Treatment Beyond the Disease: Addressing Mental Health Issues with Your Patient

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Today

- Why discuss mental health with NTM?
- How does mental health affect the disease and its treatment?
- How to evaluate for keys issues such as depression and anxiety
  - Challenges in evaluation
- How to refer for help
- How to recognize urgent cases
- What therapists can offer
- Example interventions

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HEALTH SYSTEM

Why Discuss Mental Health with NTM?

NTM is a chronic disease, requiring long-term therapy that causes or amplifies negative emotions for many patients (Henkle et al., 2016)

- Largest international screening study performed in a chronic respiratory disease demonstrated high rates of depression and anxiety in cystic fibrosis (Quittner et al., 2014)
  - Elevated sxs of depression in 19% of adults with CF
  - Elevations in anxiety in 32% of adults with CF
  - Overall, elevations were 2–3 times those of community samples
- Key issues affecting patients are anxiety and depression, and the effects of mental health challenges on medication adherence and quality of life (Quittner et al., 2016)

How does Mental Health Affect NTM and its Treatment?

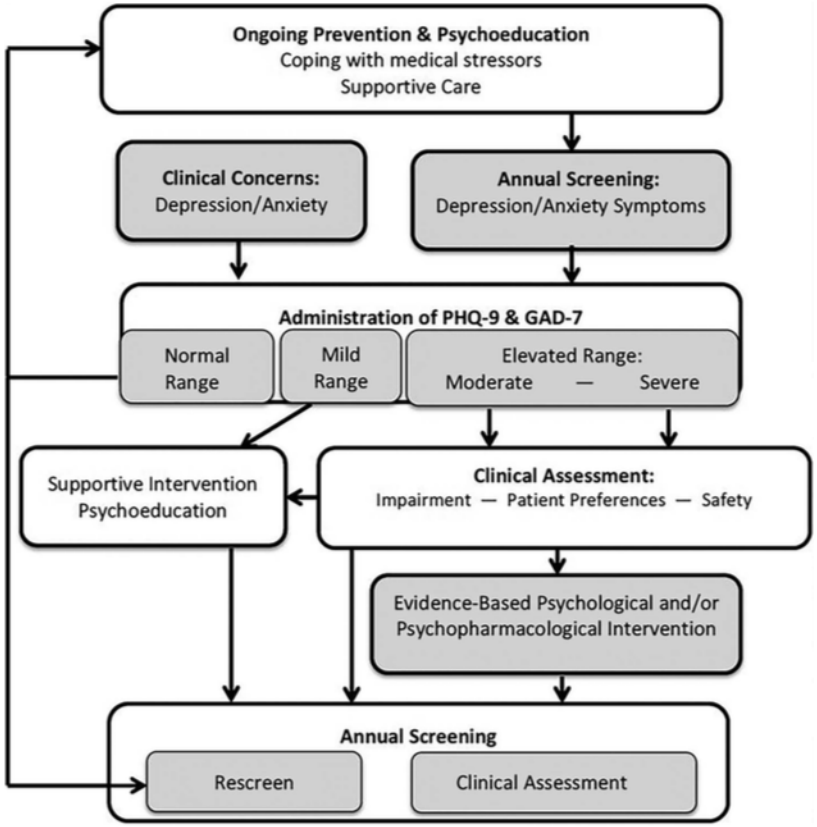
- Daily treatment burden shown to exacerbate issues with adherence in patients with bronchiectasis with chronic *Pseudomonas* infections (McCullough et al., 2014; Sawicki et al., 2009)
- Psychological symptoms have been associated with
  - Decreased lung function
  - Lower body mass index
  - Reduced treatment adherence
  - Worse health-related quality of life
  - More frequent hospitalizations and increased healthcare costs (Quittner et al., 2016)

Evaluating anxiety and depression (Quittner et al., 2014)

International Committee on Mental Health in CF (ICMH) recommends:

- **Screen for depression and anxiety annually using the PHQ-9 and the GAD-7**
- Before treating, get a clinical diagnosis
  - A healthcare provider with appropriate training and expertise should evaluate the clinical significance of elevated screening scores
- Identify who will be responsible to initiate and coordinate care and monitor treatment effects
- Refer to primary care or mental health after initial assessment with CF team

Screening Flowsheet
(Quittner et al., 2014)



PHQ-9

- Mild 5-9
- Moderate 10-14
- Severe 15+

- #9 Alert – any positive response requires immediate assessment and possible intervention!

