Beyond Burnout: a Case-based Approach to Managing Depression & Preventing Suicide

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Pharmacy Technician Learning Objectives
Upon completion of this activity, the pharmacy technician should be able to:
1. Define burnout, depression, and suicidal ideation.
2. Identify common rating scales that may be distributed to individuals at risk of burnout, major depression, or suicide.
3. Select common side effects, drug interactions, and contraindications for available antidepressants.
4. Demonstrate effective and professional communication skills with regards to educating patients and caregivers on how to take medications for depression and provide a referral to a specialist.

Pharmacist Learning Objectives
Upon completion of this activity, the pharmacist should be able to:
1. Describe the signs, symptoms, risk factors, and clinical features of burnout, depression, and suicidal ideation.
2. Utilize common rating scales to identify individuals at risk of burnout, major depression, and suicide.
3. Tailor personalized treatment plans for patients with depression by comparing and contrasting the side effects, drug interactions, warnings/precautions, contraindications, monitoring parameters, and cost for available antidepressants.
4. Evaluate evidence-based treatment strategies for treatment resistant and non-treatment resistant depression and distinguish when referral to a psychiatry specialist is warranted.

Which statement applies to you?
A. I have experienced burnout or depression multiple times in my life.
B. I have experienced burnout or depression once.
C. I have NEVER experienced burnout or depression.
D. I have felt stress in the past week.

Burnout Self-Test (15 Questions). Available at:
https://www.mindtools.com/pages/article/newTCS_08.htm
Healthcare Professional Distress

- Occupational hazard
  - Preventable!
- Depression
  - Medical disorder that can be disabling and persistent
  - Higher rates in healthcare
  - Preventable!
- Suicide
  - Ineffectiveness / lack of accomplishment

Burnout Defined

- Overwhelming Exhaustion
- Cynicism & Detachment
- Ineffectiveness / lack of accomplishment

A psychological syndrome emerging as a prolonged response to chronic stressors on the job

Chopra & Sonle. JAMA, 2004

Pharmacy = High Risk of Burnout

- 70% of pharmacists experience job stress and role overload
- High workload, constant interruptions, angry clients, importance of task (decisions involve human life)
- Chronic staffing shortages
- Heavily regulated environment
- Excessive documentation
- Inability to control requests
- Lack of positive feedback and/or focus on negative outcomes
  - (e.g., prescription errors)
- Incongruence between expertise and job components
  - (e.g., certified in disease management but performing peel-and-stick bench work)
- Inadequate pharmacy resources

Burnout in Pharmacy Warning Signs

1. Negative reactions to routine patient requests or to patients themselves
   - "How many times do I have to tell this idiot to take this with food?"
2. Sense of detachment from organizational requirements
   - "It's only a job. If they want me to waste time filling out stupid paperwork, fine."
3. Sense of feeling trapped in a job or cannot leave work at the office
   - "I would look for another job, but community pharmacies have the same problems."
4. Sense of being overwhelmed with no control over work demands
   - Start orders are not the exception; mandatory overtime is assigned.
5. Engaging in work that violates your sense of obligations or values
   - "I should be counseling patients, but I can't do this."
6. Withdrawal and isolation from co-workers and/or increased irritability with others
   - "Do these turkeys really think I want to have lunch with them?"
7. Extreme frustration when things at the pharmacy
   - Delivering monotonous, well-rehearsed patient counseling
8. Chronic emotional or physical exhaustion
   - "If I could, I would retire tomorrow."
9. Dreading or constantly looking for reasons to escape work
   - "Another day with the job from hell."
10. Minimizing one's effectiveness or feeling unappreciated
    - "(Peel) and static push pills that's all we do around here."

