OBJECTIVE

Alberta clinicians have the skills and tools to assess, diagnose, treat and manage depression in patients with multiple sclerosis (MS) within primary care.

TARGET POPULATION

Adults 18 years of age and older

EXCLUSIONS

Children less than 18 years of age

KEY MESSAGES

- Depression is prevalent in the MS population.
- Depression in MS patients often occur at emotionally salient times in the disease course and is sometimes intermixed with issues of adjustment and loss. Such issues can be important, but the principles of diagnosis and treatment remain the same irrespective of the apparent root cause of depression.
- Depression relapse is more common in MS patients who decide to discontinue their prescribed medication without supervision and may regress very quickly.

RECOMMENDATIONS

ASSESSMENT

X DO NOT formally screen each patient for depression (i.e., with a screening questionnaire) including those taking interferon β, but do inquire about mood, anhedonia, irritability (a common symptom) and suicidal thoughts.

✓ Use a screening tool (PHQ-9) if depression is suspected to help inform a diagnosis and monitory outcomes. (See Appendix A in the clinical practice guideline (CPG) for other depression assessment tools.)

DIAGNOSIS/DIFFERENTIAL DIAGNOSIS

✓ Rule out other medical causes of symptoms or consider other conditions that may be presenting as symptoms of depression, e.g., thyroid disease, vitamin B-12 deficiency, or an infection causing accentuated MS fatigue.

TREATMENT

✓ Treat and manage an MS patient diagnosed with depression as any other patient with depression.

✓ Consider all antidepressants as treatment options for patients with MS (see Appendix B in the CPG).

- MS-specific medication and anti-depressant medication interactions are generally not problematic. (See Appendix B in the CPG for common MS medications and considerations if prescribing an antidepressant.)

- ✓ Consider non-pharmacotherapy approaches:
    - Recommend cognitive behavioural therapy (CBT) if available. See your primary care network (PCN) as a first point of contact for CBT and other mental health services. Also see Appendix C and Appendix D in the CPG. Suggest employee assistance programs if available.
    - Provide other support options if CBT is not available. Resources can be found at:
        - https://beta.mssociety.ca/living-with-ms
        - http://www.nationalmssociety.org/Living-Well-With-MS
    - Other options as appropriate:
        - Self-help books/manuals in general or specific for MS patients with depression. See Appendix C in the CPG
        - Group or individual therapy. See Appendix D in the CPG

Follow-up and On-going Management

- ✓ Follow-up as with any patient with depression and a chronic condition.
- ✓ Designate one physician (primary care or specialist) to manage the patient's depression.
    - The designated physician should clearly communicate that responsibility with the patient/caregiver and all physicians involved with the care of the patient.

Implementation Considerations

- Identify patients with MS in physician practice.
- Community neurologists identifying depression in their MS patients can provide/attach the TOP CPG with the consult notes to the primary care physician.
- Primary care physicians who have patients with MS might explore options for a notation or flag, regarding possible depression risk with a link to the CPG, within the patient's medical record.