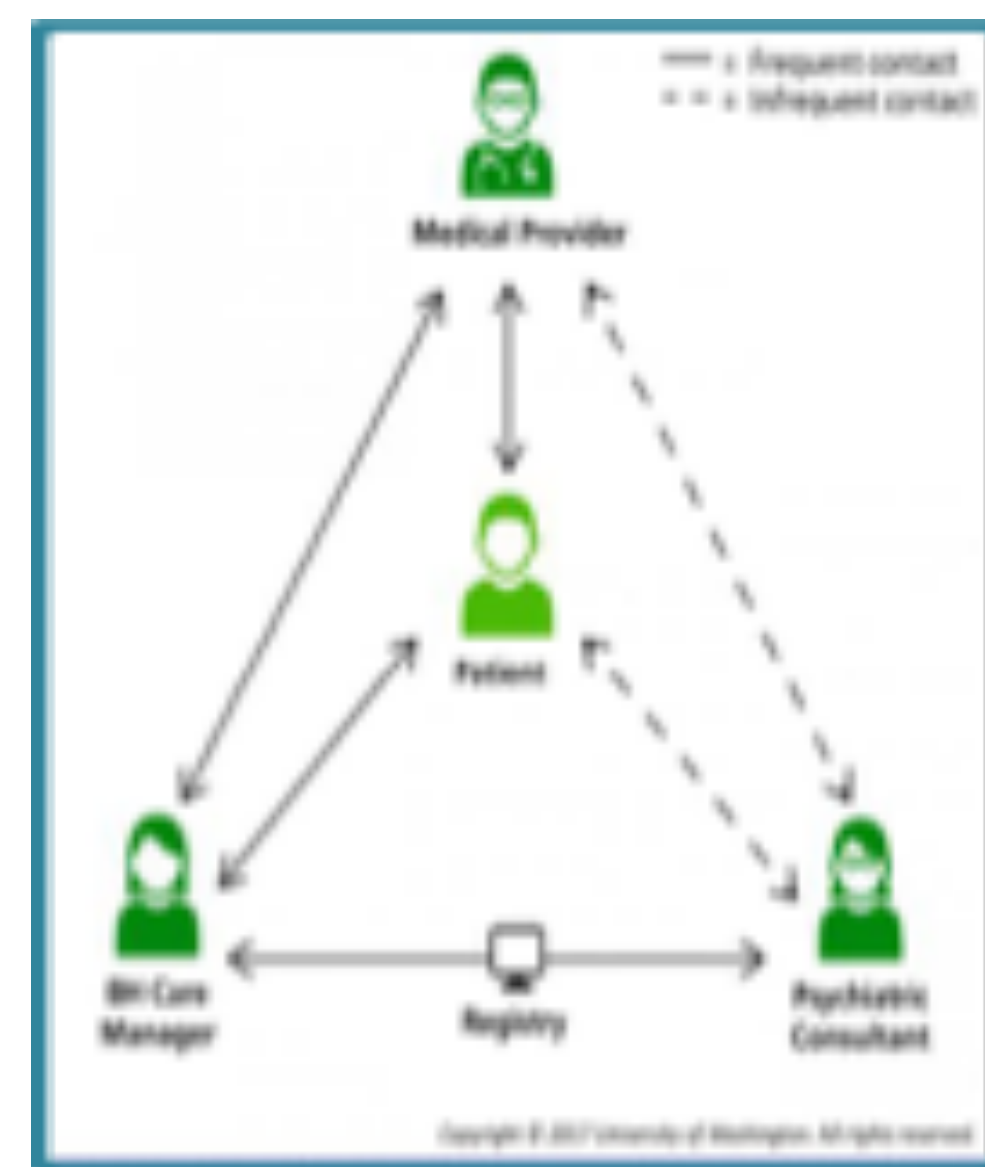


The effects of prescribed psychotropic medications on patient, baseline to end, PHQ-9 and GAD-7 scores compared to the scores of patients that were not prescribed psychotropic medications within the Collaborative Care Model

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The Collaborative Care Model

- The Collaborative Care Model was developed to help patients get the care they need to manage (and treat) their depression and anxiety with the support of a Primary Care Physician (PCP), Behavioral Health Care Manager, and Psychiatrist
- Patients are initially referred to the program by their PCP, thoroughly evaluated and counseled by the Behavioral Health Care Manager, and ultimately presented to a psychiatrist for further recommendations (if needed)
- Throughout their time in Collaborative Care, some of the tools used to measure patient progress, include PHQ-9 (Patient Health Questionnaire-9) and GAD-7 (Generalized Anxiety Disorder-7) scores
- These are assessments that measure levels of depression and anxiety, respectively, to obtain a baseline of a patient's starting point, their progression, and ending scores when they graduate from the program
- The psychiatrist can make recommendations based on the case presentation from the Behavioral Health Care Manager, which may lead to some patients taking prescribed psychotropic medications while enrolled in the Collaborative Care Program



PHQ-9 and GAD-7 used as tools to measure depression and anxiety

- It was proven that the PHQ-9 was extensively substantiated and suggested to be used in a two-stage screening process. Even more, continuing studies will be able to prove its success overtime (Costantini L, et al).
- Additionally, the PHQ-9 can screen and monitor patients effectively for depression in many different settings (Sahni A, and Agius M).
- In a study evaluating the GAD-7, it was concluded that it is a credible and substantial screening tool for GAD both in clinical practice and research (Spitzer RL, et al).

Prescribed Psychotropic Medications

- Studies show that patients who took SSRIs, specifically nefazodone and mirtazapine, have a lower chance of regressing compared to patients that received a placebo.
- Studies were done on antidepressants specifically the serotonin-norepinephrine reuptake inhibitor (SNRI), venlafaxine, and it was shown to be appropriate for long term therapy (Thase ME)
- The success of both SSRIs and SNRIs to treat depression long term and decrease instances of relapse show that pharmacotherapies can be useful separate from psychotherapies
- A study evaluating GAD and pharmacotherapy concluded that medication treatment in combination with psychotherapy could lead to better outcomes in patients that may not be responding well to one or the other separately (Rickels K and Rynn M).

Collaborative Care vs Usual Care

- In a study comparing Collaborative Care to usual care half the patients that used antidepressants were notable still depressed (AIMS Center). Proving that Collaborative Care is more effective than usual care alone. The study went on to show that, Collaborative Care patients had notable improvements that doubled that of patients that used usual care alone (AIMS Center)
- This shows that patients who suffer from depression and anxiety, who are referred to Collaborative Care by their PCPs and complete the program, may have a better chance of improvement than traditional care alone

Methods and Hypothesis

- We collected all patient information and deidentified them by giving them a unique study ID
- We entered their starting PHQ-9 score, their midway score, and their score upon completion of Collaborative Care. Repeating this step for their GAD-7 scores
- We then split the subjects into two subgroups. Group 1 completed the Collaborative Care Program with additional psychotropic pharmacotherapies, while Group 2 completed the program with psychotherapy alone
- We statistically graphed and charted the data to determine if there was a significant difference in scores
- We hypothesize that if patients take prescribed psychotropic medications while completing the Collaborative Care program, then they will have more improved PHQ-9 and GAD-7 scores for their depression and anxiety compared to patients who complete The Program without additional psychotropic interventions

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