DEPRESSION, ANXIETY *and* CYSTIC FIBROSIS GUIDE FOR CF CLINICIANS

INTERNATIONAL GUIDELINES ON DEPRESSION AND ANXIETY IN CYSTIC FIBROSIS:

The Cystic Fibrosis Foundation, in collaboration with the European Cystic Fibrosis Society, developed guidelines for screening and treating depression and anxiety.[1] These guidelines provide recommendations for prevention, screening, clinical assessment, and psychological and/or pharmacological interventions (Figure 1).

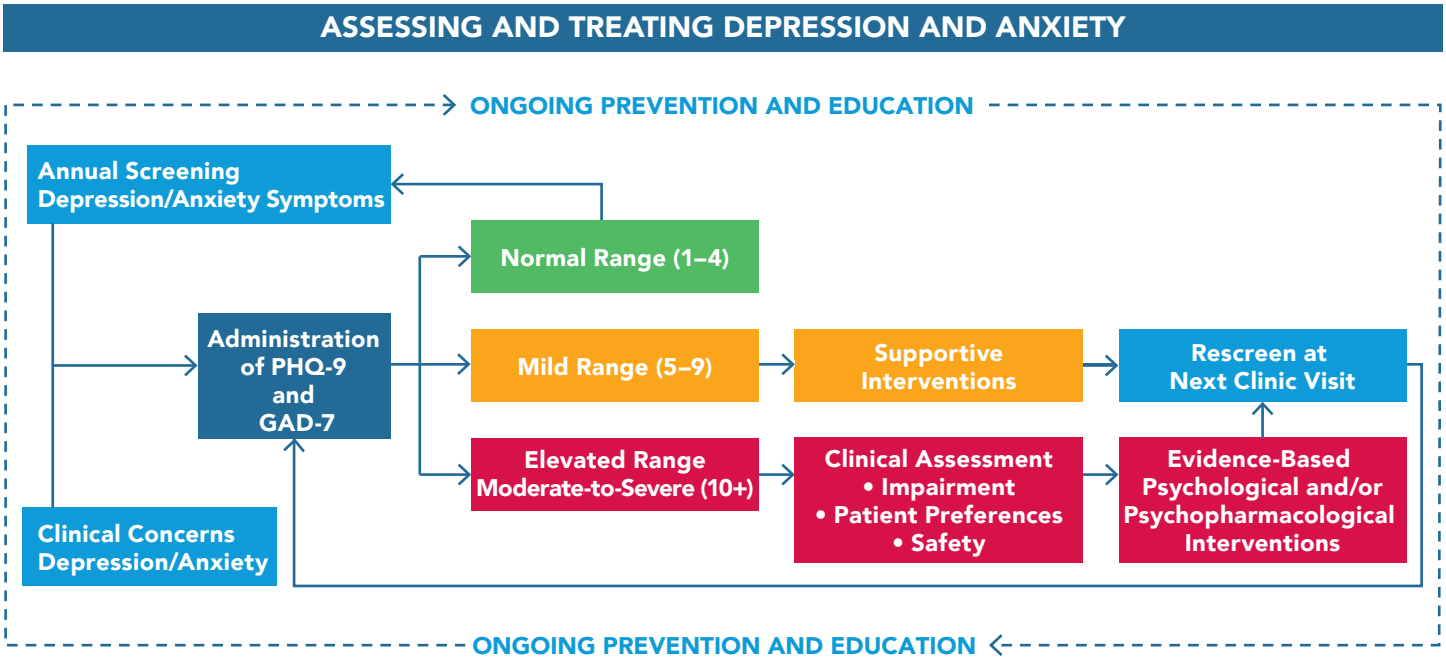

FIGURE 1. Strategy for Screening and Treating Depression and Anxiety

WHY IS SCREENING AND TREATING DEPRESSION AND ANXIETY IN CF IMPORTANT?

