

Practical Strategies for Diagnosing & Treating  
**Depression in Women**  
 at Midlife and Beyond

Presented as part of the UNT Health Science Center Office of Professional and Continuing Education

UNIVERSITY of NORTH TEXAS  
 HEALTH SCIENCE CENTER  
 PROFESSIONAL AND CONTINUING EDUCATION

CHANGING LIVES CME SERIES

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## Participants to Date

Activity	Participants
Satellite Broadcasts, DVDs, VHS & Webcast/Online	13,097 95,376 page views
5 Live, Half-day forums	323
State & Regional Meetings	1,657
Printed Monograph	2,466
Case & Comment Series* (exp 05/09)	2,406*
<b>TOTAL (to date)</b>	<b>19,949</b>

\* Ongoing



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Program  
Evaluation  
Executive  
Summary

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The cover features a blue background with a large, semi-circular yellow graphic on the left side. Inside the yellow graphic is a faded image of a group of people. The title and subtitle are at the top, and the program details and logos are at the bottom.

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## Educational Gap

- Primary Care providers need to improve knowledge and skills related to depression screening, diagnosis and treatment, have decision support tools available and be linked to specialty expertise.
- Women at midlife and beyond are often misdiagnosed or the condition is underdiagnosed in the primary care setting.



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## Results

- Those who participated in the University of North Texas Health Science Center's Depression in Women at Midlife and Beyond series have greatly indicated the intent to increase efforts to diagnose and treat depression in women at midlife and beyond



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## Results

- Participants greatly increased their comfort level with treating diagnosed depression in women at midlife and beyond



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## Results

- More than 90% of participants stated they will increase screening of women at midlife and beyond for depression when they present with other chief complaints



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## Results

- Two-thirds of participants have trained staff to screen women at midlife and beyond for depression and/or incorporated the use of a depression screening tool into daily practice since attending the live activity



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## Results

- Notable increases in the number ICD-9 codes related to depression reported and the number of antidepressants (class data) prescribed were seen in regions where the live activities were conducted.




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**Program  
Evaluation  
Internals**  
(September 2007)

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## Levels of Evaluation

- **Level 3 - Learning**
  - Pre/Post/Post format
- **Level 4 - Self-Reported Application to Practice**
  - Self-reported chart audits/surveys
- **Level 5 – Measured Application to Practice**
  - ICD-9 codes and antidepressant utilization data (class-level only)



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## Level 3 - Learning

- Cases sent to all participants
- Results will be compared to results from live activities



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## Level 4 – Perceived Change

- Questionnaire sent to all participants in live activity
- Asks specific questions to be answered by pulling and reviewing 5 charts
- Additional CME credit offered
- Current rate of return: ≈20% (64)





## Level 5 – Measured Change

- ICD-9 codes & antidepressant utilization data (class level only)
- Pulled for all live, interactive forums



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Data from  
Follow-up  
Outcomes  
Measurement  
(Level 4 Data)

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## Perceived Change in Practice

How has the incorporation of depression screening into your standard daily practice changed since attending the CME/CE activity? (mark all that apply)

Responses	%
I trained staff to assess for depression	22%
Utilized a depression screen on targeted patients	45%
I incorporated depression screening on all patients	22%
No changes made	11%

89% of participants reported that they made changes that have the potential to improve patient care



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## Perceived Change in Practice

Please select the **BEST** response: The *Depression in Women at Midlife and Beyond* initiative provided the necessary tools to implement the level of screening I felt necessary.

Responses	%
Completely	11%
Mostly	88%
Some	<1%
No	<1%



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## Perceived Change in Practice

Of the last 10 patients seen in your office how many were determined to have depression related issues.

Responses	%
None	11%
1-3	55%
4-7	11%
8-10	23%

Participants are screening more patients for depression, reducing rates of misdiagnosis and underdiagnosis



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## Perceived Change in Practice

In the last three months how many patients have you diagnosed and treated for depression.

