

Assessment of Anxiety, Depression & Suicidality in Cystic Fibrosis



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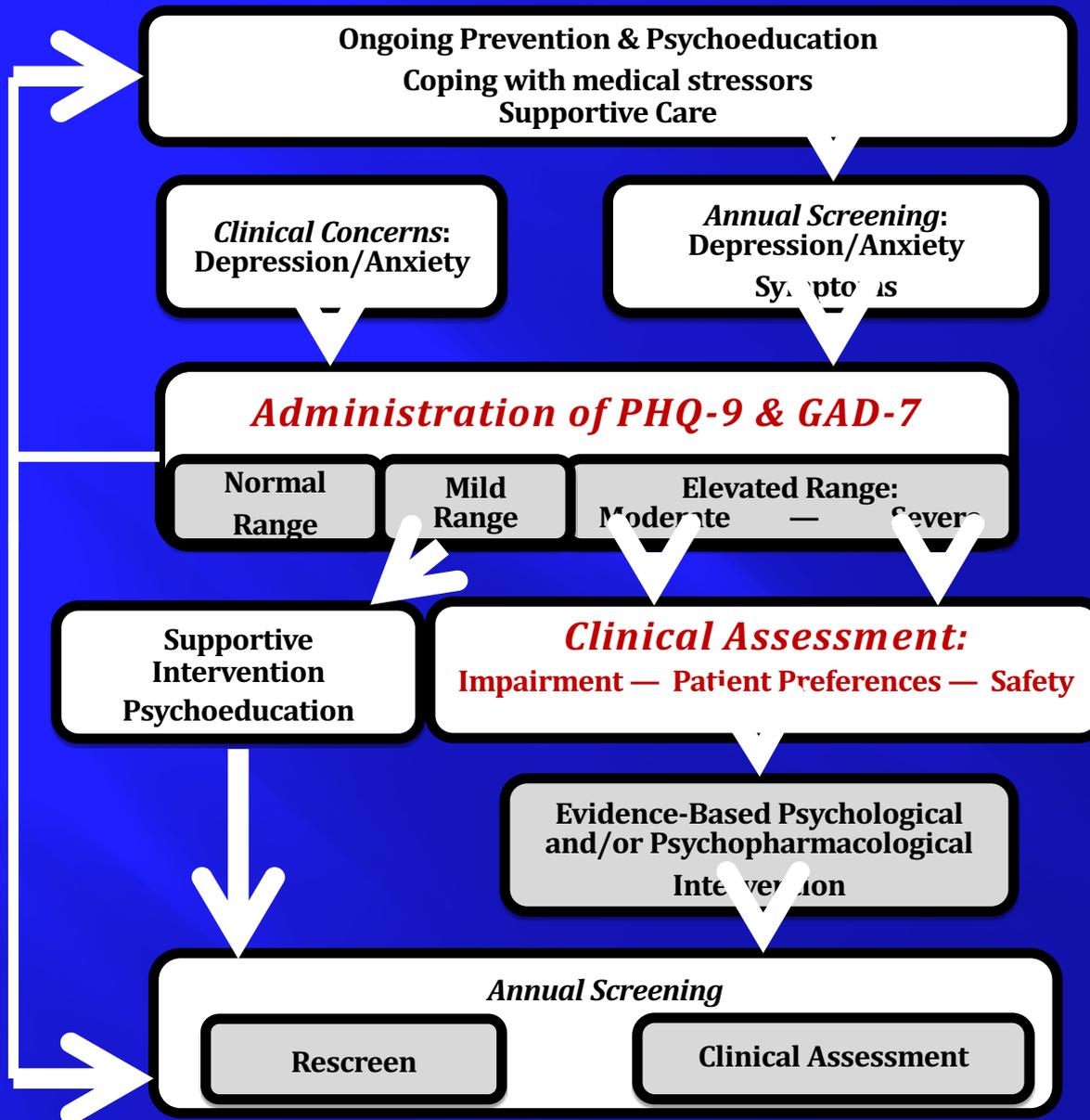
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Assessing & Treating Depression & Anxiety in CF



How to Recognize the Moods of an Adolescent



HAPPY



DEPRESSED



EXCITED



ANXIOUS



MANIC



SUICIDAL

Generalized Anxiety Disorder: DSM 5 Criteria

- Excessive anxiety and worry on most days, for at least 6 months
- Difficult to control worry (content may differ by age)
- Associated with 3 or more of six symptoms (only one in children)
 - Restlessness/keyed up/on edge
 - Easily fatigued
 - Difficulty concentrating
 - Irritability
 - Muscle tension
 - Sleep disturbance
- Significant distress or impairment

▪ ***How might anxiety present in CF?***

GAD-7

- **DSM 5 criteria for Generalized Anxiety Disorder**
- **Self-administered**
- **Simple, quick**
- **Rates frequency of sx**

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems? <i>(Use "✓" to indicate your answer)</i>	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___ = ___ + ___ + ___)

GAD-7 & PHQ-9

Severity Cut Points

- Score 0-4 Minimal symptoms
- Score 5-9 Mild

-
- Score 10-14 Moderate- Severe
 - Score 15+ Severe

Score \geq 10...

Clinical assessment

Major Depressive Episode: DSM 5 criteria

- Five or more symptoms for 2 weeks, change in functioning
 - At least one symptom is either:
 - (1) Depressed mood (in children/adolescents. can be irritable mood), or
 - (2) Diminished interest or pleasure in all, or almost all, activities
 - Appetite or weight changes
 - Sleep disruption
 - Psychomotor agitation or retardation
 - Fatigue or loss of energy
 - Feelings of worthlessness or excessive or inappropriate guilt
 - Diminished ability to think or concentrate, or indecisiveness
 - Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation, or a suicide plan or attempt
- ***How might depression present in CF?***

Depression & Developmental Variation

Children & Teens:

Both: Sad= irritable= bored

Anxiety often predominates!