A study in nine countries (the TIDES study) screened over 6,000 patients with CF, ages 12 years through adulthood, and over 4,000 parents.[2] The results showed that depression and especially anxiety were elevated in patients with CF and in parents of children with CF (Figures 2 and 3). **Elevations were two to three times those reported in community samples.**

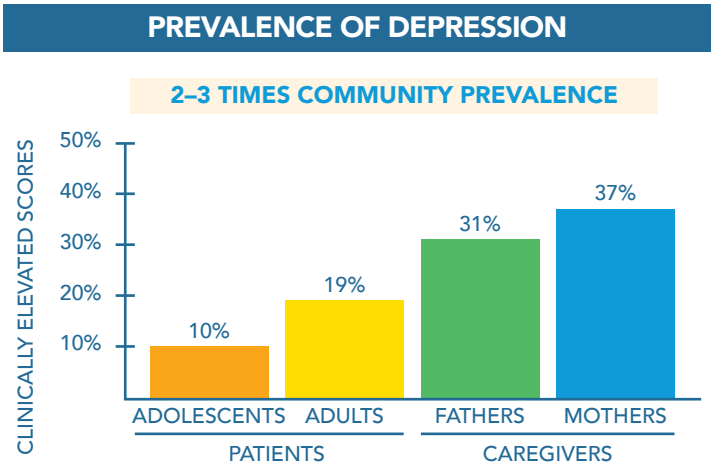

FIGURE 2. Prevalence of Depression among Individuals with CF and Parent Caregivers. **SOURCE:** Quittner et al. Thorax. 2014;69(12):1090–7

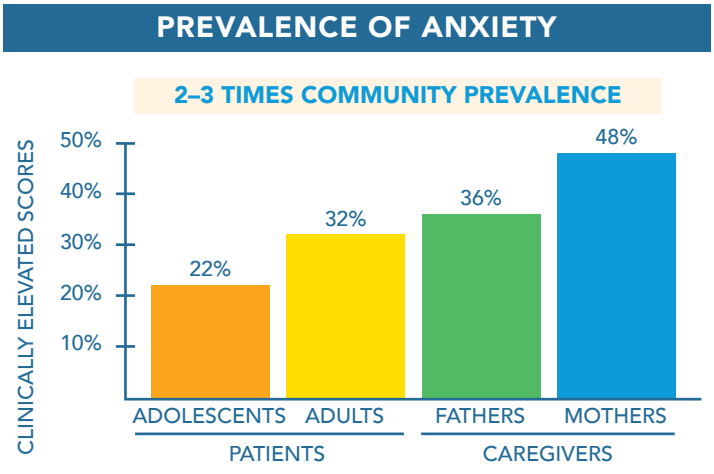

FIGURE 3. Prevalence of Anxiety among Individuals with CF and Parent Caregivers. **SOURCE:** Quittner et al. Thorax. 2014;69(12):1090–7

ESTABLISH A CARE PATHWAY:

Care and referral pathways should be established *prior* to the initiation of screening. The pathways should address each of the following items:

1. Identify the clinician(s) on the team with mental health experience.
2. Develop or use recommended educational materials that can be found in PortCF Resources and in the open access **supplementary data** section in the **guidelines paper**.
3. Develop and maintain a list of referral sources within the hospital and community.
4. Develop a plan to address suicidal ideation for patients or caregivers who screen positive for suicide risk (question 9 on the PHQ-9). The designated mental health expert on the CF team should follow up immediately to determine the severity.
   - The Columbia Suicide Severity Rating Scale (C-SSRS) can be used to evaluate this risk. A brief training in the C-SSRS, including a version of the screener and recommended triage points, can be downloaded at **cssrs.columbia.edu**.

KEY SCREENING RECOMMENDATIONS:

- CF teams must identify who will be responsible to initiate screening, coordinate care and monitor treatment effects.
- All individuals with CF ages 12 years and older should be screened annually for depression and anxiety with the **Patient Health Questionnaire PHQ-9** and **Generalized Anxiety Disorder GAD-7**.
- At least one primary caregiver of a child with CF (ages 0–17) should be offered annual screening using the PHQ-9, PHQ-8 or PHQ-2, and GAD-7 or GAD-2.

WHY THE PHQ AND GAD?

