

The CHOICE-D Patient and Family Guide to Depression Treatment

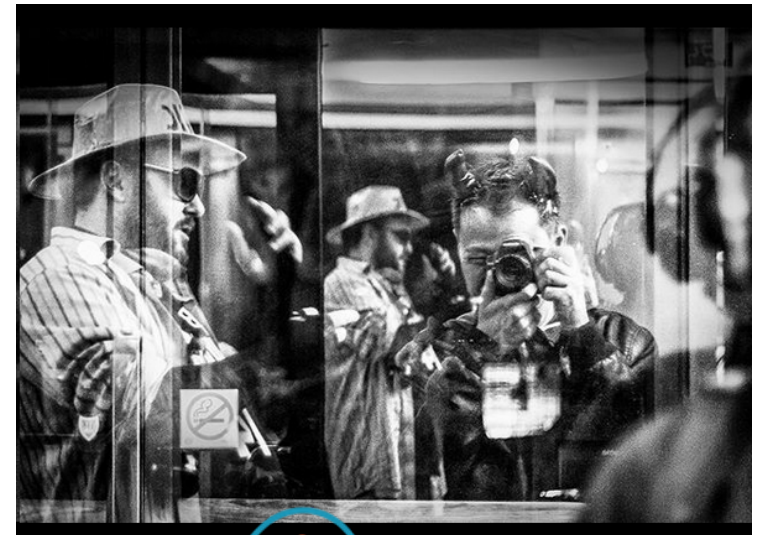


Andrew Kcomt

Knowledge Translation & Research Manager,
Hope + Me | Mood Disorders Association of Ontario

Interests: Co-lead of the CAN-BIND Community Advisory Committee, representing the lived experience perspective on the CAN-BIND Executive Team, Project Co-lead of the CHOICE-D Patient and Family Guide to Depression Treatment.

Brain Health Wellness Tip: Street Photography and Documentaries!



