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Symptom-Based Treatment Using Measurement-Based Care in Patients With MDD

Announcer:
Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

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Ms. Sheahan:
Hello, my name is Catherine Sheahan. I'm a Nurse Practitioner dual certified as both a Psychiatric Mental Health Nurse Practitioner and a Family Nurse Practitioner. Today I'd like to share with you some information about symptom-based treatment using measurement-based care. How is symptom management clinically managed on a measurement-based approach?

So measurement-based care, or MBC, is routine in healthcare. Some common examples include blood pressure monitoring, diabetes monitoring with hemoglobin A1c's, and the APA, the American Psychiatric Association, guidelines include use of MBC. In 2023, studies reported that most clinicians generally agree it would be helpful in monitoring outcomes and interventions. However, 80% of surveyed clinicians, 90% of whom were psychiatrists, cited lack of training and time as a reason for not incorporating MBC into treatment planning.

So some of the common scales used for depression and adverse effect include the PHQ9, which is self-administered, the QIDS-SR16, the Quick Inventory of Depressive Symptoms, the Clinically Useful Depression Outcome Scale, or the CUDOS, and the Beck inventory-II Self-Administered. The Hamilton Depression Rating Scale is clinician administered. Two self-administered adverse effects scales are the FIBSER, the Frequency, Intensity, and Burden of Side Effect Rating scale, and the Toronto Side Effects Scale, or the TSES.

The utility of MBC in treatment of major depression is that it can recognize non-responders, it helps identify progress, and severity of symptoms. Studies have shown that symptoms not improved by 20% at 2 weeks will likely not improve after 2 to 8 weeks of treatment. MBC can help identify routine – excuse me – suboptimal symptom relief and prompting earlier treatment intervention. It can also decrease the potential for treatment dropout. Patients have better engagement in self-care, as well as the belief that their clinician has an improved understanding of their symptomology when scales are used. It can encourage patient and clinician recognition of improvement, sometimes unnoticed. It's easier to note improvements in symptoms over time by measuring them and patients are encouraged by seeing some progress. And also the potential for seasonal variations can be revealed by routine scales use.

Considerations for the systematic use of MBC by self-report is that they're easily completed before or at each visit. They can be completed without clinicians. They gather meaningful data that correlates to clinician-elicited data, the use of a scale encourages focused, data-driven encounters, and it may reveal internal mental status from the patient that is not often reported by patients who, because they can be somewhat hesitant to express these things verbally. It's helpful for patients themselves to track symptoms over time and therefore gaining insight on their condition. Scales often reduce the potential for clinician bias, overestimation of improvement, as well as symptoms overlooked by the clinician. There is a risk for under an overreporting by self-report, by the patient which can reduce their validity and there's also the chance for health literacy to again affect the validity of the outcome of the scales.

So in summary, the use of MBC can improve depression treatment outcomes. Patients generally accept the integration of self-report

scales into their evaluations and treatment planning. Several scales in the public domain are available, unlimited, and free. They don't require additional clinician time to administer, and they do demonstrate high correlation to those clinician-administered tools. These tools can be completed at home or in office and each visit or at set intervals. They can be administered electronically or on paper and often to accommodate the patient preferences.

Thank you very much for your time and reviewing this presentation and I wish you the very best. Take care.

Announcer:
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