary syndrome events[5]

- Clinicians screen for depression, using a standardized depression screening tool, in patients who have recently experienced an acute coronary syndrome event (weak recommendation, low-quality evidence).
- Individuals should undergo further assessment to confirm the diagnosis of depression (good practice point).
- Clinicians should prescribe antidepressant medication, preferably selective serotonin reuptake inhibitors or serotonin-norepinephrine reuptake inhibitors, and/or cognitive behavior therapy to improve symptoms of depression in patients who have a history of acute coronary syndrome and have been diagnosed with depression (strong recommendation, moderate-quality evidence).



Aim

The goal of this study was to assess the extent to which inpatient providers follow the above recommendations and subsequently identify any barriers that prevent proper screening and subsequently treatment of depression in post-MI patients.

Methodology

- The survey was distributed among residents, fellows, and physicians in Internal Medicine, Family Medicine, Cardiology, and Emergency Medicine at a community-based teaching hospital over a 2-month period.
- Data was collected anonymously using SurveyMonkey.

The survey consisted of 10 questions intended to determine:

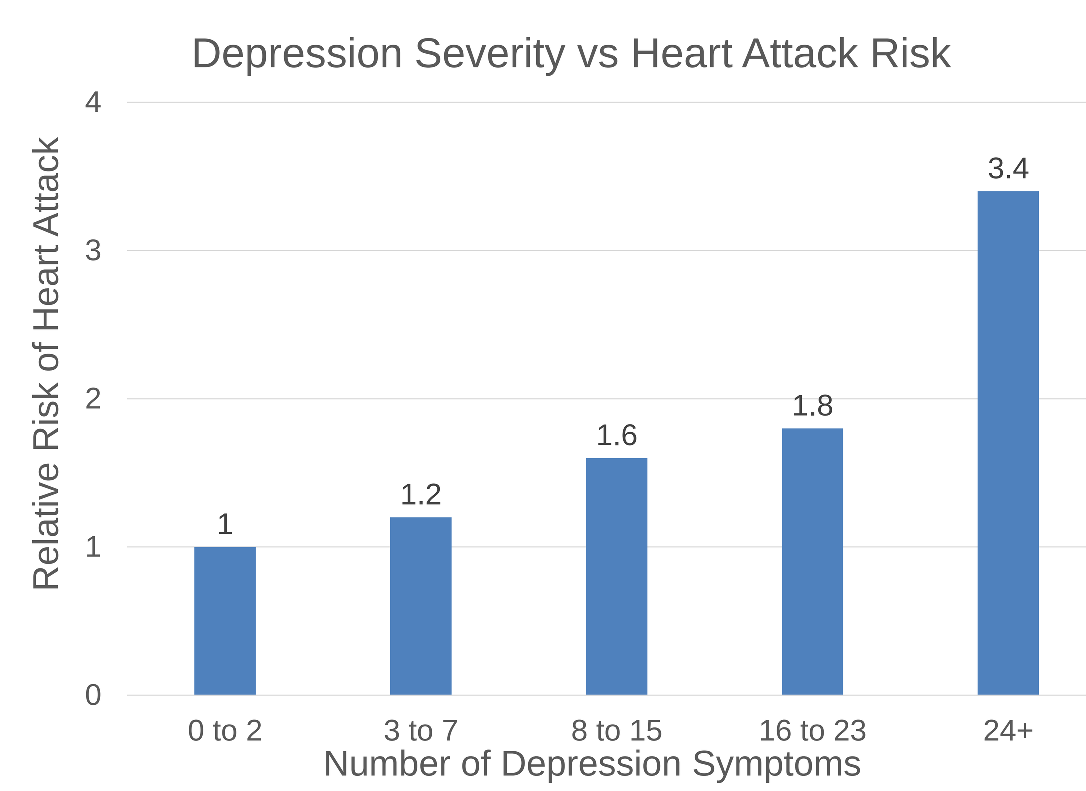
- Provider's awareness of the link between depression and MI.
- Whether providers routinely screen for depression in post-MI patients.
- Whether providers then guide patients, if screened positive for depression, to adequate treatment post hospitalization.

Results

- 69% stated familiarity with the full DSM-5 criteria for diagnosing depression.
- 73% stated they are aware that there is a link between heart disease and depression.
- 10% screened for depression during hospitalization post-MI.
- 65% did not routinely screen for depression in patients with following MI.
- 64% used no formal screening tool but instead used subjective measures based on their own perceived criteria for MDD.
- Of the 44% who stated they would initiate treatment for depression during the initial hospitalization for ACS, 52% stated they would start psychotropic medications during that initial hospitalization, and only 16% stated they would refer to another provider for treatment.
- 32% stated they would counsel patients to follow up with their PCP for depression after discharge from the hospital.
- 100% stated they would treat depression with an SSRI compared to a list of other psychotropic medications.
- 96% stated that it is worthwhile to screen patients for depression following MI or unstable angina during hospitalization.