The CHOICE-D Patient and Family Guide to Depression Treatment



Janice Pong, MSc

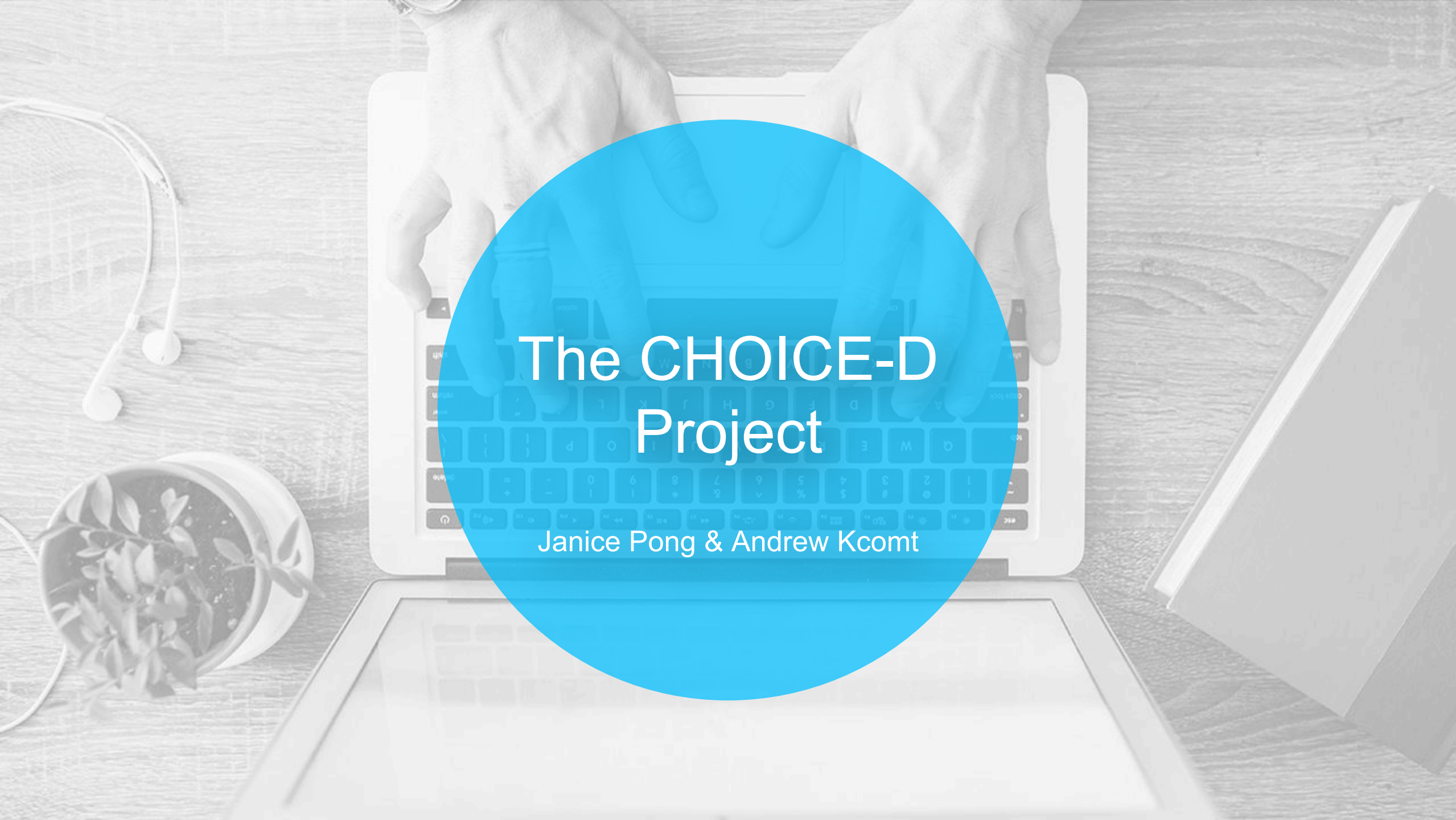
Communications & Knowledge Translation Manager

CAN-BIND

Interests: Communicating science in creative ways and making brain health information accessible.

