THE PATIENT PATHWAY, AND STANDARD OPERATING PROCEDURES FOR PHYSICIANS:

SCREENING FOR DEPRESSION AND FOLLOW-UP CARE

INTRODUCTION:

This publication presents the Patient Pathway and Standard Operating Procedures (SOPs) for physicians. This publication presents the Patient Pathway and Physician Standard Operating Procedures (SOPs) developed as part of a project conducted by Alliance Consultancy. The document aims to ensure the process of systematic and competent screening for depression and subsequent diagnosis, referral and support to clients.

Help24 TeleHealth is an online clinic that provides access to medical consultations for people living with HIV and other vulnerable groups in Ukraine. The clinic operates in telemedicine mode and provides a wide range of services, including medical consultations, psychological support, and chronic disease management. The main goal of the project is to provide patients with high quality and affordable medical care at any time convenient for them, without the need to physically visit medical facilities, which is especially important in conditions of limited access to medical services.

The Help24 TeleHealth project, within which this document was created, aims to improve access to mental health care for people living with HIV and other vulnerable populations in Ukraine.

This document is an important tool in the implementation of this project, as it standardizes approaches to the identification and treatment of depression at the primary care level, thereby helping to improve the quality and accessibility of medical services. This document aims to standardize the processes of screening, diagnosis and treatment of depression in patients within the Help24 TeleHealth project. It aims to provide clinicians with clear standard operating procedures (SOPs) for the timely identification and effective treatment of depressive disorders, thereby improving the quality of medical care and expanding access to it for vulnerable populations.

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SEE AND TREAT

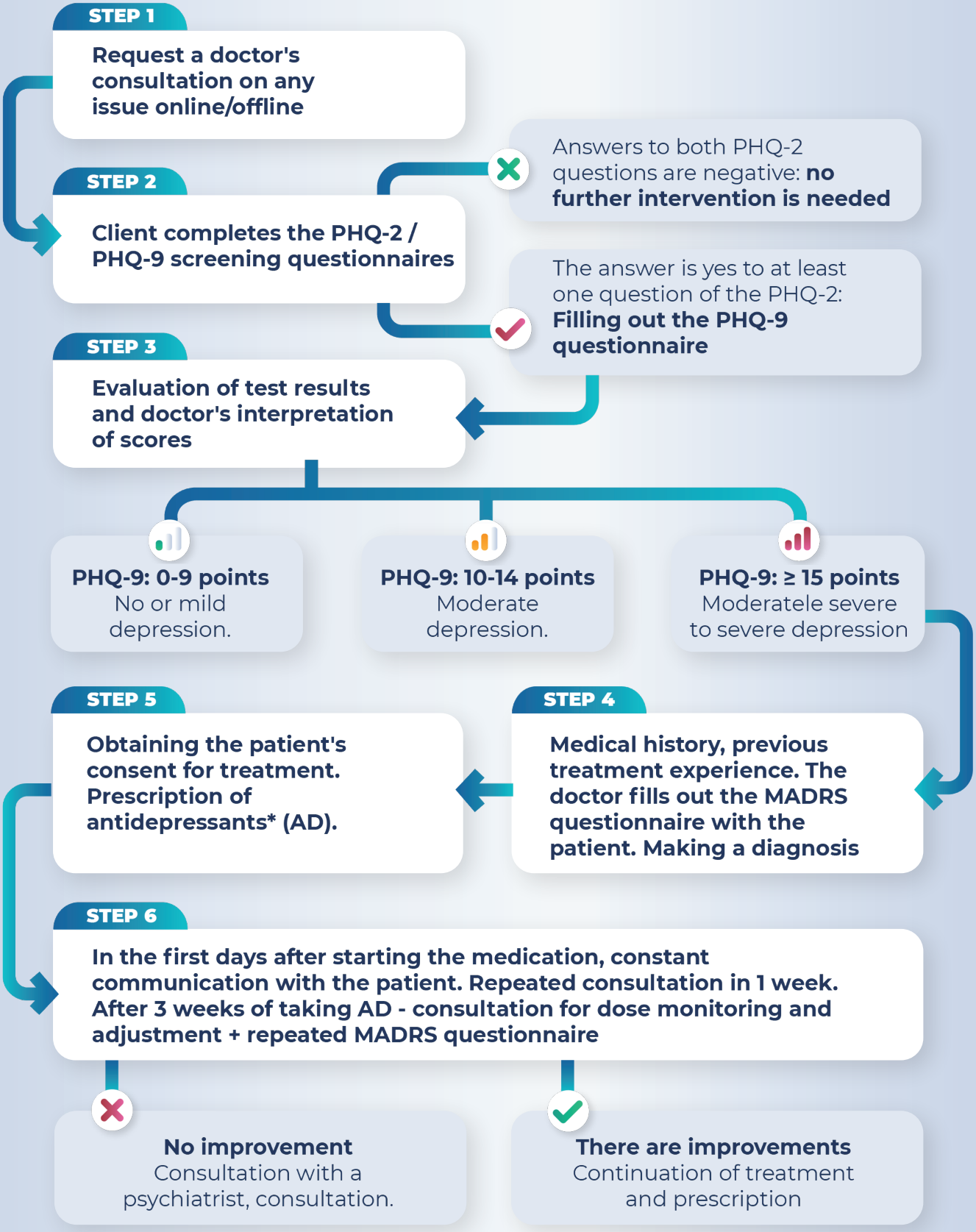
The proposed approach is consistent with the modern concept of «see and treat,» which combines the process of assessing a patient's condition with treatment, with the expectation that this will increase the ability of patients to receive timely care and reduce the number of those who do not reach a specialist through referral.

