

Screening and Treatment of Depression in Parkinson's Disease within Movement Disorders Centers: A Quality Improvement Initiative

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OBJECTIVE

Assess the feasibility and impact of systematic depression screening and management in movement disorders centers.

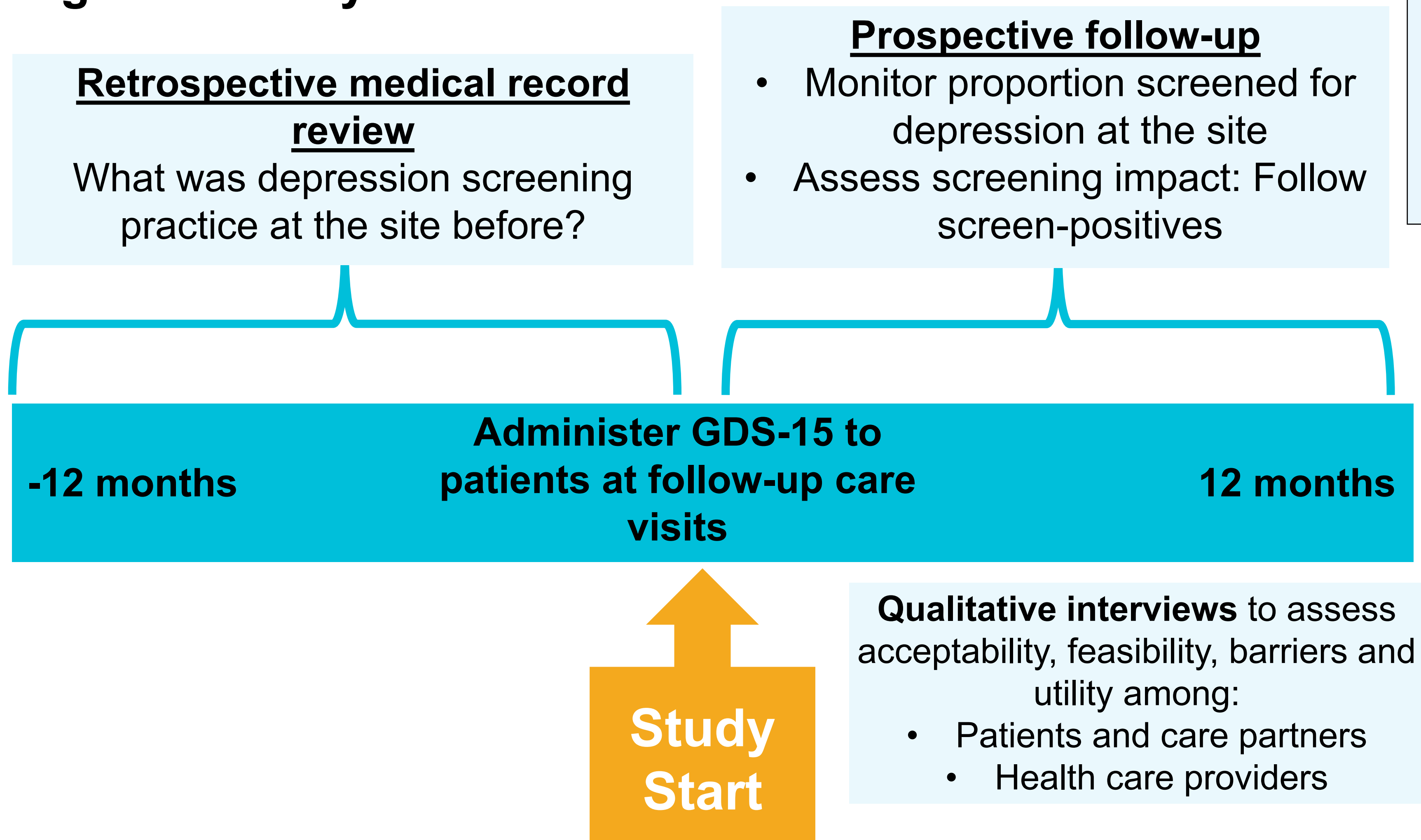
BACKGROUND

Depression is common in Parkinson's disease (PD) and has a significant impact on quality of life. A survey of clinicians at Parkinson's Foundation Centers of Excellence (PF COEs) revealed that most centers do not systematically screen for depression, and that the use of mental health professionals and antidepressants varies substantially, suggesting that clinical practice changes could improve care. Here we describe the methods and outcome measures for a study designed to implement systematic screening and a treatment algorithm for PD depression as a standard of care.

METHODS

A mental health working group was convened, consisting of experts in Parkinson's clinical research, psychiatry, social work, narrative medicine, implementation science, biostatistics, and a person living with PD. Additional psychiatry and psychology experts helped design a depression treatment algorithm and educational materials.