Time Allocation: Goal vs Reality

Healthcare Workers
Actual Time Allocation

Balanced Time=IDEAL

WORK

Mindfulness Exercise - 2 minutes
1. Work in teams of 2 or 3
2. One person per team speaks while the other listens for understanding
3. Listener: if you have a thought while listening, let it go and immerse yourself back into listening

Overcoming Burnout
- Realistic recognition (overcoming denial)
- Exercise, sleep, nutrition
- Take breaks
- “Okay” is “good enough”
- Get a dog
- Find a way to unshackle yourself from technology
- Supportive professional relationships

Balancing Time
- Talking things out with others
- Group activities and rewards/recognitions
- Hobbies outside work
- Personal relationships
- Boundaries – learn to say “no thanks”
- Humor
- Mentor someone

What is Depression?
- Serious medical condition
  - Affects thoughts, moods, feelings, behavior, and physical health
- Major Depressive Disorder – most common type
  - Can be long lasting
  - Get in the way of one’s ability to work, study, sleep, eat
- Characterized by a persistent, diminished ability to experience pleasure
The Depression “Stigma”
- We all get depressed
- Depressed people are weak-willed
- Depressed people should “get over it”
- You are “crazy” if you take antidepressants
- If you ask about suicide the person will attempt it
- Antidepressants are addictive
- Antidepressants will make you homicidal or suicidal

Clinical Presentation
SIG E CAPS
- Sleep changes (insomnia or hypersomnia)
- Interest, loss of (anhedonia)
- Guilt (excessive)
- Energy (changes in, decreased)
- Concentration (impaired)
- Appetite changes (anorexia or hyperphagia)
- Psychomotor agitation or retardation
- Suicidal ideation

DSM-5 Criteria
- **Major Depressive Disorder (MDD)**
  - Diagnostic criteria include presence of **at least 5 symptoms, for at least 2 consecutive weeks**
  - Symptoms are displayed **most of day** and cause clinically **significant distress** or **impairment** in social, occupational, or other important areas of functioning
- **Persistent Depressive Disorder (aka: Dysthymia)**
  - Chronically depressed mood of at least a two year duration
  - “Low-lying depression”
Depression versus Grief

- Grief after a major loss is expected
- Functional impairment in grief usually short lived
- Sadness waxes and wanes
  - Prolonged, persistent sadness, especially coupled with hopelessness, guilt, thoughts of death suggest a depressive illness has developed

Depression Pharmacotherapy

Acknowledgement: Felicia Vielbaum, PCSP
2019 PharmD Candidate – Created Antidepressant Handout

2 Minute Activity Break:
Identify disease states and medications that may contribute to depression.

DISEASE STATE | MEDICATION
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Antidepressants*

- Selective serotonin reuptake inhibitors (SSRIs)
- Selective serotonin-norepinephrine reuptake inhibitors (SNRIs)
- Tricyclic Antidepressants (TCAs)
- Monoamine oxidase inhibitors (MAOIs)
- Miscellaneous agents or “Atypicals”
  - Bupropion
  - Nefazodone/Trazodone
  - Vilazodone
  - Mirtazapine
  - Vortioxetine

*Refer to Antidepressant Handout*
Factors Influencing Antidepressant Medication Selection

- Patient preference
- Drug interactions
- Previous response
- / or Psychiatric Comorbidities

Goals of Treatment

1. Reduce symptoms of acute depression
2. Facilitate return to baseline level of functioning
3. Prevent further episodes of depression

- Response
  - 50% decrease in symptoms from baseline
- Remission
  - Absence of depressive symptoms
- Recovery
  - Maintenance phase, following one year of therapy

Response to Antidepressants

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Increased agitation/anxiety</th>
<th>Increased activity, sex drive</th>
<th>Relief of depressed mood</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Few Days</td>
<td>Improvement in insomnia, sleep</td>
<td>Self-care habits improve</td>
<td>Begin to experience pleasure</td>
</tr>
<tr>
<td>One to Three Weeks</td>
<td>Appetite improves</td>
<td>Concentration and memory normalize</td>
<td>Feel less hopeless</td>
</tr>
<tr>
<td>Two to Four Weeks (Up to 8 Weeks)</td>
<td>Sleeping and eating patterns normalize</td>
<td>Thoughts of suicide subside</td>
<td>Delayed improvement in mood may contribute to suicide!</td>
</tr>
</tbody>
</table>

Learning Activity: PHQ-2

DOWNLOAD THE PHQ-2 AT: HTTP://WWW.CQAIMH.ORG/PDF/TOOL_PHQ2.PDF
THIS ACTIVITY SHOULD TAKE 1 MINUTE TO COMPLETE.
I have known someone who died by suicide.