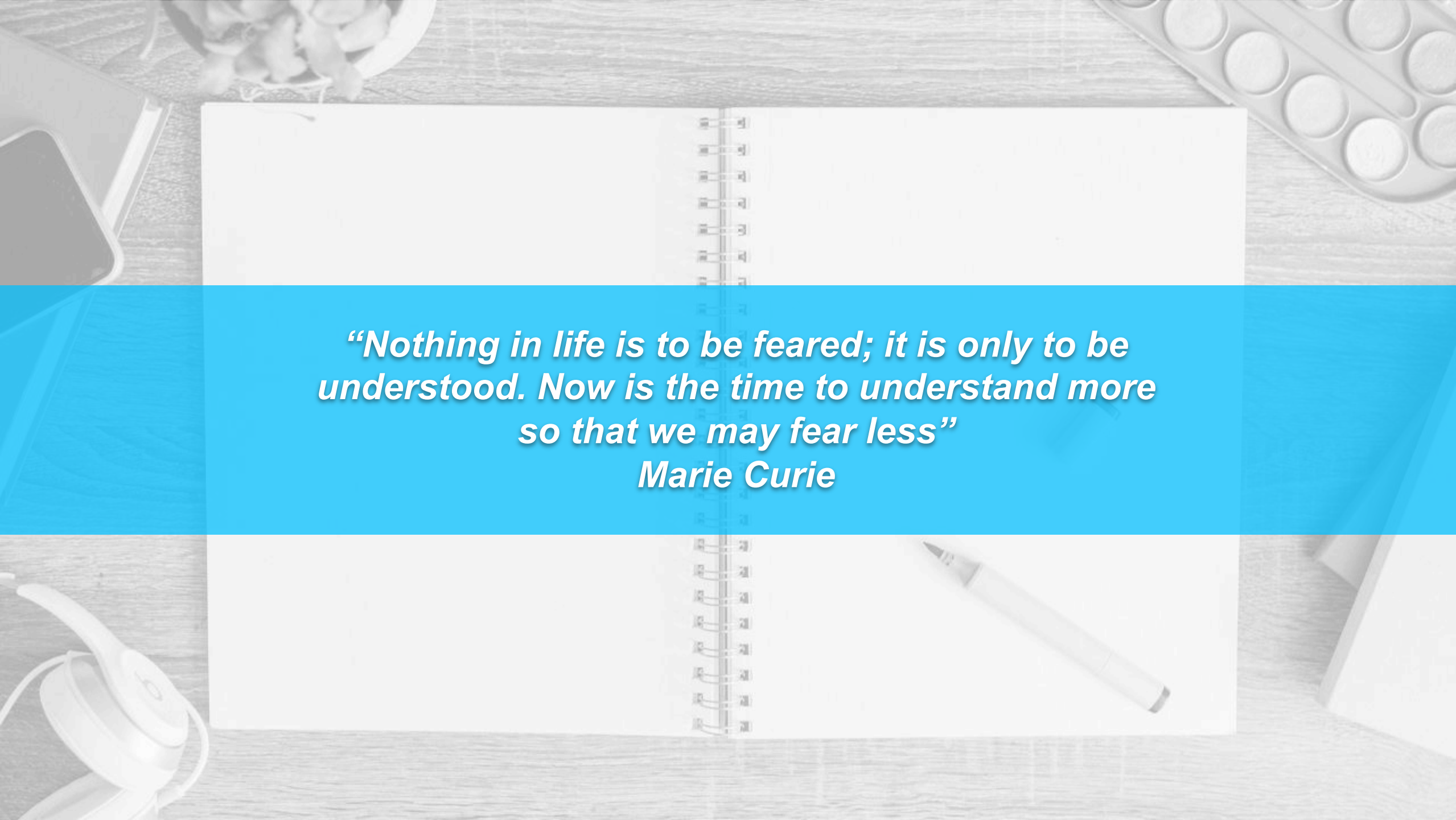
Brain Health Wellness Tip: Run, practice yoga and spend time with family and friends.





The CHOICE-D Project

Janice Pong & Andrew Kcomt

A top-down view of a wooden desk. In the center is a spiral-bound notebook with blank white pages. To the right of the notebook lies a silver pen. In the bottom left corner, there is a white water bottle with a flip-top lid. In the top right corner, a portion of a paint palette with various colored wells is visible. The entire scene is captured in a soft, slightly desaturated light.

“Nothing in life is to be feared; it is only to be understood. Now is the time to understand more so that we may fear less”

Marie Curie

Overview

- Our approach
- Key content
- Sharing

Our Approach

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From Journal Articles to an Accessible Guide

Canadian Network for Mood and Anxiety Treatments (CANMAT) 2016 Clinical Guidelines for the Management of Adults with Major Depressive Disorder: Section I. Disease Burden and Principles of Care

The Canadian Journal of Psychiatry /
La Revue Canadienne de Psychiatrie
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SAGE

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Sagar V. Parikh, MD^{5,7}, Arun V. Ravindran, MB, PhD⁵,
and the CANMAT Depression Work Group⁸

Abstract

Background: The Canadian Network for Mood and Anxiety Treatments (CANMAT) conducted a revision of the 2009 guidelines by updating the evidence and recommendations. The scope of the 2016 guidelines remains the management of major depressive disorder (MDD) in adults, with a target audience of psychiatrists and other mental health professionals.

Methods: Using the question-answer format, we conducted a systematic literature search focusing on systematic reviews and meta-analyses. Evidence was graded using CANMAT-defined criteria for level of evidence. Recommendations for lines of treatment were based on the quality of evidence and clinical expert consensus. This section is the first of six guidelines articles.