According to research, approximately 8 out of 10 patients referred to a subspecialist (particularly in psychiatry) do not see a specialist. This is partly due to the stigma attached to psychiatrists. In addition, most people diagnosed with a depressive disorder are treated by primary care physicians, and only about one in four or five are referred to a specialized mental health center (specialist) (Kendrik T. 2006).

In the context of a full-scale military invasion, massive stress, and an increase in the number of mental disorders such as depression, anxiety, and post-traumatic stress disorder, we propose to provide patients with comprehensive services that would include diagnosis and treatment of depressive and anxiety-depressive disorders in addition to the standard services provided by specialists in various fields.

To this end, a step-by-step algorithm, Patient Pathway, and physician standard operating procedures (SOPs) have been developed to ensure systematic and competent screening for depression and referral of clients who seek counseling.

PATIENT PATHWAY:
SCREENING FOR DEPRESSION AND FURTHER STEPS OF DIAGNOSIS, CARE, AND REFERRAL



*SSRIs - selective serotonin reuptake inhibitors or SSNRIs - selective serotonin and norepinephrine reuptake inhibitors.

SOP SCREENING FOR DEPRESSION AND FURTHER STEPS FOR A DOCTOR

Step 1:

The doctor receives a request for a consultation.

The doctor receives a request for a consultation from the client.

Step 2:

The client completes the PHQ-2 / PHQ-9 depression screening.

Step 2.1 The clinician makes the first contact with the client and conducts a general health assessment, including the client's completion of the PHQ-2 depression screening.

- If the answers are negative, there is no need for further intervention.
- If one or both answers are positive, the clinician offers the client the PHQ-9 depression screening (step 2.2).

Step 2.2 The Client completes the PHQ-9 depression screening.

- **А. If the client refuses**, do not insist.
- **Б. If the client agrees,** administer the PHQ-9 by having the client complete the questionnaire and have the clinician interpret the scores (Step 3).

Step 3:

Assessment of test results and clinician's interpretation of scores.

OPTION A: If the test result is 0 - 9 points (No depression / mild depression).

Recommendation of a doctor:

Review useful mental health materials on the Help24 TeleHealth portal - help24.org.ua/uk/blog.

If the client is interested in consulting a psychologist, advise them to visit Help24 TeleHealth at: help24.org.ua/uk/doctors/psiholog, which has a complete list of all psychologists.

This is the end of the referral.

OPTION B: If the test result is 10-14 points (Moderate depression).

Recommendation of a doctor: *Advise to consult a psychologist on Help24 TeleHealth at the link: help24.org.ua/uk/doctors/psiholog, where there is a complete list of all relevant specialists.*

Advise participation in self-help groups: this is also available on Help24 TeleHealth at - help24.org.ua/uk/groups.

OPTION C: If the test result is ≥ 15 points (Moderatele severe to severe depression).

Doctor's recommendation: Advise to immediately consult a psychiatrist at Help24 TeleHealth at the link: *help24.org.ua/uk/doctors/narkolog-psihiatr, where there is a complete list of all specialists. Pharmacological intervention is necessary! Therefore, the doctor may suggest that the client start treatment with antidepressants (independently, without referral to a psychiatrist).*

Step 3.1: **If the client immediately agrees to make an appointment with a Help24 TeleHealth psychologist,** assist if necessary (for example, suggest how to choose a free slot, etc.).
This completes the referral.