A. YES  
B. NO

Suicide Facts
- 10th leading cause of death in US
- 8 million adults reported suicidal thoughts in past year
- 2.5 million created a plan for suicide in past year
- 1.1 million attempted suicide in past year
- ~16% of 9th to 12th grade students reported seriously considering suicide and 7.8% attempted suicide at least once in past 12 months

Kevin Hines – Golden Gate Bridge Survivor  
https://www.youtube.com/watch?v=WcSUs9iZv-g

Suicide Risk Factors & Warning Signs

RISK FACTORS
- IS PATH WARM
- Ideation
- Substance abuse
- Purposelessness
- Anxiety
- Trapped (feelings of no way out)
- Hopelessness
- Withdrawal
- Anger
- Recklessness
- Mood change (dramatic)

WARNING SIGNS
- Suicidal talk
- Preoccupation with death and dying
- Signs of depression
  - Anhedonia
  - Sleep/appetite changes
- Behavioral changes
- Giving away possessions and making arrangements to take care of unfinished business
- Taking excessive risks
- Increased drug use

Suicidal Patient

MYTH: "Talking about suicide can put the idea in one’s head"

Do not fear discussion of serious subject!

Questions to ask:
- Have you made a plan for killing yourself?
- How seriously are you thinking about it?
- What is stopping you from killing yourself?
- Do you have weapons in your home?
- What kind of emotional support system do you have?

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

RPh Bobby Burns

- Bobby Burns is a recent pharmacy school graduate and a licensed Pharmacist in SC. He has been working at a high volume chain retail pharmacy for 2 years. He works 4 to 7 days each week, 10 to 14 hours each shift. He often skips lunch or eats briefly while working (candy bar with a soda).

- He complains of being “so sick and tired of dealing with these idiot patients who do not understand their own insurance” and often states “I don’t have time to give another flu shot because I have too much work to do.”

- What is Bobby Burns experiencing?

RPh Bobby Burns

- Bobby continues to experience burnout over the next 2 months and is diagnosed with insomnia. He lost 15 pounds (unintentionally) and has been unable to focus on his work. It takes him twice as long to check a prescription and he often forgets to counsel patients (or counsels the wrong patient). He regrets losing touch with his friends from pharmacy school, and he no longer enjoys playing tennis (which he played throughout college). He appears hopeless and no longer smiles.

- When questioned about his attitude, Bobby states “I really hate what I do and hope I die in a car crash on my way to work tomorrow.”

- Joy, the lead technician, expresses concern about Bobby’s behaviors over the past few weeks and encourages him to take some time off and seek treatment.

RPh Bobby Burns - Evaluation

- Does Bobby meet the diagnostic criteria for Major Depressive Disorder?

- What else should we be concerned about with Bobby?

- What can we do?
Medication Evaluation

- Bobby was prescribed an escitalopram 10 mg PO once daily 4 weeks ago and started going to group therapy sessions for depression twice a week. His PHQ-9 score has decreased from 24 (severe) to 16 (moderately severe).

- Does Bobby meet the criteria for treatment response to escitalopram?

- What is the next best step in Bobby’s management of depression?

Depression – Treatment Strategies

- First-line: SSRI, SNRI, bupropion, mirtazapine
- Second-line:
  - Non-responsive – switch to another medication above
  - Partial response – augment with SSRI, SNRI, bupropion, mirtazapine, SGA (aripiprazole, brexipiprazole, olanzapine, quetiapine), psychotherapy
- Third-line:
  - Switch to different MoA (list above or TCA) OR augment with antidepressant (with different MoA) or lithium or T3
- Treatment resistance: MAOI or ECT
- Adequate trial
  - 4-8 (up to 12) weeks of medication at sufficient dose
  - Maximum dose tried?

Mental Health Resources

- National Suicide Prevention Lifeline #1-800-273-8255
- American Foundation for Suicide Prevention www.afsp.org
- National Alliance on Mental Illness (NAMI)
  - HelpLine #1-800-950-NAMI (6264)
- NAMI Depression Information Resources
  - http://www.nami.org/Learn-More/Mental-Health-Conditions/Depression

Summary

- Burnout among pharmacy personnel is prevalent, but it can be prevented.
- Depression is a serious medical illness that should not be ignored and response to depression treatment may be assessed with validated rating scales such as the PHQ.
- Pharmacists have an opportunity to provide patient education about antidepressants and may assist providers with selecting appropriate alternative agents when needed.
- Suicide is a serious public health problem that has affected the lives of millions, and it can be prevented.