- The PHQ-9 for depression screening and GAD-7 for anxiety screening are free, brief, reliable and valid.
- They contain optimal cut-off scores for detecting psychological symptoms.
- They are available in all major languages.

Download manuals and screeners from phqscreeners.com

KEY TREATMENT RECOMMENDATIONS:

- CF teams must identify who will be responsible to initiate and coordinate care and monitor treatment effects.
- Treatment should be based on the clinical diagnosis by appropriately trained and licensed health care providers.
  - A stepped care model of clinical interventions (Figure 4) should be developed and implemented in close collaboration with patients, caregivers, the multidisciplinary team, and other treatment providers or consultants.
  - Models of health care delivery and availability of resources will differ by region, but the team member who will assess and treat mental health issues should be qualified and trained, such as a licensed social worker, psychologist, psychiatrist, or nurse practitioner, physicians assistant, or physician with additional mental health training.

    Of note: Licensure requirements vary by state within the U.S. An individual with a positive screen requires further clinical assessment prior to the initiation of or referral for treatment.
  - A positive assessment includes: identification, presence, duration, and severity of symptoms, prior history, and risk factors for depression and/or anxiety.

STEPPED CARE MODEL FOR DEPRESSION AND ANXIETY INTERVENTIONS FOR PEOPLE WITH CF:

The PHQ and GAD will identify the presence and severity of depression and anxiety. Recommended interventions are based on the severity of symptoms (Figure 4).

- Mild Depression and/or Anxiety (5–9)
  - Education about depression and/or anxiety, preventative or supportive interventions, and rescreening at the next visit.
- Moderate Depression and/or Anxiety (10–14)
  - Offer or provide a referral for psychological interventions, including cognitive behavioral therapy (CBT) and interpersonal therapy (IPT).
  - If psychological interventions are not available, declined or not fully effective, antidepressant treatment should be considered.
- Severe Depression (PHQ-9: 15+)
  - Combined psychological interventions and antidepressant pharmacotherapy
- Severe Anxiety (GAD-7: 15+)
  - Exposure-based CBT
  - If exposure-based CBT is unavailable, declined or not fully effective, antidepressant medications can be considered.

PHARMACOTHERAPY:

- Appropriate first-line selective serotonin reuptake inhibitor (SSRI) antidepressants:
  - Citalopram
  - Escitalopram
  - Sertraline
  - Fluoxetine
- Close monitoring of therapeutic effects, adverse effects, drug-drug interactions (e.g., ivacaftor, ivacaftor/lumacaftor) and medical comorbidities is recommended.
- When prescribing pharmacotherapy, consider a consult with a pharmacist for drug-drug interactions.