Step 3.2: **If the client immediately agrees to make an appointment with a psychiatrist, Help24 TeleHealth** can help if necessary (for example, suggest how to choose a free slot, etc.).
This completes the referral.

Step 3.3. **If the client agrees to antidepressant treatment (without referral),** proceed to Step 4.

Step 4:

Take a medical history, fill out the MADRS test with the client, and make a diagnosis:

If the client agrees to treatment with antidepressants (without referral), take anamnesis at the beginning.

Step 4.1. **Anamnesis includes:**

- Information about family history;
- Data on the nature of work and life circumstances (social, personal).
- Whether there are suicidal intentions and plans to realize them*.
- Whether there have been periods of unreasonable high mood for more than 4-5 days in a row**. If so, this indicates the presence of bipolar disorder type 2.
- Have you ever been treated with antidepressants? Which ones? What was the result?

* If so, a more thorough interview is required to ensure that the patient is not suicidal - the most dangerous complication of a depressive disorder). If so, make an immediate referral to a Help24 TeleHealth psychiatrist and schedule the patient for the next available appointment.

** A clear period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy lasting at least 4 consecutive days and present for most of the day, almost every day. A positive answer to this question indicates the presence of type 2 bipolar disorder (SSRIs and SSRIs are not recommended in this case, antipsychotic treatment is required, such patients need specialized care - referral to a Help24 TeleHealth psychiatrist and during the consultation, make an appointment with the patient at the next available time).

Step 4.2. **Filling out the Montgomery-Asberg Depression Rating Scale (MADRS)**

TThe test is administered by a doctor. The result of the MADRS test together with the PHQ-9 is a sufficient criterion for the **diagnosis of depressive disorder.**

IMPORTANT: If there are discrepancies between the results of the PHQ-9 and MADRS tests (for example, the PHQ-9 indicates moderate depression and the MADRS indicates severe depression), then you should focus on those indicators that indicate a more serious disorder.

Step 5:

Prescribing antidepressants.

If the client agrees to pharmacologic intervention, the clinician should:

Step 5.1 **Obtain the client's consent for pharmacologic treatment*.**

- **A. If the client does not consent** – the clinician should refer the client back to a Help24 TeleHealth psychiatrist (Step 3.2).
- **B. If the client gives consent** – it can be in the form of a short video recording or verbally (in case of offline consultation) in any form. After obtaining consent, the doctor proceeds to Step 5.2.

Step 5.2 **Issuing a prescription.**

A. If the patient is registered in the Helsi system (https://helsi.me), the doctor logs into the patient's card, makes a diagnosis, and writes a prescription for one of the recommended medications (Sertraline or Zoloft).

B. If the patient is not registered in the Helsi system at the time of the consultation but agrees to treatment with antidepressants, it is imperative to advise them to register and make another appointment with a doctor. The doctor will then prescribe the medication as in point A.

Step 6:

Feedback, re-consultation, and monitoring.

Step 6.1. **In the first days after starting antidepressant treatment, maintain feedback with the client** (through direct contact between the doctor and the patient). If the drug is well tolerated by the client, increase the dose of the drug within a week to move from the minimum to the optimal dose.

* First of all, it is necessary to provide the patient with information about the depressive disorder (how this condition can affect his or her functioning and what the consequences can be); also, to inform the patient that the treatment of depressive disorders can be carried out using various methods and that pharmacological treatment is not the only one, as psychological, psychotherapeutic or with the help of modern technologies, such as transcranial magnetic stimulation, can be used. The advantages of pharmacological treatment are that it is easily accessible and well studied compared to other approaches. At the same time, it should be noted that many patients have concerns about pharmacotherapy for mental disorders, and the patient always has the right to choose.

Step 6.2. **Schedule a second consultation no later than one week later.**

If the client reports poor drug tolerance, you can try to replace sertraline with venlafaxine or vice versa, or offer other drugs from this group (citalopram, escitalopram, paroxetine, fluoxetine). If all is well, continue treatment and schedule an appointment in three weeks.

Step 6.3. **The next consultation.**

The doctor assesses the client's condition and monitors the effectiveness of the depression treatment by repeating the MADRS test

A. If the client feels better and the repeated MADRS test shows positive dynamics, the treatment should be continued for at least 6 months.