Pre-pubertal:

- Change in behavior
- School refusal, “sick”

Adolescent:

- Less overtly depressed
- “Helpless/hopeless”
- Feels “empty”

Adults:

- Somatic complaints
- Flat affect
- Tearful
- Irritability
- Slow, quiet speech
- Disheveled, poor hygiene
- Negative statements
- Social withdrawal

PHQ-9

- DSM 5 criteria for Major Depression
- Self-administered
- Simple, quick
- Rates frequency of sx
- Impact on functioning
- Question 9...
Suicidal ideation

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

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 fidgety 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 in some way	0	1	2	3

FOR OFFICE CODING 0 + _____ + _____ + _____
=Total Score: _____

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Discussing Screening Results

We begin to...

- understand the patient's view/ experience
- normalize symptoms in context of CF
- explain what the scores DO & DO NOT tell us
- build an alliance, engage in next steps
- gather more information toward a working diagnosis...

Clinical Assessment

In the context of a relationship, we...

- Find out what the patient thinks is the problem, what is causing or contributing to it and what they think will help
- Use our experience and clinical judgment to arrive at a working diagnosis and treatment recommendations
- Plan next steps through an individualized, collaborative process, taking into account personal circumstances & preferences

**What key information do you
need?**

Clinical Assessment

- **Immediate safety**
- **Characteristics of present symptoms**
 - Time frame
 - Setting
 - Intensity
 - What makes better & worse
- **Recent stressors: “What set this off?”**
- **Current & past functioning**
 - ❖ Relationships, school & work, self-care
- **Physical health**
 - ❖ History, exam, meds, labs

Clinical Assessment

- **Psychiatric co-morbidities**
- **History**
 - Developmental, social
 - Trauma
 - Family mental health
- **Current & past mental health treatment**
 - What has helped?
- **Collateral information**
 - Family, school, mental health providers
 - CF team

CF-Related Triggers

Anxiety:

- Acute stress
- Illness uncertainty
- Somatic symptom confusion
- Pain
- Medical trauma
- Pill swallowing
- Needle phobia
- Fear poor performance
PFT, hospitalization, new
colonization

Depression:

- Acute/ chronic stress
- Illness uncertainty
- Illness complexity
- Loss
- School/ Work problems
- Social isolation
- Self-esteem/ bullying
- Pain
- Burden- care/ financial
- Exacerbations

Differential Diagnosis of Depression & Anxiety in CF

- Psychiatric differential
 - ❖ Bipolar Disorder
 - ❖ Posttraumatic Stress Disorder
 - ❖ Substance Misuse
- CF-specific differential
 - ❖ Delirium, fatigue, sleep disturbance, dyspnea, pain, vitamin D deficiency, neuropsychiatric side effect of medication

Assessment of Depression & Anxiety: Consider Safety

- 1) Have you been thinking about how you might kill yourself?
- 2) Have you had these thoughts and had some intention of acting on them?
- 3) Have you started to work out or worked out the details of how to kill yourself?
- 4) Do you intend to carry out any plans you have?
- 5) Do you have a current mental health provider? If yes- when is your next appointment?

Adapted from the Columbia Suicide Severity Rating Scale

C-SSRS:

Columbia- Suicide Severity Rating Scale

- Screener version
- Quickly captures most critical info
- No formal mental health training
- Reduces interviewer bias
- On-line training

SUICIDE IDEATION DEFINITIONS AND PROMPTS		Past month	
		YES	NO
Ask questions that are bolded and underlined.			
Ask Questions 1 and 2			
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. Have you wished you were dead or wished you could go to sleep and not wake up?			
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan. Have you actually had any thoughts of killing yourself?			
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.			
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it." Have you been thinking about how you might kill yourself?			
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them." Have you had these thoughts and had some intention of acting on them?			
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?			
6) Suicide Behavior Question: Have you ever done anything, started to do anything, or prepared to do anything to end your life? Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: How long ago did you do any of these? <input type="checkbox"/> Over a year ago? <input type="checkbox"/> Between three months and a year ago? <input type="checkbox"/> Within the last three months?			

PHQ-9 #9: Following up on Suicidal Ideation

- **Mild: Suicidal thoughts but no plan, intent or method**
 - ❖ Provide supportive counseling, suicide hotline number
 - ❖ Recommend see counselor
- **Moderate: Suicidal thoughts and has thought of a method, but no current intent or detailed plan**
 - ❖ Make sure has a mental health professional & upcoming appointment
 - ❖ Provide supportive counseling, suicide hotline number
- **Immediate: Answers YES to ALL questions**
 - ❖ Crisis intervention, higher level of care
 - ❖ Walk participant to ER or call for ambulance

Suicide Risk Factors

- **PRIOR ATTEMPTS-** Two-thirds of those who attempt suicide will make another attempt
- **Family history of suicide**
- **Gender (males complete, females attempt)**
- **Suicide of others/ cluster suicides**
- **Divorce of parents**
- **Traumatic event**
- **Significant loss**
- **Lack of social support**
- **Humiliating life event or bullying**
- **Gender or sexual identity**
- **Chronic illness (across all ages)**

Safety Plan

Written plan includes...

- Agree to remove dangerous items
- Hierarchy of supports with contact info
- Crisis hotline & emergency services

Share with CF team...

- Risk of harm to self or others
- Screening scores
- Mood interfering with self-care
- Information to sensitize team