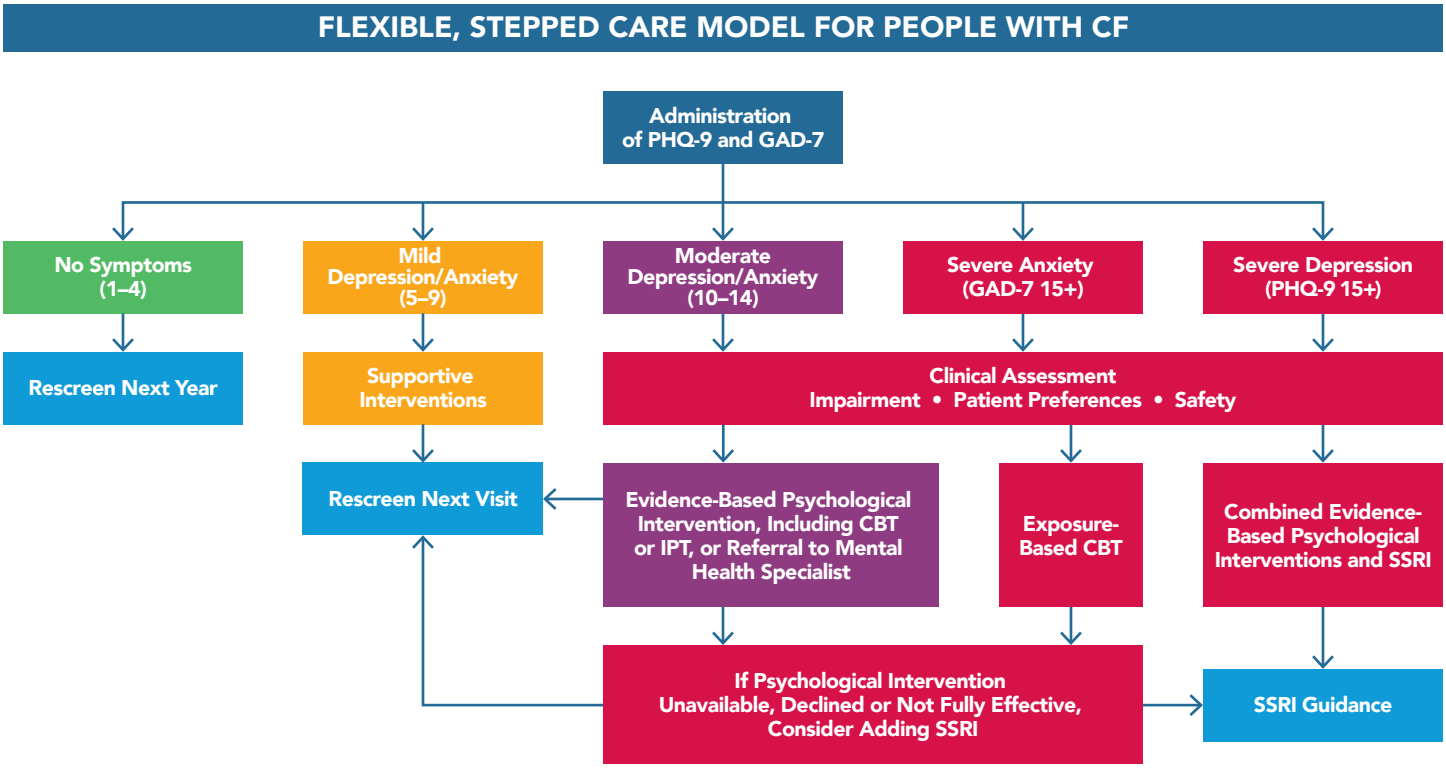

FIGURE 4. Flexible Stepped Care Model for Screening and Interventions for Individuals with CF

STEPPED CARE MODEL FOR DEPRESSION AND ANXIETY INTERVENTIONS FOR FAMILY CAREGIVERS:

- Recommended interventions for family caregivers are also based on the severity of symptoms (Figure 5).
- For *family caregivers only*, centers that do not have the resources to assess suicidality may choose to omit question 9 on the PHQ-9 that assesses self-harm.

WHAT ABOUT INSURANCE COVERAGE?

CF Foundation *Compass* is a specialized, personalized service that works through complex insurance, financial, legal and other issues that stand in the way of care and quality of life. It's free, confidential and available to anyone who needs it, regardless of their situation.

Call **844-COMPASS** (844-266-7277) or email **compass@cff.org**.