B. If the client does not feel better within 4 weeks or has side effects that prevent the use of adequate doses of antidepressants, refer the client to a specialist (Help24 TeleHealth psychiatrist) or help the client to make an appointment immediately during this consultation.

Alternatively, schedule a second consultation in a few days (not longer), during which time you should contact your psychiatric colleagues separately for consultation and act on their recommendations.

APPENDIX 1: PATIENT'S HEALTH QUESTIONNAIRE PHQ-2

A standardized questionnaire, the PHQ-2 (Patient Health Questionnaire), is used to identify depressive disorders in at-risk patients. The patient must answer two questions:

1. How often **in the past month** have you felt low, sad, or hopeless?

2. **In the past month**, have you often noticed a lack of interest or pleasure in things that used to interest or please you?

If at least one question is answered in the affirmative, further evaluation with the PHQ-9 is indicated.

APPENDIX 2:
PHQ-9 PATIENT HEALTH QUESTIONNAIRE (QUESTIONNAIRE)

A standardized questionnaire, the PHQ-2 (Patient Health Questionnaire), is used to identify depressive disorders in at-risk patients. The patient must answer two questions:

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

ID #: _____ **DATE:**_____

Over the last *2 weeks,* how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so figety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns _____ + _____ + _____

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).

TOTAL: _____

APPENDIX 3: MONTGOMERY-ASBERG DEPRESSION RATING SCALE (MADRS)

1. APPARENT SADNESS	**0** – No sadness **2** – Looks dispirited but does brighten up without difficulty **4** – Appears sad and unhappy most of the time **6** – Looks miserable all the time. Extremely despondent
2. REPORTED SADNESS	**0** – Occasional sadness in keeping with the circumstances **2** – Sad or low but brightens up without difficulty **4** – Pervasive feelings of sadness or gloominess. The mood is still influenced by external circumstances **6** – Continuous or unvarying sadness, misery or despondency
3. INNER TENSION	**0** – Placid. Only fleeting inner tension **2** – Occasional feelings of edginess and ill-defined discomfort **4** – Continuous feelings of inner tension or intermittent panic which the patient can only master with some difficulty **6** – Unrelenting dread or anguish. Overwhelming panic
4. REDUCED SLEEP	**0** – Sleeps as usual **2** – Slight difficulty dropping off to sleep or slightly reduced, light or fitful sleep **4** – Sleep reduced or broken by at least two hours **6** – Less than two or three hours sleep
5. REDUCED APPETITE	**0** – Normal or increased appetite **2** – Slightly reduced appetite **4** – No appetite. Food is tasteless **6** – Needs persuasion to eat at all
6. CONCENTRATION DIFFICULTIES	**0** – No difficulties in concentrating **2** – Occasional difficulties in collecting one's thoughts **4** – Difficulties in concentrating and sustaining thought which reduces ability to read or hold a conversation **6** – Unable to read or converse without great difficulty
7. LASSITUDE	**0** – Hardly any difficulties in getting started. No sluggishness **2** – Difficulties in starting activities **4** – Difficulties in starting simple routine activities, which are carried out with effort **6** – Complete lassitude. Unable to do anything without help
8. INABILITY TO FEEL	**0** – Normal interest in the surroundings and in other people **2** – Reduced ability to enjoy usual interests **4** – Loss of interest in the surroundings. Loss of feelings for friends and acquaintances **6** – The experience of being emotionally paralyzed, inability to feel anger, grief or pleasure and a complete or even painful failure to feel for close relatives and friends
9. PESSIMISTIC THOUGHTS	**0** – No pessimistic thoughts **2** – Fluctuating ideas of failure, self-reproach or self-depreciation **4** – Persistent self-accusations, or definite but still rational ideas of guilt or sin. Increasingly pessimistic about the future **6** – Delusions of ruin, remorse and irredeemable sin. Self-accusations which are absurd and unshakable
10. SUICIDAL THOUGHTS	**0** – Enjoys life or takes it as it comes **2** – Weary of life. Only fleeting suicidal thoughts **4** – Probably better off dead. Suicidal thoughts are common, and suicide is considered as a possible solution, but without specific plans or intention **6** – Explicit plans for suicide when there is an opportunity. Active preparations for suicide
TOTAL SCORE ON THE SCALE:	
TEST SCORE: **7-19** - mild depression; **20-34** - moderate depression; **35 and more** - severe depression	