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Over the last 2 *weeks*, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so figety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
add columns		+	+	
(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).	TOTAL:			

10. If you checked off *any problems*, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all _____
- Somewhat difficult _____
- Very difficult _____
- Extremely difficult _____

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GAD-7

- Mild 5-9
- Moderate 10-14
- Severe 15+

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems? (Use "✔" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

(For office coding: Total Score T____ = ____ + ____ + ____)

Considerations When Screening (Henkle et al., 2016)

- Dr. Quittner has developed **disease-specific assessment tools** for patients with cystic fibrosis (CFQ-R) and for patients with bronchiectasis (QOL-B)
  - NTM Symptom Module measures **NTM-specific symptoms**, including loss of appetite, feverishness or chills, bad taste in the mouth, and problems with memory
  - **Fatigue** can be overwhelming, but intermittent. Patients report fatigue as one of the biggest impacts on QOL
  - Patients and clinicians are interested in specific interventions that can address this fatigue

- Screening tools are based on self-reporting; **patients might not recognize or report how well or poorly they are doing**

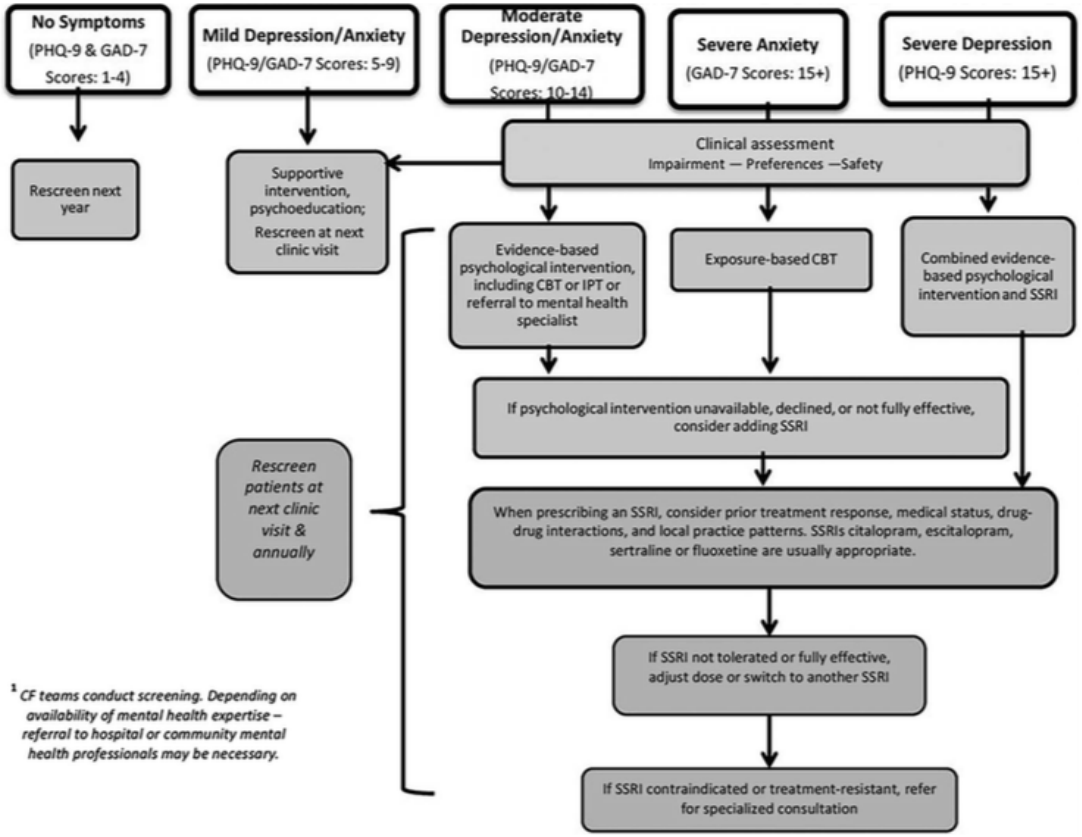
Evaluating Anxiety and Depression (Quittner et al., 2014)

