Colorado Department of Public Health and Environment

HealthTeamWorks
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Obesity and Depression:

Evidence-Based Best Practice Recommendations

I. SCREENING

A. Screening for Depression in Primary Care

- Height, weight, and body mass index (BMI) should be obtained on all primary care patients.
- All overweight (BMI >24.9 – 29.9) and obese (BMI >= 30) adolescent and adult females should be screened for depression.
- Males with abdominal obesity (waist-to-hip ratio >0.9) should be screened for depression.
- Postpartum females with prenatal obesity (BMI>=30) should be screened for depression (using the Edinburgh Postpartum Depression Scale (EPDS)).
- Women with a history of child physical or sexual abuse:
  - Are at higher risk for both obesity and depression;
  - Can be screened with both the Patient Health Questionnaire PHQ)-9 and the Adverse Childhood Events questionnaire.
- Additional risk factors that should trigger screening for depression include:
  - Sleep apnea
  - Chronic medical conditions
  - Chronic pain syndromes
  - Binge eating
- Use a validated instrument such as the PHQ-2/9 [1] for adolescents, adults and seniors.
  - A patient with a positive PHQ-2 should complete the PHQ-9.
  - Many clinicians omit the PHQ-2 and simply use PHQ-9.
- Additional instruments [1]:
  - Adverse Childhood Events
  - Edinburgh Postpartum Depression Scale
  - Geriatric Depression Scale
  - Guidelines for Adolescent Depression – Primary Care (GLAD-PC) for adolescents

B. Screening for Obesity in Behavioral Health Care

- Height, weight and BMI should be obtained for all behavioral health patients with depression-related diagnoses.
- Some evidence suggests that height, weight and BMI also should be obtained and followed for patients with anxiety, panic and substance use disorders.

C. Screen for Co-occurring Disorders in Primary and Behavioral Health Care

- Substance abuse frequently co-occurs with depression.
- It may be difficult to distinguish substance-induced depressive disorder from major depressive disorder.
- Use the Screening Brief Intervention Referral to Treatment (SBIRT) Guideline [2], (modified version) to assess the use of tobacco, alcohol, marijuana, illegal and prescription drugs, as below:

1. How many drinks of alcohol do you have per week?
   [Pos = >7 for women, men>65; >14 for men]
2. When was the last time you had four or more (for men >65 and all women) or five or more drinks in one day?
   [Pos = less than 3 months ago]
3. Have you used or experimented with an illegal drug or a prescription drug for nonmedical reasons during the past year?
   [Pos = yes]
4. Do you currently smoke or use any form or tobacco?
   [Pos = yes]
5. Do you have a medical marijuana card?
   [Pos = yes]

- Anxiety disorders may co-occur in up to 60% of those with depression.
- Eating disorders are common in patients with major depression.
- Dysthymic disorder, a chronic mood disorder with symptoms that fall below the threshold for major depressive disorder, may co-occur with major depression.

II. BRIEF INTERVENTION

A. In Primary Care

- The United States Preventive Services Task Force (USPSTF) recommends screening for depression in primary care *when there are staff assisted mechanisms in place for accurate diagnosis, treatment and follow-up (B Grade recommendation)*
- Design an office workflow for depression diagnosis, treatment and follow-up. [3]
- Assign specific responsibilities to different members of the practice team, such as:
  - Administer screening and assessment questionnaires to patients, including scoring the PHQ-9 and entering the information into an electronic health record (EHR).
  - Compile patient education resources.
  - Maintain adequate supplies of PHQ-2/9 forms, depression tracking logs, and patient education materials.
  - Maintain accurate information about options for referral to specialists, mental health services and community support services.
  - Compile information about health plan depression care coverage.
  - Provide education about depression, healthy lifestyle and depression treatment for patients and family members.
  - Assist with scheduling of and communication about appointments with the primary care clinician, psychiatrist, and/or behavioral health providers.
  - Carry out structured protocols to monitor depressive symptoms (with the PHQ-9), adherence to treatment and referrals, and medication side effects. This may be done by telephone in some cases. Establish a clear process for documentation and communication with providers.

- Consider using a registry or EHR registry functionality to track patients with a diagnosis of depression.

- Help individuals change behaviors using empathy as the core of effective conversations. See Depression Supplement, Section 6: Brief supportive counseling in primary care. [4]
  - Ask permission to give feedback and advice.
  - Use open-ended questions.
  - Affirm core values and strengths.
  - Reflect verbal and nonverbal statements about health, behaviors, and feelings.
  - Use ruler questions (0-10 scales) to get the individual talking about their desire, ability, reasons, or need to change and to identify concrete ways to help the individual set goals and make a plan.