Results: In Canada, the annual and lifetime prevalence of MDD was 4.7% and 11.3%, respectively. MDD represents the second leading cause of global disability, with high occupational and economic impact mainly attributable to indirect costs. DSM-5 criteria for depressive disorders remain relatively unchanged, but other clinical dimensions (sleep, cognition, physical symptoms) may have implications for depression management. e-Mental health is increasingly used to support clinical and self-management of MDD. In the 2-phase (acute and maintenance) treatment model, specific goals address symptom remission, functional recovery, improved quality of life, and prevention of recurrence.

Conclusions: The burden attributed to MDD remains high, whether from individual distress, functional and relationship impairment, reduced quality of life, or societal economic cost. Applying core principles of care, including comprehensive assessment, therapeutic alliance, support of self-management, evidence-informed treatment, and measurement-based care, will optimize clinical, quality of life, and functional outcomes in MDD.

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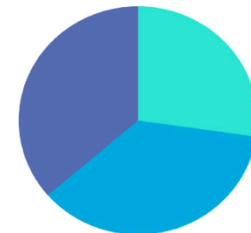
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⁸ Members of the CANMAT Depression Work Group are listed here: www.canmat.org/workgroups.



EASY-TO-READ LAY VERSION



Evidence-based Information

Principle #1: Provide the consumer with accurate, evidence-based information



CANMAT

2016 Clinical Guidelines for the Management of Adults with Major Depressive Disorder

- Published as a series of 7 articles in the **Canadian Journal of Psychiatry**
- Written by a team of **academic and clinical leaders** in depressive, bipolar and anxiety disorders.
- Section leads: Dr. Sidney Kennedy, Dr. Raymond Lam, Dr. Sagar Parikh, Dr. Roumen Milev, Dr. Glenda MacQueen, Dr. Arun Ravindran, Dr. Peter Giacobbe

End goal: Increase knowledge of treatment options

Lived Experience Voice

Principle #2: Engage lived experience experts at all possible steps



End goal: A guide written by people with lived experience of depression for people with lived experience of depression

Collaboration

Principle #3: Collaborate with multiple stakeholders, seek feedback and insights from all relevant end users



Key Opinion
Leaders

Writing
Committee

KT Mentors

6 Reviewer
Groups

Graphic
Design Team

End goal: Comprehensive and accessible resource

Empowerment

Principle #4: Empower individuals to discuss treatment options with their healthcare providers and take an active role in their depression care



Embedded Communications Tool

- Symptom chart
- Tips for a successful appointment
- Questions to ask
- Self-management resources

End goal: Improved depression care, decreased burden of depression

Principle 5...

KNOWLEDGE
TO  **ACTION**

A hand is shown writing on a green chalkboard with white chalk. The word 'Konk' is partially visible in the upper right. A solid blue rectangular overlay covers the middle-left portion of the image, containing the text 'Key content' in white.

Key content

Symptoms of depression Pg 3



What are the symptoms of depression?



- Sadness that has lasted two weeks or more
- Loss of interest in doing things that used to give you pleasure
- Significant weight change or change in appetite
- Increase or decrease in how much you sleep
- Changes to your movement or speech (faster/slower)
- Tired – lacking energy
- Guilt – unworthiness
- Difficulty concentrating
- Thoughts of death or suicide

 In order to diagnose depression, at least five of these symptoms should be experienced daily for at least two weeks, and must cause significant difficulty in social and/or work functioning such as missing a friend's birthday or an important work meeting. Depression does not affect everyone the same way, so symptoms may vary from person to person. Your health care provider might use other terms to describe your diagnosis. A 'specifier' is a term that provides additional information about your diagnosis that makes it more specific. If you have 'depression with anxious features', the specifier is 'anxious features'. Depression does not affect everyone the same way, so the disability from depression differs from person to person.

