

CFF/ECFS

Consensus Statements:

Treatment Algorithms



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Cystic fibrosis



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ORIGINAL ARTICLE

International Committee on Mental Health in Cystic Fibrosis: Cystic Fibrosis Foundation and European Cystic Fibrosis Society consensus statements for screening and treating depression and anxiety

Alexandra L Quittner,¹ Janice Abbott,² Anna M Georgiopoulos,³ Lutz Goldbeck,⁴ Beth Smith,⁵ Sarah E Hempstead,⁶ Bruce Marshall,⁷ Kathryn A Sabadosa,⁶ Stuart Elborn,⁸ the International Committee on Mental Health

- Consensus Statements: Quittner, et al. *Thorax* 2016;71:26–34

Figure 1: Assessing & Treating Depression & Anxiety in CF

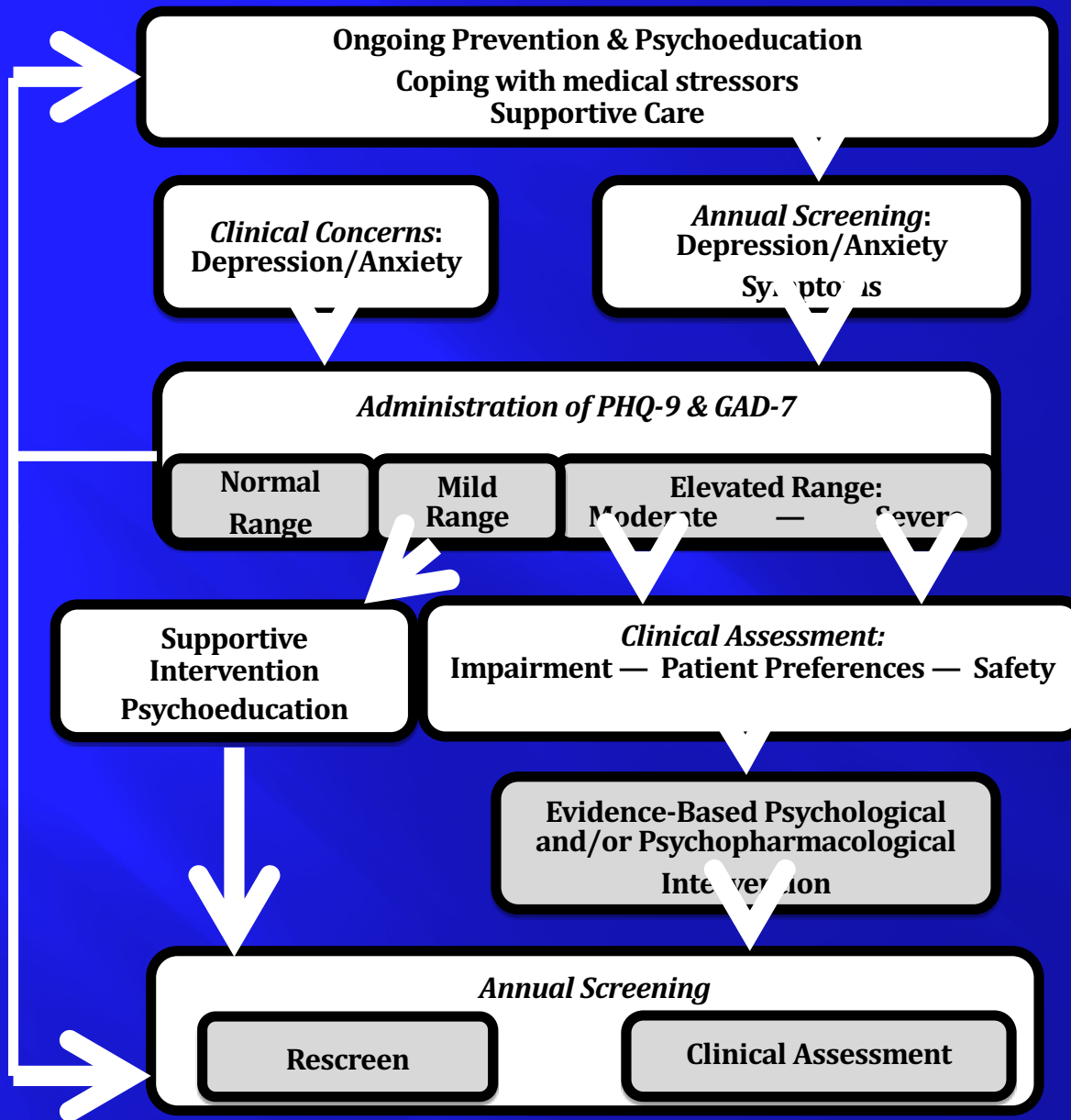
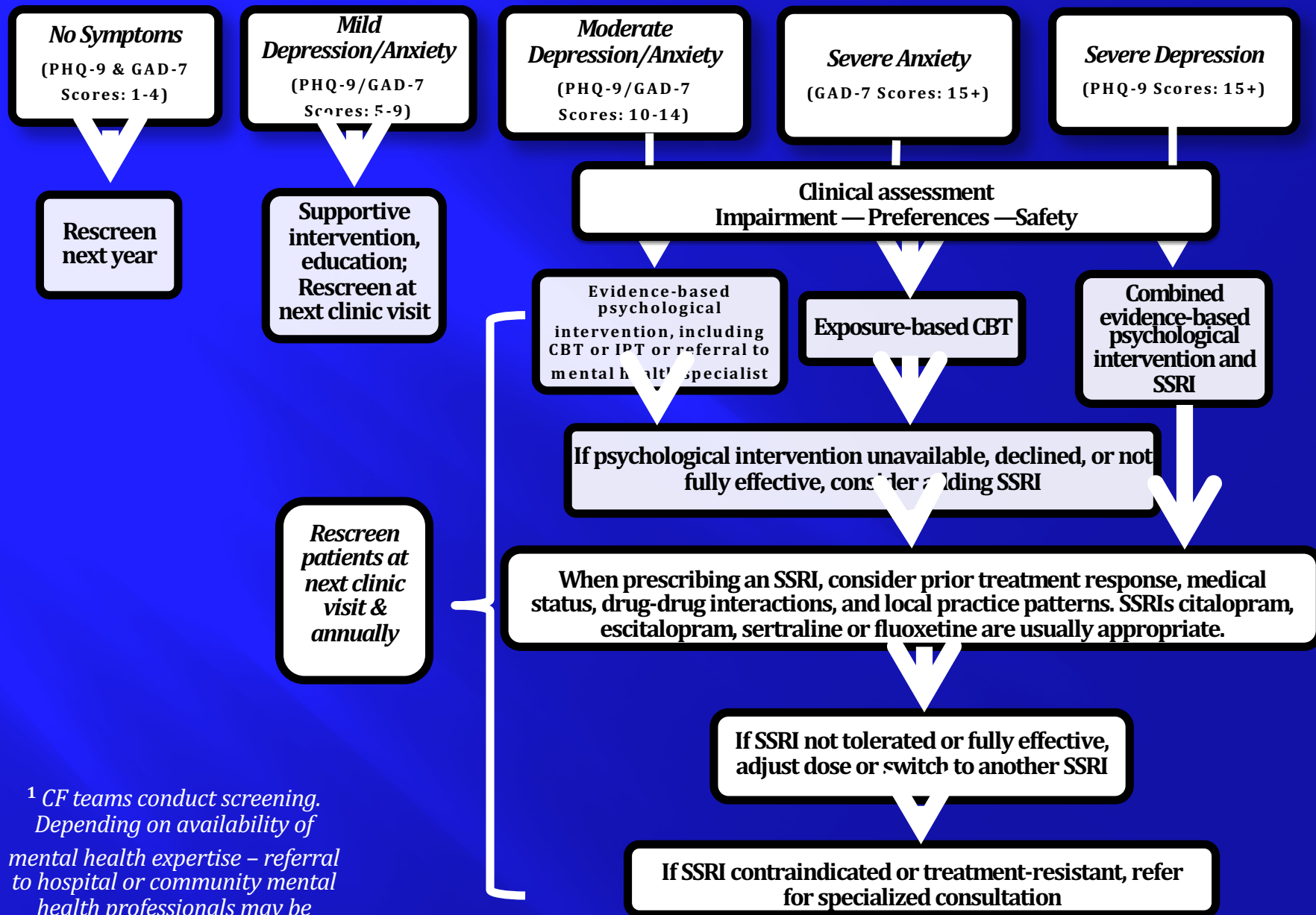
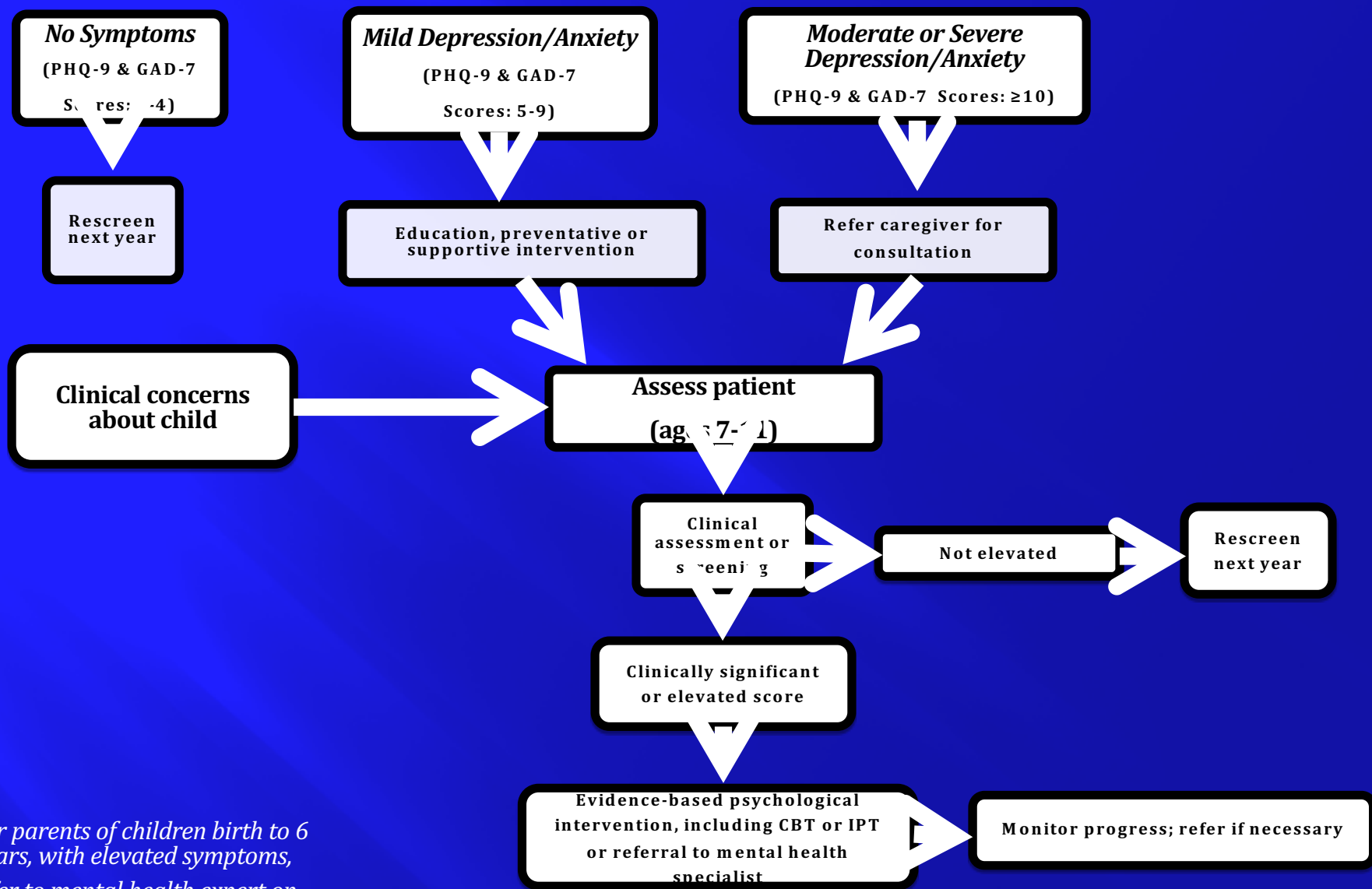


