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# Evaluating and Managing Major Depression: Linking Assessment Measures and Outcomes in Light of the Black Box Warning

Premiere Date: Wednesday, January 30, 2008

**LIVE Broadcast: 12:00 p.m.–1:00 p.m. ET**

11:00 a.m.–12:00 p.m. CT  
10:00 a.m.–11:00 a.m. MT  
9:00 a.m.–10:00 a.m. PT

**Taped Re-Air: 3:00 p.m.–4:00 p.m. ET**

2:00 p.m.–3:00 p.m. CT  
1:00 p.m.–2:00 p.m. MT  
12:00 p.m.–1:00 p.m. PT

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This activity offers CE credit for:

- Physicians (CME)
- Psychologists (CEP)
- Case Managers (CCMC)
- Nurses (CNE)
- Social Workers (NASW)
- Pharmacists (CPE)

Target audience includes physicians, PAs, NPs, nurses, psychologists, social workers, case managers, pharmacists, and other other healthcare professionals interested in the management and treatment of depression.



### FACULTY INFORMATION

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Dallas, TX

### CREDIT INFORMATION

**CME Credit (Physicians):** CME Outfitters, LLC, is accredited by the Accreditation Council for Continuing Outfitters Medical Education to provide continuing medical education for physicians.

CME Outfitters, LLC, designates this educational activity for a maximum of 1.0 AMA PRA Category 1 Credit(s)<sup>™</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

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It has been assigned code 6WASUP-PRV-0621. 1.0 contact hours will be awarded upon successful completion.

**Note to Nurse Practitioners:** The content of this CNE activity pertains to Pharmacology.

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Universal Program Number:  
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You can also register for this and other neuroscienceCME activities at [www.neuroscienceCME.com](http://www.neuroscienceCME.com). For more information or to register by phone for this one-hour activity, call CME Outfitters at **877.CME.PROS**.

### STATEMENT OF NEED

Many people who are eventually diagnosed with Major Depressive Disorder (MDD) at first present to their primary care physician (PCP) with somatic complaints such as chronic pain, fatigue, sleep-related problems, sexual dysfunction, and weight gain or loss.<sup>1</sup> Screening instruments to identify such individuals can and should be administered in the primary care office as part of the initial medical questionnaire. These include the PHQ-9 symptom depression checklist and a tool to assess a common comorbid condition, alcohol abuse, that often negatively impacts long-term outcomes for depression.<sup>2</sup>

Studies that have followed PCP education programs on depression recognition and treatment have revealed that in the years when intervention programs were delivered, antidepressant prescriptions increased and suicide rates decreased.<sup>3</sup> Armed with assessment tools and knowledge, PCPs can disseminate this information to patients and engage them in the understanding of the etiology of their depression, diagnosis of their problems, and treatment choices and goals.<sup>4</sup> Management of depression includes both prescription medication and psychological intervention. The discussion on medication choice should bring to attention the benefits as well as possible short- and long-term adverse reactions and side effects.<sup>4</sup>

Since it is becoming clearer that depression is often a chronic and recurrent illness, follow-up care is vital. The Agency for Healthcare Research and Quality recommends that patients be seen at least once every two weeks until remission. Progress can be monitored both through PCP rating scales and patient take-home diaries, which can be used to reassess whether the current treatment is adequate or requires modification. Such monitoring can also assist with decisions about whether the patient should continue treatment under the PCP or be referred to a psychiatrist.<sup>5</sup> In this live, evidence-based, neuroscienceCME TV activity, the experts will explore the recognition and management of depression and the contribution to outcomes of education for both PCPs and patients. Easy-to-use measurement of clinical status and outcomes will be discussed.

<sup>1</sup> Kapfhammer H-P. Somatic symptoms in depression. *Dialogue Clin Neurosci* 2006;6:227-239.  
<sup>2</sup> Wittkamp KA, Naeije L, Schene AH, Huyser J, van Weert HC. Diagnostic accuracy of the mood module of the Patient Health Questionnaire: a systematic review. *Gen Hosp Psychiatry* 2007;29:388-395.  
<sup>3</sup> Henriksson S, Isacson G. Increased antidepressant use and fewer suicides in Jämtland county, Sweden, after a primary care educational programme on the treatment of depression. *Acta Psychiatr Scand* 2006;114:159-167.  
<sup>4</sup> Wolf NJ, Hopko DR. Psychosocial and pharmacological interventions for depressed adults in primary care: A critical review. *Clin Psychol Rev* 2007 Apr 29; [Epub ahead of print].  
<sup>5</sup> Fochtmann LJ, Gelenberg AJ. Guideline watch: Practice guideline for the treatment of patients with major depressive disorder (2nd Ed). *Focus: J Lifelong Learn Psych* 2005;3:24-42.

### ACTIVITY GOAL

To recognize somatic symptoms that may underlie, but mask, a diagnosis of Major Depressive Disorder; to analyze the contribution of primary care physician education on reducing suicide rates by increasing levels of depression treatment, and to identify pharmaceutical and psychological measures to achieve depression remission.

### LEARNING OBJECTIVES

At the end of this CE activity, participants should be able to:

- Identify presentation of somatic symptoms that could underlie a diagnosis of Major Depressive Disorder (MDD).
- Formulate appropriate treatment plans and goals for those diagnosed with MDD.
- Evaluate the usefulness of PCP education on the diagnosis and management of MDD.

FAX completed form to **240.243.1033**

**YES! Register me for this LIVE evidence-based neuroscienceCME TV activity on January 30, 2008.**

Site Name: \_\_\_\_\_ # Participants: \_\_\_\_\_

Individual Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Practice Setting:  Community Mental Health  State Mental Health  Primary Care  
 Private Practice  Other: \_\_\_\_\_ Phone: \_\_\_\_\_

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This continuing education activity is jointly sponsored by



The joint sponsors gratefully acknowledge financial support for this CE activity from the New York State Office of Mental Health