

THE PRIMARY CARE COMPANION TO THE JOURNAL OF CLINICAL PSYCHIATRY

VOLUME 5

2003

SUPPLEMENT 2

S U P P L E M E N T

Treating Depression and
Anxiety to Remission:
Use of Algorithms

*Editor's Choice for Independent Study:
A Supplement From The Journal of Clinical Psychiatry*

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME). To obtain credit, read the material and complete the Posttest and Registration Form on pages 34–36.

CME OBJECTIVES

After completing this educational activity, participants should be able to:

- Discuss the functional and economic costs to society when residual symptoms of depression and anxiety are left untreated
- Review the literature on the effectiveness of antidepressants in achieving remission
- Describe the role of the newer antidepressants in treatment algorithms
- Use an algorithm to treat depression in a primary care setting
- Use an algorithm to treat anxiety in a primary care setting

STATEMENT OF NEED AND PURPOSE

Remission is a recommended goal of treatment for depression and anxiety disorders, and the rapid achievement of this goal may affect the long-term prognosis. This educational activity was designed to meet the needs of participants in the CME activities of Physicians Postgraduate Press, Inc. who have requested updated information about the treatment of depression and anxiety to remission. There are no prerequisites for this activity.

ACCREDITATION STATEMENT

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Physicians Postgraduate Press, Inc. designates this educational activity for up to 3 hours of Category 1 credit toward the AMA Physician's Recognition Award. Each participant should claim only those hours of credit that he/she actually spent in the educational activity.

DATE OF ORIGINAL RELEASE/REVIEW

This Supplement was published in February 2003 and is eligible for CME credit through February 29, 2004. The latest review of this material was January 2003.

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FACULTY DISCLOSURE

In the spirit of full disclosure and in compliance with all ACCME Essential Areas and Policies, the faculty for this CME activity were asked to complete a full disclosure statement. The information received is as follows:

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Dr. Gorman has received grant/research support from Eli Lilly, National Institute of Mental Health, and National Alliance for Research on Schizophrenia and Depression; and is a consultant for or has received honoraria from Pfizer, Eli Lilly, Bristol-Myers Squibb, Wyeth, GlaxoSmithKline, AstraZeneca, Janssen, Organon, Forest, Lundbeck, Solvay, Merck, Sanofi-Synthelabo, UCB Pharma, Purdue, Aventis, Xenova, Alkermes, Theracos, Biovail Technologies, Novartis, Cephalon, and Pharmacia.

Dr. Klinkman is on the speakers/advisory board for Forest.

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THE JOURNAL OF CLINICAL PSYCHIATRY

VOLUME 64

2003

SUPPLEMENT 2

ARTICLES

- 3 Effectiveness of Antidepressants: Comparative Remission Rates.
Michael E. Thase
- 8 Using Treatment Algorithms to Bring Patients to Remission.
Madhukar H. Trivedi
- 14 The Use of Antidepressants in Novel Combination Therapies.
Richard C. Shelton
- 19 The Role of Algorithms in the Detection and Treatment of Depression in Primary Care.
Michael S. Klinkman
- 24 Treating Generalized Anxiety Disorder.
Jack M. Gorman
- 30 Use of Algorithms to Treat Anxiety in Primary Care.
Larry Culpepper

CME SECTION

- 34 Instructions and Posttest.
- 36 Registration Form and Evaluation.

Editor's Choice

Depression remains an important and undertreated chronic illness. Current data suggest that depression in primary care is a heterogeneous entity of mild-to-moderate severity (when compared with illness encountered in psychiatric settings), but even in its mildest forms represents a major source of impairment and disability—apart from its deleterious effects on comorbid somatic illness like coronary artery disease, stroke, and diabetes.

Primary care clinicians tend to miss the diagnosis of depression when patients present with predominately somatic symptoms (vs. emotional symptoms that can be readily tied to a psychosocial stressor) and when symptoms are mild, often preferring watchful waiting to intervention with medication. When they do opt for antidepressants, treatment dosages and duration tend to be suboptimal and patient adherence can be poor.

In any clinical setting, treatment outcomes will improve when an organized and evidence-based approach is used. Some favor the use of algorithms to help limit both pseudoresponses and true nonresponses or partial responses that leave patients open to continuing impairment from subsyndromal symptoms and quick relapses when treatment is discontinued.

The Primary Care Companion is pleased to offer our readers a summary of the current state of the art in treatment algorithms for major depression and generalized anxiety disorder. This series of articles begins with Dr. Michael E. Thase comparing the remission rates of various antidepressants, utilizing data from recent meta-analyses of randomized controlled trials. Dr. Madhukar H. Trivedi reviews treatment algorithms for depression and discusses rationale and state of the art. Dr. Richard C. Shelton has written an excellent review of antidepressant combination and augmentation strategies that can be very effective in converting partial responders or nonresponders to remitters. Dr. Michael S. Klinkman, a family physician, broadly discusses depression in primary care and the potential that algorithm use could have in our setting. The series concludes with a discussion of a closely related disorder—generalized anxiety disorder—and Drs. Jack M. Gorman and Larry Culpepper review the importance of treatment remission and the use of algorithms.

We hope this supplement is informative and of ready clinical use. Enjoy.

J. Sloan Manning, Editor in Chief

The Primary Care Companion to The Journal of Clinical Psychiatry