- For those who screen positive for **mild** depression or anxiety symptoms:
  - → Education about depression/anxiety, preventative or supportive interventions, and rescreening at the next clinic visit
- For those who screen positive for **moderate** depression or anxiety
  - → Provide a referral for evidence-based psychological interventions, including CBT or IPT
  - When psychological intervention is unavailable, declined or not fully effective, antidepressant treatment should be considered
- For those with **severe depression**, use combined evidence-based psychological interventions and antidepressant pharmacotherapy

Evaluating Anxiety and Depression (Quittner et al., 2014)

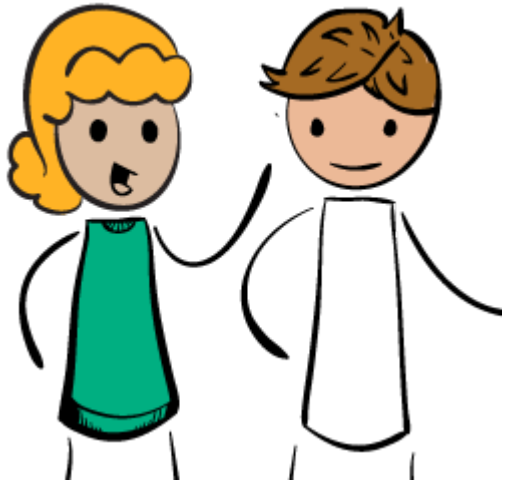
- For **severe anxiety**, the ICMH recommends exposure-based CBT
  - Exposes patient to feared stimuli in a safe environment in order to break pattern of avoidance and fear
- If CBT is ineffective or unavailable, pharmacotherapy can also help
  - IMCH recommends SSRIs as first line including citalopram, escitalopram, sertraline, and fluoxetine
  - Lorazepam can be considered for short-term use for moderate-to-severe symptoms associated with medical procedures

Treatment Flowsheet (Quittner et al., 2014)



Referrals

- Social work is an excellent resource!
- Patients can call their insurance for a list of covered mental health providers
- Patients can also get a referral to mental health through their PCP
- Gather list of providers in your area who have experience with chronic illness and/or behavioral medicine
- Physicians often the gatekeepers for mental health treatment



Recognizing Urgent Cases

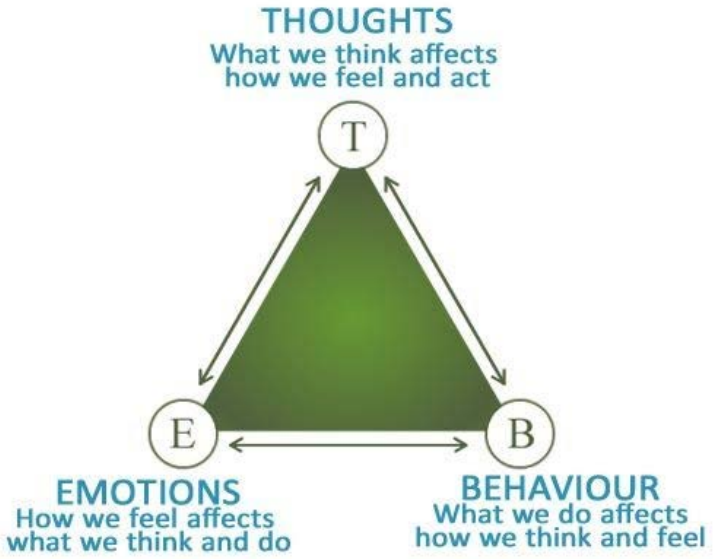
- Question #9 on the PHQ-9
  - Differentiate between passive and active SI
  - Assess **intent** and **plan**
- Know the patient's psychiatric history
- Ask about current stressors (related or unrelated to their disease)
- Consider recent exacerbations in treatment
- Recognize when you see a difference from the patient's usual presentation