Discussion

- Major depressive disorder following ACS has been linked to increased morbidity, mortality, and re- hospitalization rates. Our objective is to improve screening in this population and subsequently improve cost, efficiency, and health outcomes.
- Our study demonstrated that providers need to be re-educated on diagnosing and treating this special population group
- A commonly overlooked criteria in the DSM-5 for Major Depressive Disorder states symptoms should be present most of the day, nearly every day for 2 weeks. Since most patients are likely to be discharged before 2 weeks have elapsed, they should not be started on psychotropic medication at time of discharge, even with a positive screening test.
- Assessment of post-ACS depression ideally starts with screening patients with tools such as the Patient Health Questionnaire-2 (PHQ-2), PHQ-9, or Beck Depression Inventory (BDI).[2] It is important to implement formal screening tools as opposed to informal questioning, as screening tools are objective and quantifiable. This facilitates the monitoring of symptom severity as well as treatment response.



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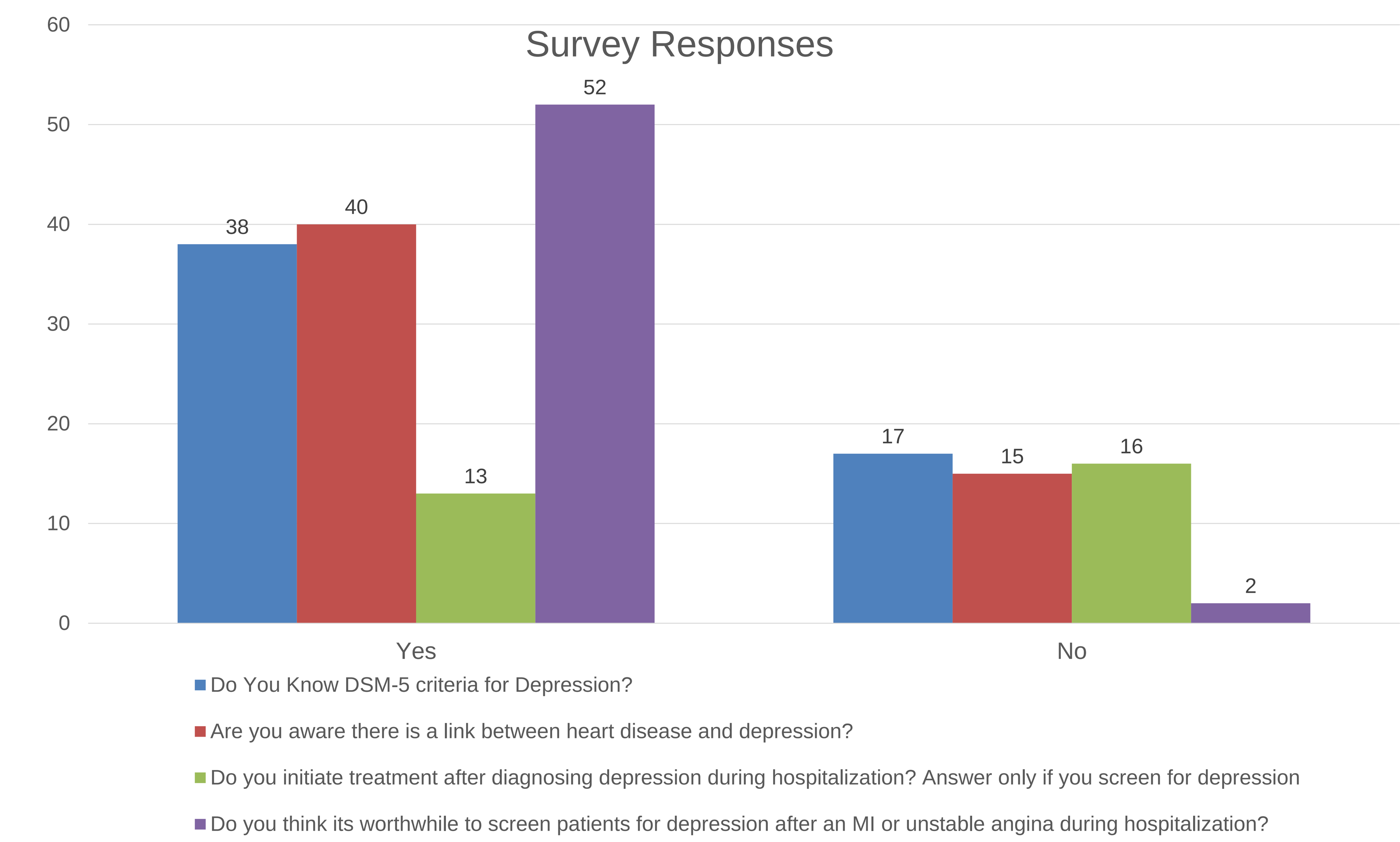
Discussion continued

- Patients who have been hospitalized for ACS should be referred to their primary care physician for follow up on depression regardless of whether they exhibit depressive symptoms during hospitalization.
- It is important not to treat the patient with antidepressants prior to diagnosing them with Major Depressive Disorder. Patients who screen positive should then be referred to psychiatry and/or their PCP for evaluation.



Limitations

- This study was limited to a single-center community hospital.
- The sample size was small; only 55 providers responded out of a total of 135.
- Some survey questions were skipped, which may impact the results.
- Further study is needed to clarify the reasons for which providers did or did not screen for or treat depression.

Next Steps

- Our next steps are to integrate depression screening tools and guidelines into routine care for patients hospitalized for ACS.
- For ease of implementation, we would like for the PHQ-2 screening tool to auto populate for outpatient providers seeing patients at post-discharge follow up after ACS.

References

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