Introduction

Major Depressive Disorder (MDD) is a mood disorder. MDD is treated with antidepressant medication and/or psychotherapy. The project investigates interventions to improve treatment of MDD, from the healthcare provider’s perspective.

Background

Depression is the leading global cause of disability. In 2018, 264 million+ have been diagnosed with depression, and ~800,000 die from depression yearly.

Risk Population:

- People who have experienced trauma
- People who have not been able to accurately recall moods and side effects of medications

Current Practice:

- To start patients on antidepressants with/without psychotherapy

Significance

Mood tracking can enhance patient-provider relationships, communication, and treatment adjustment.

Antidepressants can have many side effects, including adverse ones. Providers must consider the risk factors and closely monitor patients to prevent adverse events.

Aim

Investigate how daily log impacts:

- Providers’ treatment modality
- Provider-patient relationship
- Perceived patient activation

when compared to not logging during first 2 months of antidepressant medication

Methodology

Design:

Pre/Post Intervention-Design Quality Improvement Project Setting:

An urban mental health outpatient clinic Sample:

3 Psychiatric Mental Health Nurse Practitioners (PMHNPs)

Limits: Smaller Sample Size & Scheduling Difficulties

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Intervention:

- Recruited NPs were given a template for patient daily logs to give participating pts.
- The NPs completed three surveys: initial, pre-intervention, and post-intervention
- Initial survey: during the start of the first month
- Second survey (pre-intervention): occurred at the end of the first month
- For month two, patients completed daily logs for four weeks
- Third survey (post-intervention): final survey for NPs regarding month 2’s practice change

Outcome Measures:

- Data was analyzed using the Wilcoxon Signed-Ranks test
- Using IBM’s SPSS, p < 0.05 was considered statistically significant

Results

Pts who completed 21 days:

<table>
<thead>
<tr>
<th>#</th>
<th>Statement</th>
<th>Mean Rank</th>
<th>Z value</th>
<th>P value</th>
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<tr>
<td>1</td>
<td>“Currently, I believe that my patients are able to accurately recall moods and side effects of medications.”</td>
<td>1.5</td>
<td>0</td>
<td>-1.414</td>
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<tr>
<td>2</td>
<td>“Currently, I am able to confidently incorporate patients input into making treatment plan adjustments”</td>
<td>1.0</td>
<td>0</td>
<td>-1.000</td>
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<td>3</td>
<td>“I believe patient daily logging will make a positive difference in treatment modality”</td>
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<td>1.5</td>
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<tr>
<td>4</td>
<td>“I believe patient daily logging will make a positive effect on visit efficiency”</td>
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<td>-1.414</td>
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<td>5</td>
<td>“I believe patient daily logging will make a positive impact on patient-provider relationship”</td>
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<tr>
<td>6</td>
<td>“I believe patient daily logging will increase patient activation in care”</td>
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<td>1.5</td>
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</tr>
<tr>
<td>7</td>
<td>“I believe daily loggs of side effects and mood will positively impact my treatment modality plan in the future”</td>
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</tr>
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</table>

Implications

- Economic: This practice change has the potential to help mitigate economic and social losses caused by MDD.
- Healthcare Quality and Safety: Daily logging is geared towards improving treatment modalities and indirectly affects treatment outcomes. NPs rated a more positive impact on treatment modality.
- Policy: Results from this study may provide information for further research that will eventually provide generalizable data to influence current policies.

References