

Improving Management of Mood Disorders Through an Online Interactive Patient Case Challenge

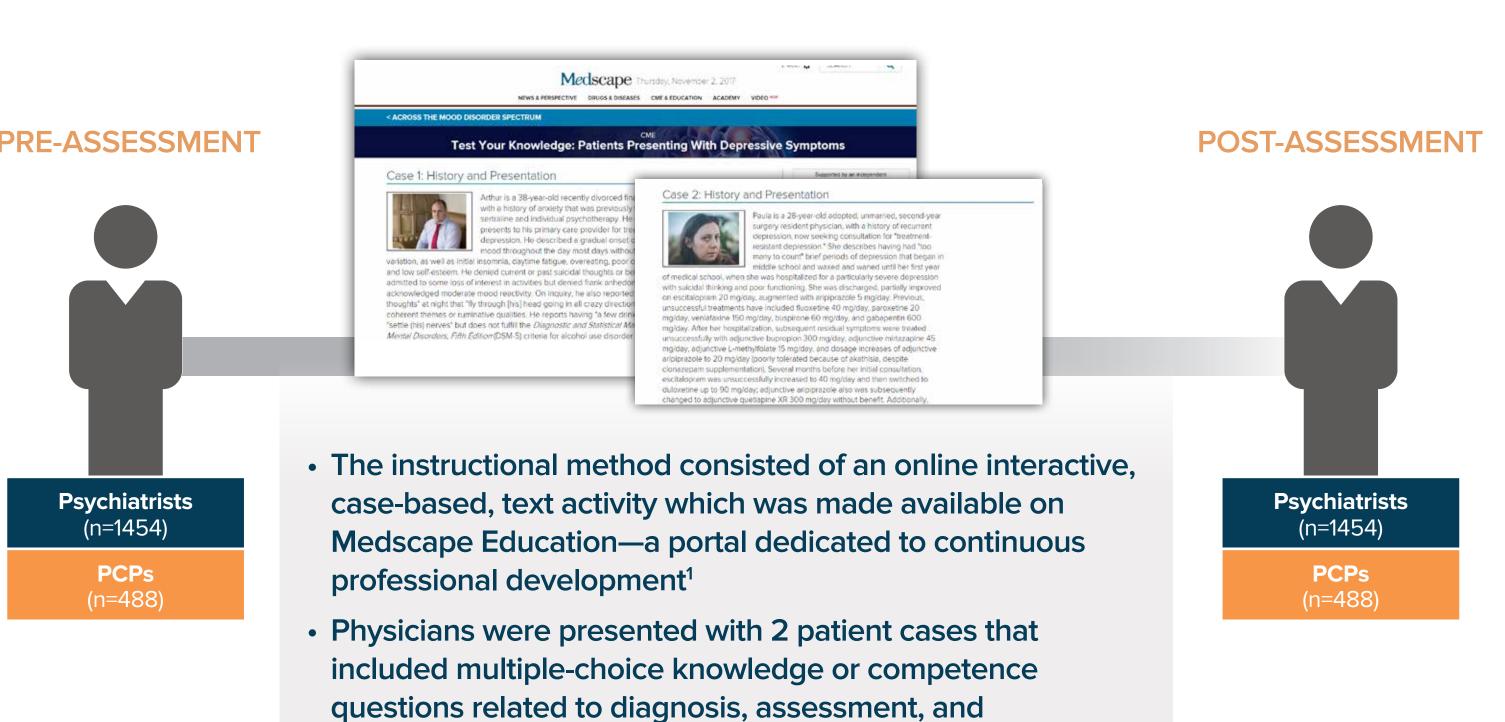
JOVANA LUBARDA, PHD, PIYALI CHATTERJEE, Medscape LLC, New York, NY JOSEPH F. GOLDBERG, MD, Clinical Professor of Psychiatry, Icahn School of Medicine at Mount Sinai, New York, NY

BACKGROUND

The purpose of this study was to determine if online continuing medical education (CME) could improve knowledge, competence, and confidence of psychiatrists and primary care physicians (PCPs) in evaluating and managing patients with major depressive disorder (MDD) and co-occurring hypomanic/manic features.