Practical information from CANMAT and MDAO 3

Symptom Tracking Tool Pg 6

The first step of treatment – Meeting with your health care provider

It may be hard to talk about your depression. It is important that you talk about your symptoms so your health care provider can help you find the right treatment.

The chart below is for you to write about your symptoms. It will be helpful for your health care provider to know what your symptoms are, how often they occur, and how long they last. Take the chart with you for your next appointment so you can talk about treatment options.

SYMPTOMS	DESCRIBE THE SYMPTOM. FOR HOW LONG? HOW OFTEN? SEVERE? MILD?
Sadness	
Restless or Irritable	
Hard to concentrate	
Loss of interest in things	
Tired	
Sleep change	
Weight change	
Thoughts of doom or suicide	

Tips for appointments Pg 7

Tips to make the meeting more helpful

Things you might want to mention to your health care provider:



Bring your symptoms checklist and a list of questions. Note when the symptoms started, and things that trigger you and make you feel worse.



Write down your current prescription medications, including over the counter medications, and all nutritional or dietary supplements.



Note other medical conditions such as high blood pressure, diabetes, or anything recently diagnosed by your health care provider.



Review any family history of depression, other types of mental illness, alcoholism, or drug abuse, since this may also be discussed.

Your health care provider can answer your questions about depression and about treatment options. Write a list of questions before your appointment and take the list with you. Some questions you might want to ask:



How do I know if I have depression?

Should I have any blood tests or other tests?

What are the different treatments for depression?

What does treatment cost?

What are common or serious side effects?

Do I need to see a psychiatrist or psychologist?

When will I feel better?

What self-help groups and support groups are available?

Quick Summary Pg 1 & Back Cover

QUICK SUMMARY

How do I know if I have clinical depression?

It is normal to feel sad, lonely, or depressed sometimes. When those feelings become overwhelming and cause symptoms that last for over two weeks, seek help from your health care provider. For a list of depression symptoms, refer to page 3.

How should I decide what treatments I should consider – self-help, psychotherapy, or medication?

Medications, psychotherapy and their combination have been shown to help people with depression. There are also alternative therapies that your health care provider may discuss with you. Your depression may respond differently depending on your personal situation. Work with your health care provider to select the best treatment for you. If one treatment does not help, your health care provider may change or add another type of treatment.

What self-help can I do for depression (including peer support groups)?

Tracking your symptoms (see page 6), making healthy lifestyle choices (e.g. exercising, eating healthy foods), and using self-help books are some ways to help manage your depression.

Support groups run by peers are available across Canada that can connect you with people who have lived experience with depression. To find support and contact your local mood disorders association, go to this website: mdsc.ca/finding-help.

What psychotherapy works for depression?

While there are many useful types of psychotherapy, some are better than others for treating depression. It is important to talk about different options with your health care provider to find the treatment that will work best for you. To learn more, read the "Psychological Treatment" section beginning on page 9. A table of top-rated psychotherapies can be found on page 11.

Why would I consider medication, and which type?

There are many advantages to using antidepressant medication; it works faster than psychotherapy, is more widely available, and is more effective, particularly for severe symptoms. Medications can be combined with other treatment options (e.g. psychotherapy). Importantly, antidepressant medications are not addictive.

When selecting a medication, there is no 'one size fits all'. You may have to try different types to find what works best for you. Sometimes treatment needs will vary and change over time. You should work with your health care provider to choose the right medication for you.

To learn more, read the "Antidepressant Medications" section beginning on page 22. A table of commonly prescribed antidepressant medications and their associated side effects can be found on page 26.