Figure 2: Screening & Treatment for Depression & Anxiety: Algorithm for Individuals with CF (Ages 12-Adulthood)¹



¹ CF teams conduct screening. Depending on availability of mental health expertise – referral to hospital or community mental health professionals may be necessary.

Figure 3: Screening & Treatment for Depression & Anxiety: Algorithm for Parents/Caregivers¹



¹ For parents of children birth to 6 years, with elevated symptoms, refer to mental health expert on team or to hospital or community health experts

Negative Screen: Now What?

- **Minimal (0-4) or mild (4-9) symptoms on GAD-7 and PHQ-9**
 - ❖ Take the opportunity to start a conversation
 - ❖ As in all aspects of CF care, address prevention
- **Minimal symptoms: Rescreen next year**
- **Mild depression/anxiety:**
 - ❖ Rescreen next visit
 - ❖ Supportive interventions and education

Prevention of Depression & Anxiety

- Do daily CF treatments, address physical symptoms early, plan for medical procedures
- Exercise consistently
- Practice good sleep habits
- Eat a nutritious diet, limit caffeine and alcohol
- Get outside in the sunlight
- Make time for things you enjoy
- Take steps to control stress
- Reach out to family and friends
- Promote open communication with CF team

Supportive Interventions

- **The first step for mild depression or anxiety**
 - ❖ Used over variable periods of time as needed
- **Clinician takes an active, open role**
 - ❖ Discuss life stressors
 - ❖ Reinforce effective problem solving and coping strategies already in use
 - ❖ Give education, advice and suggestions

Positive Screen: Now What?

- A score is not a diagnosis
- No treatment without clinical assessment
 - ❖ Differential diagnosis
 - ❖ Impairment
 - ❖ Preferences
 - ❖ Safety

Differential Diagnosis of Depression & Anxiety in CF

- Continue to actively treat CF symptoms
- Exacerbations and disease progression may worsen depression and anxiety via multiple biopsychosocial mechanisms
 - ❖ Demoralization
 - ❖ Social isolation/loss of role functioning
 - ❖ Stress
 - ❖ Inflammation

Assessment: Consider Impairment

- **Categorize current depressive and/or anxious episodes into one of three levels based on screening tools and your clinical assessment & judgment:**
 - **Mild depression/anxiety**
 - **Moderate depression/anxiety**
 - **Severe depression/anxiety**

Assessment: Consider Preferences

- Follow up with recommendation for mental health treatment can be poor
- Important to COLLABORATIVELY determine course of treatment
 - Antidepressant medications prescribed for most people
 - **HOWEVER**, 50-86% would prefer psychotherapy
- What happens when recommendation doesn't match preference?

When Recommendations Don't Match Preferences...

	Congruent	Incongruent
Initiated Treatment	100%	74%

Treatment Initiation Based On Strength of Preference