Figure 1. Study Flow



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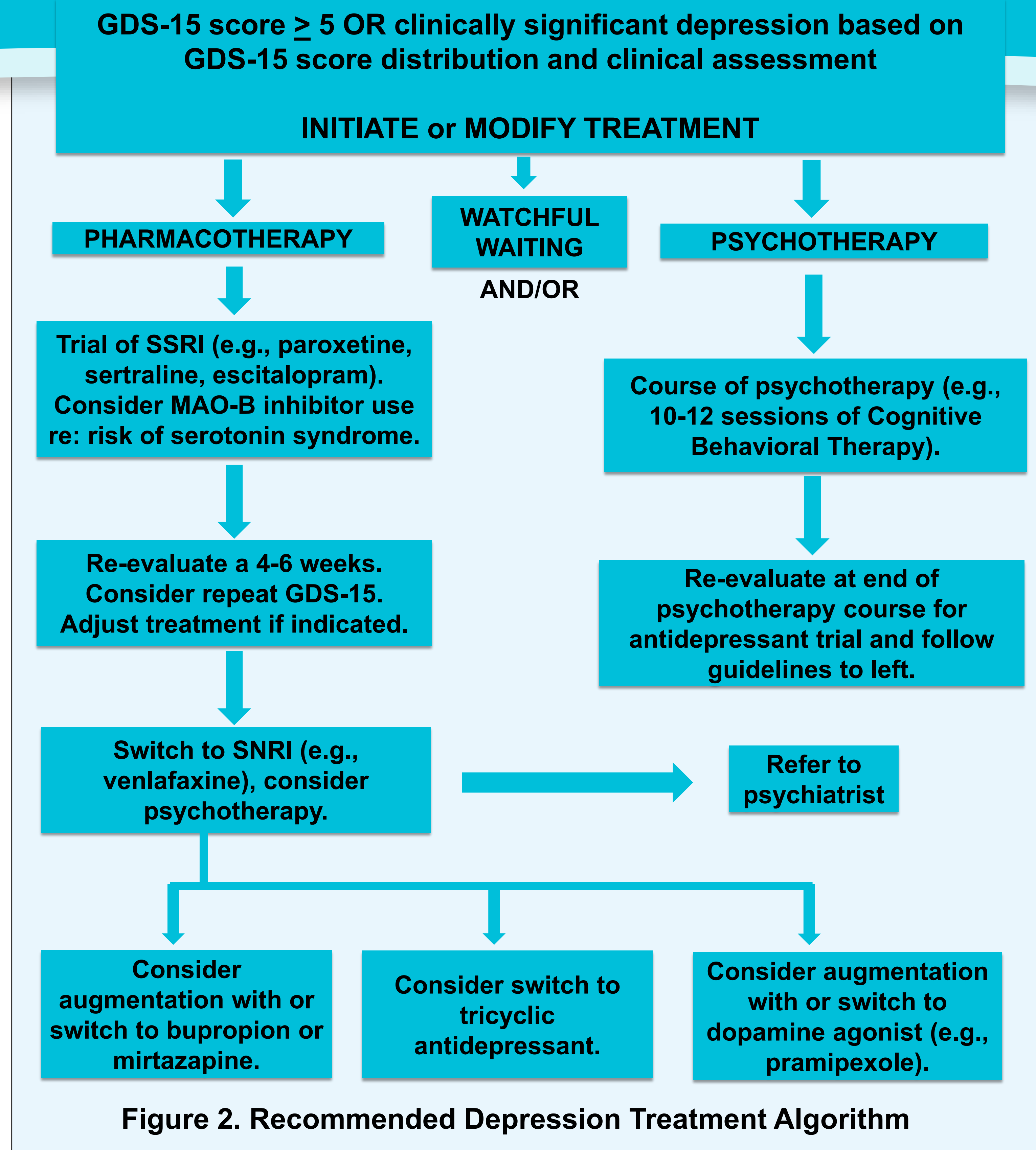


Figure 2. Recommended Depression Treatment Algorithm

RESULTS

Systematic depression screening of all PD patients was implemented using the Geriatric Depression Scale-15 (GDS-15). Clinicians were provided with a recommended treatment algorithm (Figure 2), a shared decision-making tool specific for depression (HOPE-D), and patient-facing educational resources. Implementation methods varied across sites (Figure 3). 1036 patients were screened with the GDS-15 over the implementation period. 378 (36%) of patients screened positive for depression. 64.7% of participating health care providers reported that the screening program led to a change in clinical management for at least 25% of participants. The majority (76.5%) recommended the screening program be implemented at other PF Centers of Excellence. In qualitative interviews, both patients and clinicians agreed that depression screening was highly important for people with PD, and both groups acknowledged several challenges in formal screening. The most common barriers to formal screening among 584 patients who were not formally screened with the GDS-15 were insufficient time (patient had not completed the questionnaire in advance and there was no time in the waiting room or during the visit (n=223, 38%), followed by inability of the patient to communicate by electronic means or lack of internet access (n=162, 28%) and insufficient time on the part of staff (n=138, 24%).