Supports & Self management

SUPPORTING SOMEONE WITH DEPRESSION

Helping a family member, friend or loved one struggling with depression can be difficult. The Family Matters Guide for Families provides mental health and recovery resources for families, friends and supporters. This free guide from the Mood Disorders Association of Ontario is available here: <http://bit.ly/FamilyMattersGuide>

Peer Support Groups

At peer support groups, you can connect with others who have lived experience of depression, through sharing of practical knowledge to instill hope in their recovery. In Ontario, you can contact the Mood Disorders Association of Ontario at 1-866-363-6663 to learn more about their peer support groups: <http://bit.ly/MDAOpeersupport>

Self-Management Tools

Online tools can help you assess, monitor and self-manage your depression symptoms. These tools can be used with your health care provider to track your mood and progress over time. Three reputable tools are described below:

- **MoodFx** is an interactive tool that helps individuals track mood symptoms. Results can be shared with your healthcare provider and simple charts can help you to understanding your symptoms over time. MoodFx also provides helpful tips about managing depression. Visit the site at: <https://www.moodfx.ca>
- **Moodgym** is an online self-help program that helps you to learn and practice skills based on cognitive behavioural therapy for the prevention and management of depression and anxiety. It is confidential, scientifically evaluated and offered in English, German, Norwegian, Dutch, Chinese and Finnish. Visit the site at: <https://moodgym.com.au>
- **What's my M3** offers anonymous and free screening for depression and other mental health disorders. The monitoring system helps you track symptoms and share results with your health care provider. Visit the site at: <https://whatsmym3.com>

National Suicide Help Line

If you are thinking about suicide, and are at immediate risk, please call 911 or go to your nearest emergency department.

Suicide prevention and support is available in both French and English.

Canada's national suicide help line: toll-free 1-833-456-4566

Text: 45645

Chat: www.crisisservicescanada.ca

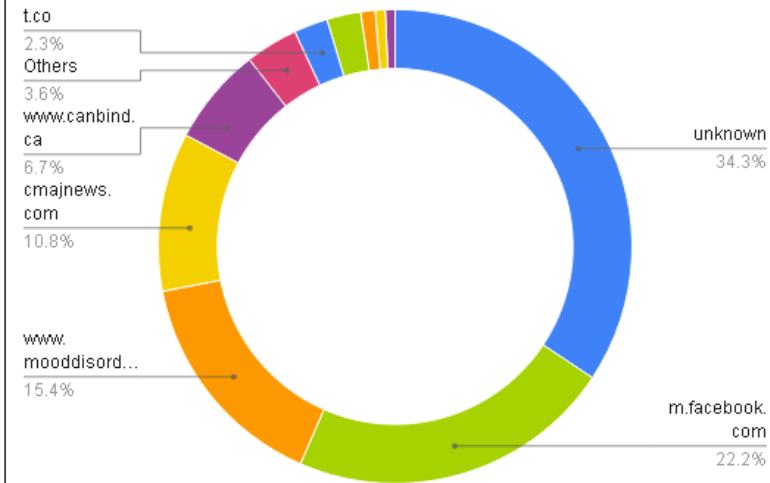
Sharing

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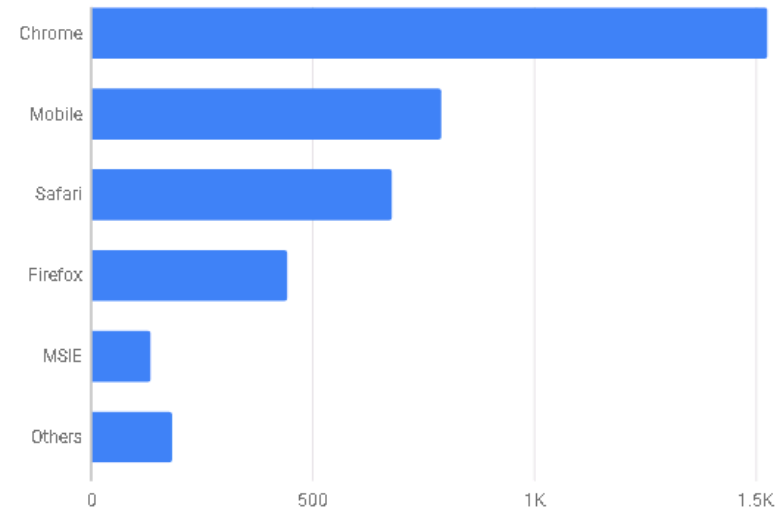


