

Improving Major Depressive Disorder Treatment Outcomes: Tailoring Strategies for Remission 2

Saturday, June 18, 2011
Madrid I ~ 1:50pm - 2:30pm

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Objectives

- Explain patterns of depression recurrence and therapeutic response for patients with major depressive disorder
- Identify patients with inadequate response to therapy for MDD
- Apply treatment algorithms to optimize outcomes for patients with major depressive disorder

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MDD Case Discussion

Mood Disorder Questionnaire - Rhonda

INSTRUCTIONS: Please answer each question as best you can.

	YES	NO
1. Has there ever been a period of time when you were not your usual self and:		
... you felt so grouchy or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	<input type="radio"/>	<input checked="" type="radio"/>
... you were so irritable that you shouted at people or started fights or arguments?	<input type="radio"/>	<input checked="" type="radio"/>
... you felt much more self-confident than usual?	<input type="radio"/>	<input checked="" type="radio"/>
... you got much less sleep than usual and found that you didn't really miss it?	<input checked="" type="radio"/>	<input type="radio"/>
... you were more talkative or spoke much faster than usual?	<input type="radio"/>	<input checked="" type="radio"/>
... thoughts raced through your head or you couldn't slow your mind down?	<input checked="" type="radio"/>	<input type="radio"/>
... you were so easily distracted by things around you that you had trouble concentrating or staying on task?	<input type="radio"/>	<input checked="" type="radio"/>
... you had much more energy than usual?	<input type="radio"/>	<input checked="" type="radio"/>
... you were much more active or did many more things than usual?	<input type="radio"/>	<input checked="" type="radio"/>
... you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	<input type="radio"/>	<input checked="" type="radio"/>
... you were much more interested in sex than usual?	<input type="radio"/>	<input checked="" type="radio"/>
... you did things that were unusual for you or that other people might have thought were excessive, foolish or risky?	<input type="radio"/>	<input checked="" type="radio"/>
... spending money got you or your family in trouble?	<input type="radio"/>	<input checked="" type="radio"/>
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?	<input type="radio"/>	<input checked="" type="radio"/>
3. How much of a problem did any of these cause you - like being able to work, having family, money or legal troubles, getting into arguments or fights?		
	<input checked="" type="radio"/> No problem	<input type="radio"/> Minor problem
	<input type="radio"/> Moderate problem	<input type="radio"/> Serious problem

Patient Health Questionnaire 9 (PHQ-9)

Name: Rhonda Date: Visit 0 (OB/GYN)

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

	How often			
	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 fidgety 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 in some way	0	1	2	3
Total	19			
10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people	Not difficult at all _____ Somewhat difficult _____ Very difficult _____ Extremely difficult <input checked="" type="checkbox"/>			