What Can Mental Health Clinicians Do?

- Supportive Listening
- Cognitive Behavioral Therapy (CBT)
- Problem-Solving Therapy (PST)
- Interpersonal Therapy (IPT)
- Acceptance and Commitment Therapy (ACT)
- Motivational Interviewing (MI)
- Bereavement/Grief Counseling
- Brief interventions related to difficulty sleeping, medication non-compliance, or stress reduction

Cognitive Behavioral Therapy

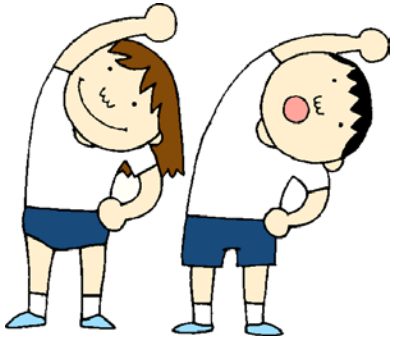
- Combines cognitive interventions (for example, changing unhelpful thinking patterns) with behavior modification (training of skills that use operant and classical learning principles)
- Focuses on solving patient's current problems
- Teaches coping skills for emotion regulation



Examples of CBT Interventions

Depression

- Psychoeducation on the cycle of depression
- Mood monitoring
- Behavioral Activation
- Cognitive Restructuring
- Assertiveness Training



Anxiety, with or without Panic Attacks

- Psychoeducation on anxiety, stress, and fight/flight system
- Diaphragmatic breathing
- Relaxation training and exposure
- Replacing and restructuring cognitive distortions

Problem Solving Therapy

- Teaches patients to effectively deal with stressful life events
- Key tenet is helping the patient learn how to solve problems for themselves
- Helps patients take a more active role in their lives and proactively solve problems

Interpersonal Therapy

- Short-term treatment that encourages patients to regain control of mood and functioning
- Through an empathic therapeutic alliance, the therapist engages the patient, helps the patient feel understood, and structures successful experiences

Acceptance and Commitment Therapy

- Action-oriented approach that encourages accepting inner emotions vs avoiding or denying
- Encourages committing to changes in behavior in the service of the patient's chosen values
- Uses acceptance and mindfulness strategies to increase psychological flexibility

Motivational Interviewing

- Goal-oriented, client-centered therapy style used for eliciting behavior change
- Assists patients in exploring and resolving ambivalence
- Facilitates patient's intrinsic motivation in order to change behavior

Grief/Bereavement Therapy

- Helps patients and family members cope with grief and mourning following the death of loved ones
- Assists with major life changes, including changes to functioning, associated with diagnosis and treatment of a medical illness

GRAPES

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
G Be Gentle with yourself	"You are still strong"			"Today is a new day"		"You have a great smile"	
R Relaxation	Meditation			Sat quietly for 5 min		Nap	
A Accomplishment	Paid bill			Went out to lunch		Went to the store	
P Pleasure	Listened to favorite album			Sat by the ocean		Ate good meal	
E Exercise	Went for a 1 mile walk			Walked to the mailbox		Yoga	
S Socialize	Called Sarah			Texted Peter		Lunch with mom	

Tips for Improving Emotional Well-Being

Mindfulness Apps

Headspace

Meditation made simple

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