Interpersonal Counseling (IPC) for Depression in Primary Care

Myrna M. Weissman Ph.D

ADAA Symposium Interpersonal Psychotherapy: An Update

Hyatt Regency Miami
April 11, 2015 (9:30 AM -11:00 AM)
Disclosures

• Interpersonal Counseling (IPC) comes directly from IPT
• It has had several names
  ▪ Interpersonal Psychotherapy: Evaluations, Support, Triage (IPT:EST); Brief IPT; e-IPT Brief
• The scripts have been incorporated into revisions of IPT
• There is a manual
• There are clinical trials
• It is being used in different parts of the world
IPC-Steps

• Identify depressive symptoms
• Identify the social/interpersonal problems happening when the symptoms began (the triggers)
• Find out the person’s resources and ways of dealing with the problem (3-6 sessions)
• Triage persons into:
  ▪ No Further help
  ▪ Unscheduled treatment as needed (“call me if you need me”)
  ▪ Come see me monthly and let’s see how you are doing
  ▪ Referral to a mental health professional
Depression is triggered by an increase in stress in a person’s life:

- Grief
- Dispute
- Changes
- Loneliness

Clarification of these problems and finding new ways of dealing with them may relieve symptoms.
• IPC has been taught to psychiatrists, psychologists, nurses, social workers, mental health workers and non-mental health workers in the U.S. and elsewhere

• Used in studies in
  - Haiti
  - Goa
  - Brazil
  - U.K.
  - Italy
Why primary care?

- The rate of depression in persons coming to primary care are high 15% - 18%

- Health care reform will bring previously uninsured persons into primary care, which may increase the rates of depression.

- Primary care will remain a major resource for screening depression, especially for patients with low income.
Screening for Depression in Primary Care

• Well validated depression screening instruments are routinely used to detect depression in primary care settings

• Primary care providers can be trained effectively to screen for major depression, as well as the various sub-threshold depressive states

• Effective screening alone does not lead to better clinical outcomes.
Allocating Depression Treatment Resources in Primary Care

• Majority of primary care patients with elevated depression scores receive antidepressants and little attention to their psychosocial circumstances

• Typically, treatment approach is not tailored based on depression severity

• Support and engagement strategies for patients needing referral for longer treatment maybe lacking, resulting in poor medication adherence and high rates of relapse
<table>
<thead>
<tr>
<th>Preferences and Treatment Obstacles in Primary Care</th>
<th>Depressed Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of help patient would like:</strong></td>
<td></td>
</tr>
<tr>
<td>Talk to their doctor</td>
<td>62.1%</td>
</tr>
<tr>
<td>Talk to a mental health professional</td>
<td>67.8%</td>
</tr>
<tr>
<td>Take medications</td>
<td>42.5%</td>
</tr>
<tr>
<td><strong>Obstacles:</strong></td>
<td></td>
</tr>
<tr>
<td>Cost</td>
<td>37.9%</td>
</tr>
<tr>
<td>Transportation</td>
<td>56.3%</td>
</tr>
<tr>
<td>No babysitter</td>
<td>43.7%</td>
</tr>
<tr>
<td>Cannot miss work</td>
<td>21.8%</td>
</tr>
</tbody>
</table>
### Primary Care Physician Reported Mental Health Treatment

<table>
<thead>
<tr>
<th></th>
<th>MDs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patients with known mental health problems</strong></td>
<td><strong>26.0% of caseload</strong></td>
</tr>
<tr>
<td>Prescribed medicine</td>
<td>25.3%</td>
</tr>
<tr>
<td>Adhere to medicine</td>
<td>11.5%</td>
</tr>
<tr>
<td>Benefit from medicine</td>
<td>6.8%</td>
</tr>
</tbody>
</table>
Interpersonal Counseling (IPC) for Depression in Primary Care

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AMERICAN JOURNAL OF PSYCHOTHERAPY, Vol. 68, No.4, 2014
• 13 studies of IPC in HMO, medically ill hospitalized patients; patients with breast or prostate cancer; recent myocardial infarction; miscarriage, high attenders at primary care; administered by nurses, social workers, psychiatric residents
Moderators of remission with interpersonal counselling or drug treatment in primary care patients with depression: randomised controlled trial.

Menchetti M, Rucci P, Bortolotti B, Bombi A, Scocco P, Kraemer HC, Beradi D, DEPICS group

Br J Psychiatry. 2014 Feb;204(2): 144-50
9 primary care centers in Italy, N=287
IPC (6 – 30 minute sessions)

Remission (Hamilton <7) at 2 months

IPC: 58.7%
SSRI: 45.1%
P < 0.021

Menchetti et al., BJP 2014
Lessons Learned

• Flexibility
  – Timing/duration
  – Telephone
  – Electronic

• Deal with practical social problems

• Training
  – Where
  – Who
Between 1998-2007 in US for Mental Health Problem

- The rates of adults receiving psychotherapy ~3% unchanged
- Psychotherapy alone with medication have declined; medication alone has increased
- Number of psychotherapy visits has declined by 20% from 9.7 to 7.9 visits
- Expenditures for psychotherapy declined by a third

Olfson et al., Am J Psychiatry 2010
The U.S. Psychotherapy Workforce

- Clinical Social Workers: 175000
- Psychologists: 75000
- Psychiatrists: 50000
- Psychiatric Nurses: 25000
What psychotherapy is being taught?

- Accredited training programs in psychiatry, clinical psychology and social work (N=221)
  - American Council of Graduate Medical Education
  - American Psychological Association
  - Council on Social Work Education
- These are programs where most teaching and conducting of psychotherapy occur
- Survey of training directors

<table>
<thead>
<tr>
<th>Evidence Based</th>
<th>MD</th>
<th>Ph.D.</th>
<th>Psy.D.</th>
<th>MSW</th>
</tr>
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<tbody>
<tr>
<td>None required</td>
<td>4.3</td>
<td>43.8</td>
<td>67.3</td>
<td>61.7</td>
</tr>
<tr>
<td>% EBT</td>
<td>28.1</td>
<td>16.5</td>
<td>11.5</td>
<td>9.8</td>
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</table>

<table>
<thead>
<tr>
<th>Non-Evidence Based</th>
<th>MD</th>
<th>Ph.D.</th>
<th>Psy.D.</th>
<th>MSW</th>
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<tbody>
<tr>
<td>None</td>
<td>2.8</td>
<td>41.9</td>
<td>62.7</td>
<td>34.1</td>
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<tr>
<td>% non EBT</td>
<td>49.0</td>
<td>6.9</td>
<td>3.6</td>
<td>19.7</td>
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</table>

Weissman et al. 2006
The Grand Challenges

• Integrate screening and core packages of services into routine primary health care
• Reduce the cost and improve the supply of effective medications
• Provide effective and affordable community-based care and rehabilitation
• Strengthen the mental-health component in the training of all health-care personnel
Applied public mental health: bridging the gap between evidence and clinical practice

Myrna Weissman

World Psychiatry, Vol. 14, No. 1, February 2015
Meet IPT Colleagues Throughout the World

http://interpersonalpsychotherapy.org

http://groups.google.com/group/isipt-list.
SAVE THE DATE!!!!!!

“IPT: Ahead of its time, finding its time”

11\textsuperscript{TH} – 13\textsuperscript{TH} June 2015

ISIPT CONFERENCE, LONDON 2015

10\textsuperscript{TH} JUNE: Parallel pre conference workshops

ISIPT Conference in London
http://iptlondon2015.weebly.com/