Responses	%
None	0%
1-10	78%
11-15	11%
16+	11%



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## Perceived Change in Practice

If you consider your practice pattern prior to participating in this CME/CE activity, how has your diagnosis of depression in these women changed?

Responses	%
I diagnose no more patients per month	22%
1-3 patients per month more are diagnosed	78%
4-7 patients per month more are diagnosed	0%
8 or more patients per month more are diagnosed	0%

More patients with depression are being diagnosed



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## Chart Review Highlights

	Responses
Patient was asked the two screening questions	71%
Patient <b>was not</b> previously diagnosed with depression	49%
A depression screening tool was utilized	46%
Depression was suspected or diagnosed	54%
Appropriate action was taken to screen for depression if that was not the chief complaint	88%

Retrospective chart reviews performed by participants indicate significant clinical application of material since activity



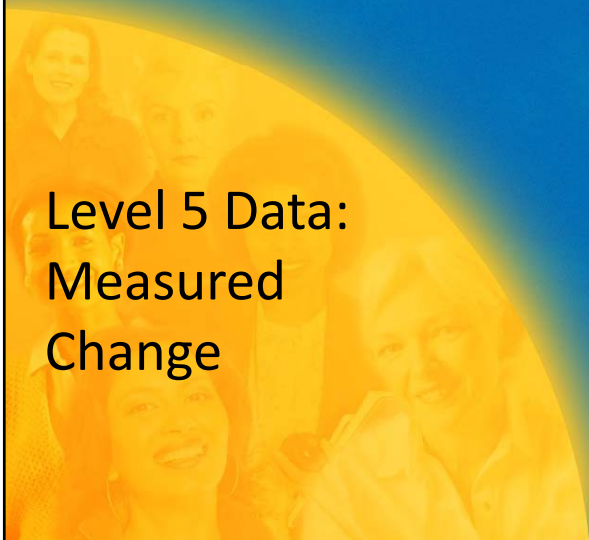


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Level 5 Data:  
Measured  
Change

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## ICD-9/Class Utilization Disclaimer

- Not a complete snapshot of area
- Data available to UNTHSC is for limited number of providers (low statistical significance)
- Data is city/region level, not provider level
- Cannot account for other influences on behavior, e.g. other activities, media reports, etc.
- Not scientific, but provides data that, when combined with other data collected, allows UNTHSC to extrapolate if impact was achieved.

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## MDD Diagnostic Codes

- An average of 4.1% increase (deciles 1-10 averaged) in diagnostic codes related to major depressive disorder reported in cities where live activities held.
- Greatest: St. Louis – 10.2% ↑
- Least: Detroit - 1.4% ↑

Codes 296.21-296.26



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## Utilization Analysis for Drug Classes Approved for MDD

- An average of 6% increase (deciles 1-10 averaged) in prescriptions for all drugs approved to treat major depressive disorder reported in cities where live activities held.
- Greatest: Detroit– 8.1% ↑
- Least: Tampa/St. Pete's - 3.3% ↑

Classes: antidepressant combinations; antidepressant other; antidepressant-tricyclic/tetracyclic; antidepressants in combination



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## Bottom Line

- Participants are...
  - Screening patients more frequently
  - Educating staff to aid in screening
  - Diagnosing depression more frequently in women at midlife and beyond
  - Able to apply information presented at the activity in a clinical setting



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## Contact Information

- Pam McFadden  
Associate Vice President  
Professional and Continuing Education  
University of North Texas  
Health Science Center  
Phone: 817-735-2581  
E-mail: [mcfadden@hsc.unt.edu](mailto:mcfadden@hsc.unt.edu)

 UNIVERSITY of NORTH TEXAS  
HEALTH SCIENCE CENTER  
PROFESSIONAL AND CONTINUING EDUCATION  
3500 Camp Bowie Boulevard Fort Worth, Texas 76107-2699