FLEXIBLE, STEPPED CARE MODEL FOR FAMILY CAREGIVERS

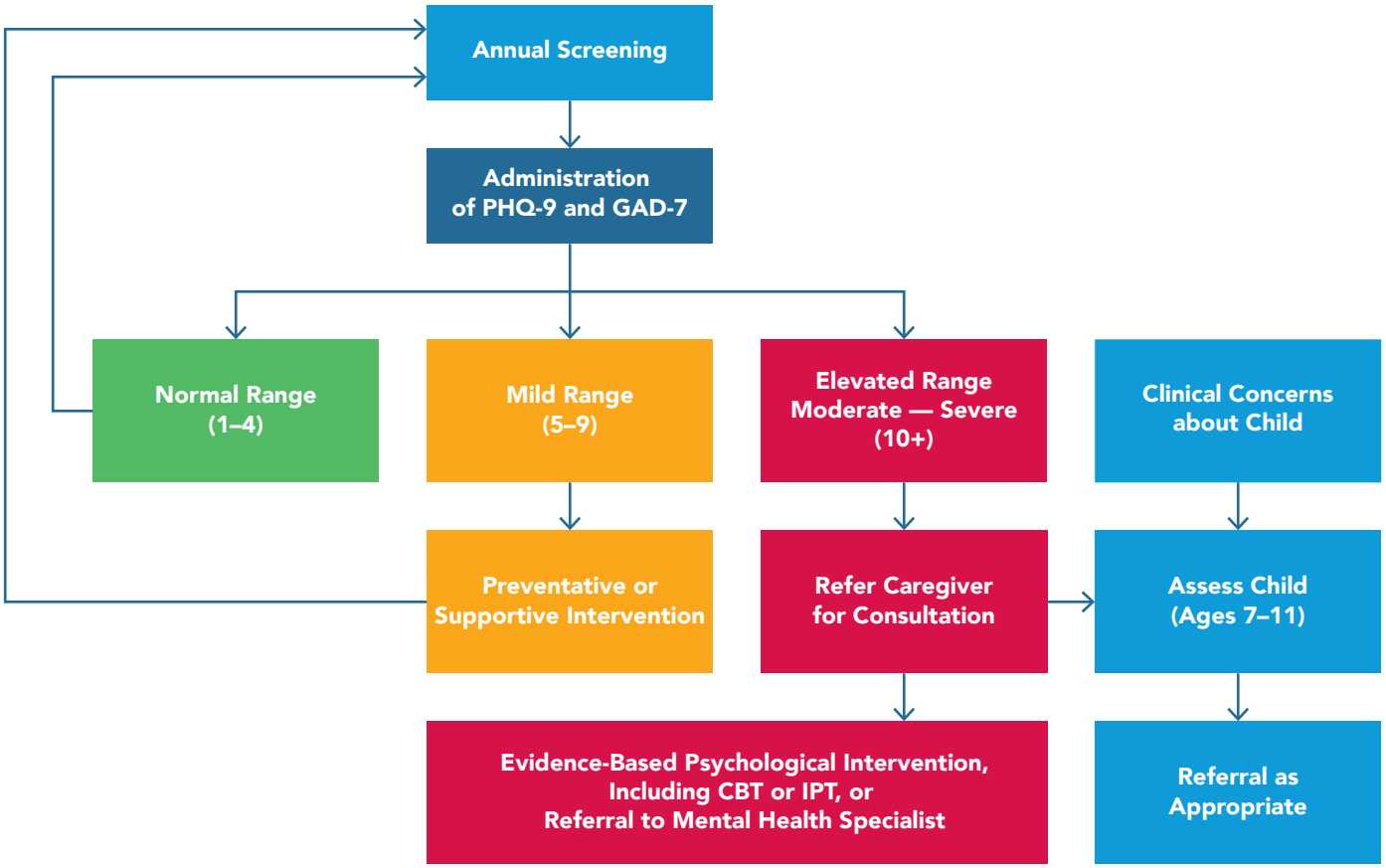

FIGURE 5. Stepped Care Flow for Family Caregivers of People with CF

For questions, call **1-800-FIGHT-CF** (800-344-4823) or email **info@cff.org**.

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References: 1. Quittner AL, Abbott J, Georgiopoulos AM, Goldbeck L, Smith B, Hempstead SE, Marshall BM, Sabadosa KA, Elborn S, and the International Committee on Mental Health. International Committee on Mental Health in Cystic Fibrosis: Cystic Fibrosis Foundation and European Cystic Fibrosis Society consensus statements for screening and treating depression and anxiety. Thorax thoraxjnl-2015-207488 Published Online First: 9 October 2015 doi:10.1136/thoraxjnl-2015-207488. **2.** Quittner AL, Goldbeck L, Abbott J, Duff A, Lambrecht P, Solé A, Tiboshc MM, Brucefors AB, Yüksel H, Catastini P, Blackwell L, Barker D. Prevalence of depression and anxiety in patients with cystic fibrosis and parent caregivers: results of The International Depression Epidemiological Study across nine countries. Thorax. 2014;69:1090-1097. doi:10.1136/thoraxjnl-2014-205983.