5000 + views

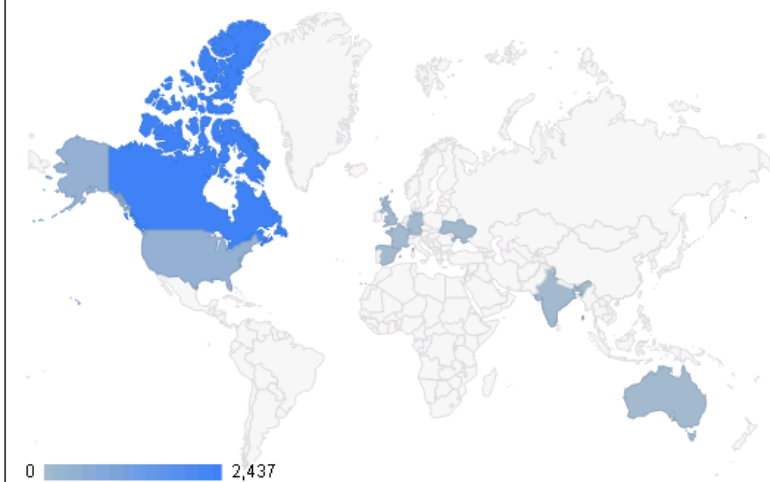
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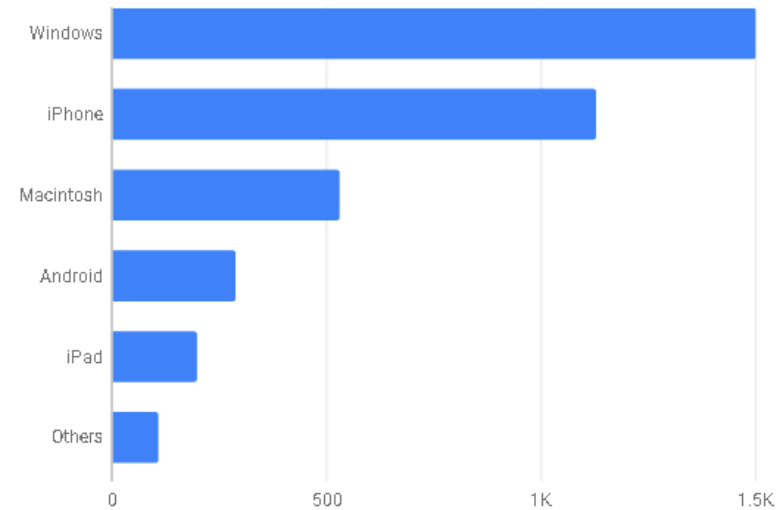
Browsers



Countries



Platforms





Hart House - Public Launch



Paula Goering Collaborative Research & Knowledge Translation Award



Dissemination

CHOICE-D Translations

LE GUIDE CHOICE-D À L'INTENTION DES PATIENTS ET DE LEUR FAMILLE POUR LE TRAITEMENT DE LA DÉPRESSION



INFORMATIONS
PRATIQUES DU
CANMAT ET DE
LA MDAO

THE CHOICE-D 与抑郁症同行 给患者和家人的治疗指南



由 CANMAT
及 MDAO
提供
实用信息

CHOICE-D Ambassador Training

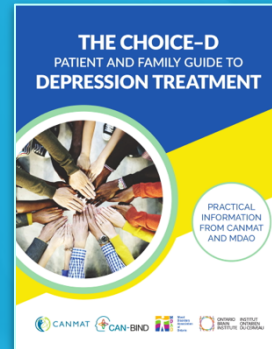


CHOICE-D Ambassador Training



Your FREE copy

Download at:
bit.ly/guidinghope



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Thank you!