CONCLUSION

Implementation of systematic screening using the GDS-15 is feasible. Although it was difficult to achieve at high rates of screening, the program substantially increased the number of patients screened using a formal instrument. Ongoing follow up will examine changes in quality of life and symptoms of depression.

Figure 3. Implementation Methods Across Sites

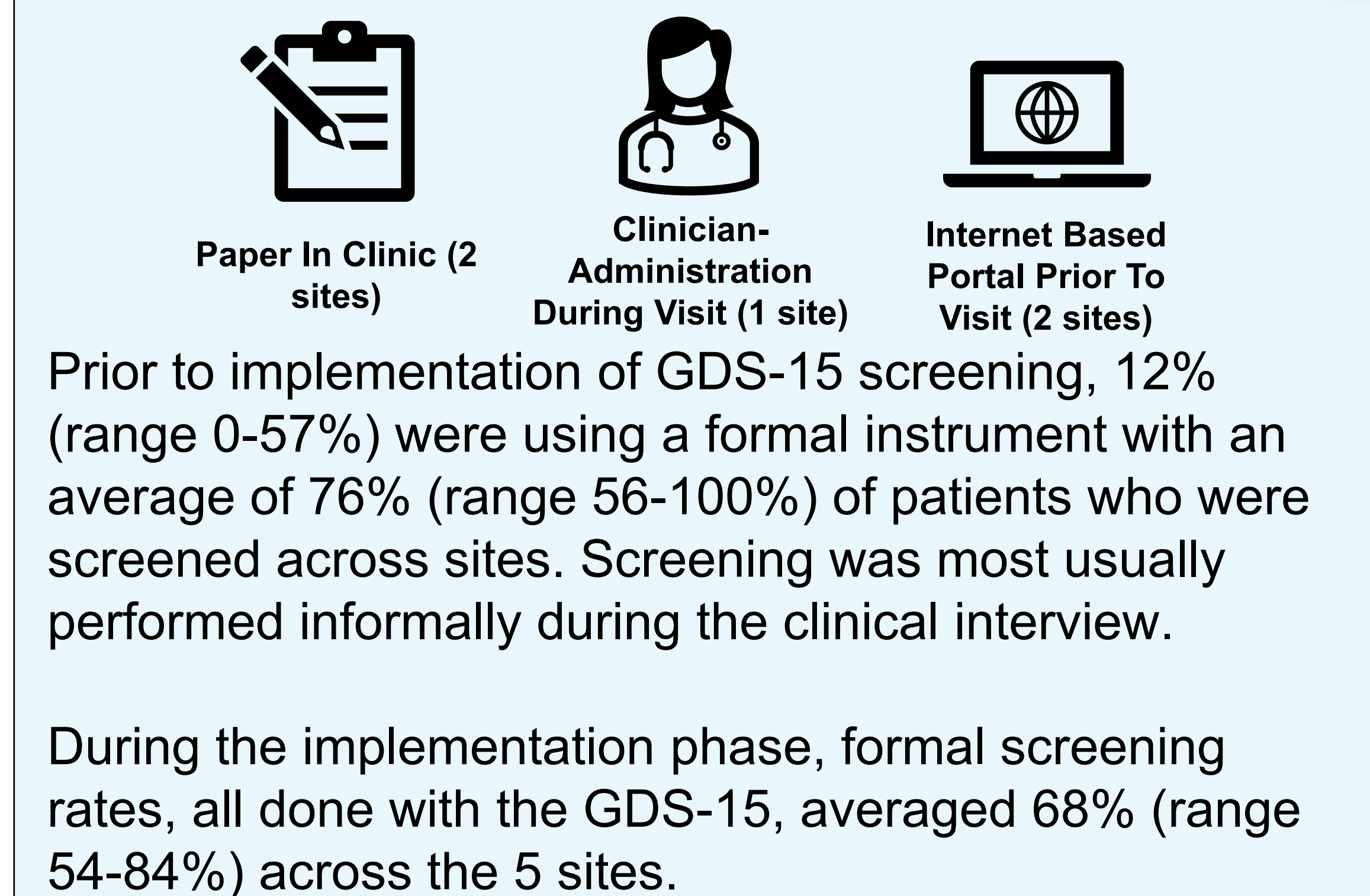


Figure 4. Eligible Participants (screen positive, GDS_≥5) and Depression Treatment