Use brief supportive counseling interactions that: [4]

- Last only a few minutes;
- Can be carried out by different members of a practice team (including lay health workers);
- Help the individual solve problems and adopt healthy self-care practices;
- Begin by defining the problem and its potential to be improved;
- Identify associated beliefs and concerns about self & the situation;
- Use problem solving strategies, general coping strategies, and/or cognitive strategies, as appropriate. [5]

B. In Behavioral Health: [6]

- Engage patients by assessing their knowledge and level of concern about their weight;
- Provide information to fill in gaps in knowledge of patient interest;
- If a patient agrees to address weight, ask him or her to create an action plan;
- If a patient is *not* ready to address weight, express your concern and support for him or her in the future.

III. REFERRAL TO TREATMENT

A. General Principles of Referral for Mental Health Treatment [3]

- Establish relationships with mental health providers in your medical neighborhood to promote collaboration and communication.
- Invite mental health providers to visit the primary care practice to introduce themselves and their specific expertise.
- Establish referral and communication protocols that address confidentiality, sharing of information, and bidirectional communication. Mental health providers will need to address state and federal confidentiality and privacy requirements.

B. Assess Mental/Behavioral Health Benefits Information: [7]

- Health plans often specify "in network" mental health providers and parameters of services covered, such as number of visits, emergency care, and inpatient services.
- Compile and maintain a list of available and accessible mental/behavioral health therapists and psychiatrists in your region.
- Include information about insurance options, accessibility for patients with disabilities, and providers that work with specific demographics: adolescents and families, seniors, postpartum patients, different languages and cultures.

Resources and Tools

A. Behavioral Health Resources: [7]

- Go to www.cbhc.org (Colorado Behavioral Healthcare Council)
  - To identify your **Community Mental Health Center**
  - To find the organization that manages **Behavioral Health Medicaid**
- **Private insurance** patients:
  - Should contact their insurance company to identify a provider in their geographic area
- Individuals who are **uninsured**:
  - Must go to community agencies that accept uninsured patients
  - Lists of these resources frequently available through the mental health agency in your catchment area
- Additional resources may be accessed through **community hospitals** in your area.

B. Obesity Resources

- http://www.healthteamworks.org/guidelines/obesity.html
  - Adult Obesity Guideline with algorithm, clinical assessment, S.M.A.R.T. goal setting, counseling tips, medications, surgery, tips for families
  - Action Plan to use with patients (English & Spanish)
  - Provider Resources
  - Patient Tools
- http://www.healthteamworks.org/guidelines/childhood-obesity.html
  - Childhood Obesity Guideline with screening, counseling, treatment, co-morbidities, and 5-2-1-0 approach to healthy lifestyle
  - Healthy Lifestyle Screening Tool (English & Spanish)
  - Childhood Action Plan (English & Spanish
  - Patient and Parenting Tips handout (English & Spanish)
  - Provider Tools and References
  - Patient/Parent Tools
- http://www.cdc.gov/obesity/stateprograms/fundedstates/pdf/Colorado-State-Profile.pdf
  - Colorado State Nutrition, Physical Activity, and Obesity Profile: statistics and information on community programs

C. Substance Use Resources

- www.LinkingCare.org (CO Division of Behavioral Health web portal): easy statewide access to information and services for substance use prevention, treatment and recovery
- Screening tools: ASSIST, AUDIT, CRAFFT, DAST
- Find a provider
- Support services
- Facts for healthy living
- Resources

FOOTNOTES

1. See Depression Supplement, Section 1. Screening and monitoring instruments at http://healthteamworks-media.precis5.com/dc09c97fd73d7a324bdbfe7c79525f64
2. See HealthTeamWorks Screening Brief Intervention Referral to Treatment (SBIRT) Guideline at http://healthteamworks-media.precis5.com/f8da71e562ff44a2bc7edf3578c593da
3. See Depression Supplement, Section 3. Prepare your practice for effective depression care at http://healthteamworks-media.precis5.com/dc09c97fd73d7a324bdbfe7c79525f64
4. See Depression Supplement, Section 6. Brief supportive counseling in primary care at http://healthteamworks-media.precis5.com/dc09c97fd73d7a324bdbfe7c79525f64
5. Brody DS, Thompson TL, Larson DB, et al. Strategies for Counseling Depressed Patients by Primary Care Physicians. J Gen Int Med 1994; 9:569-575.
6. See Adult Obesity Guideline at http://www.healthteamworks.org/guidelines/obesity.html
7. See Depression Supplement, Section 4. Mental health services and benefits information at http://healthteamworks-media.precis5.com/dc09c97fd73d7a324bdbfe7c79525f64