METHODS

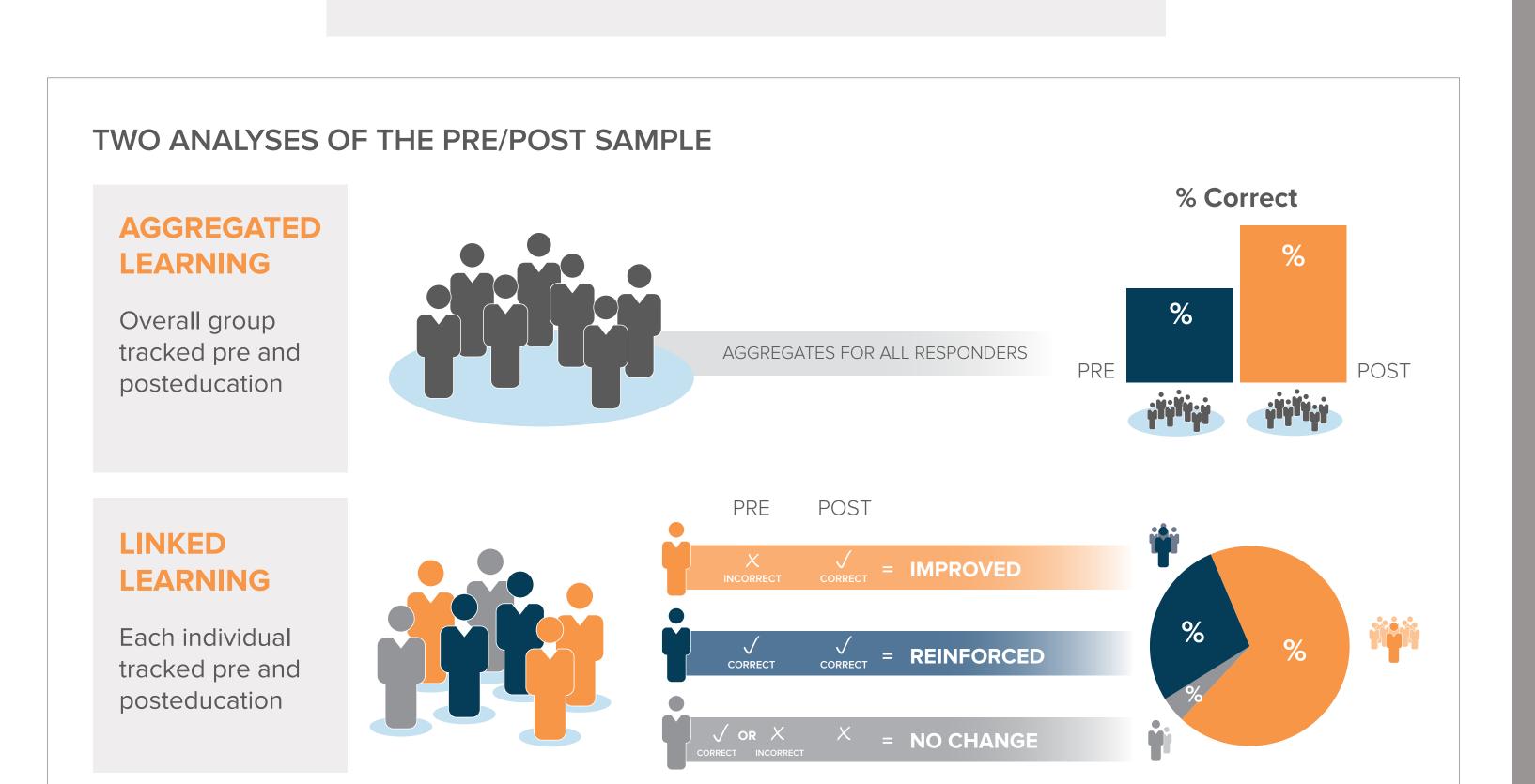


management of various presentations of MDD

• Educational design included a "test, then teach" approach

to elicit cognitive dissonance, with evidence-based

feedback provided following each learner response



Survey data were collected from December 8, 2016, to January 24, 2017.

RESULTS

Data set included responses from 1454 psychiatrists and 488 PCPs who completed all assessment questions during the study period

PSYCHIATRISTS

- Knowledge/competence improved (P <.001; V=0.54; large educational effect) following participation in the CME activity
- Largest increases were seen on accurate differentiation between possible signs of mania and depression, accurate diagnosis of bipolar depression, and ability to select treatments for MDD with mixed features [Figure 1; Figure 2]
- 20% reported being more confident in their ability to select treatments for various presentations of mood disorders [Figure 4]

PCPS

- Knowledge/competence improved (P < .001; V=0.49; large educational effect) following participation in the CME activity
- Largest increases were seen on accurate differentiation between possible signs of mania and depression, accurate diagnosis of bipolar depression, and ability to select treatments for MDD with mixed features [Figure 1; Figure 3]
- 24% reported being more confident in their ability to select treatments for various presentations of mood disorders [Figure 4]

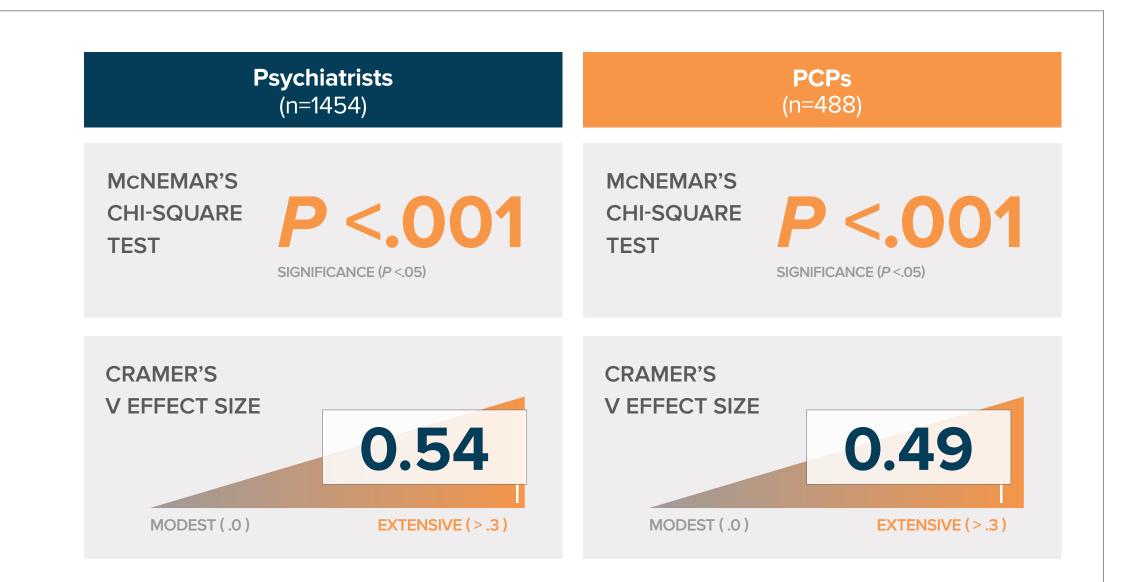


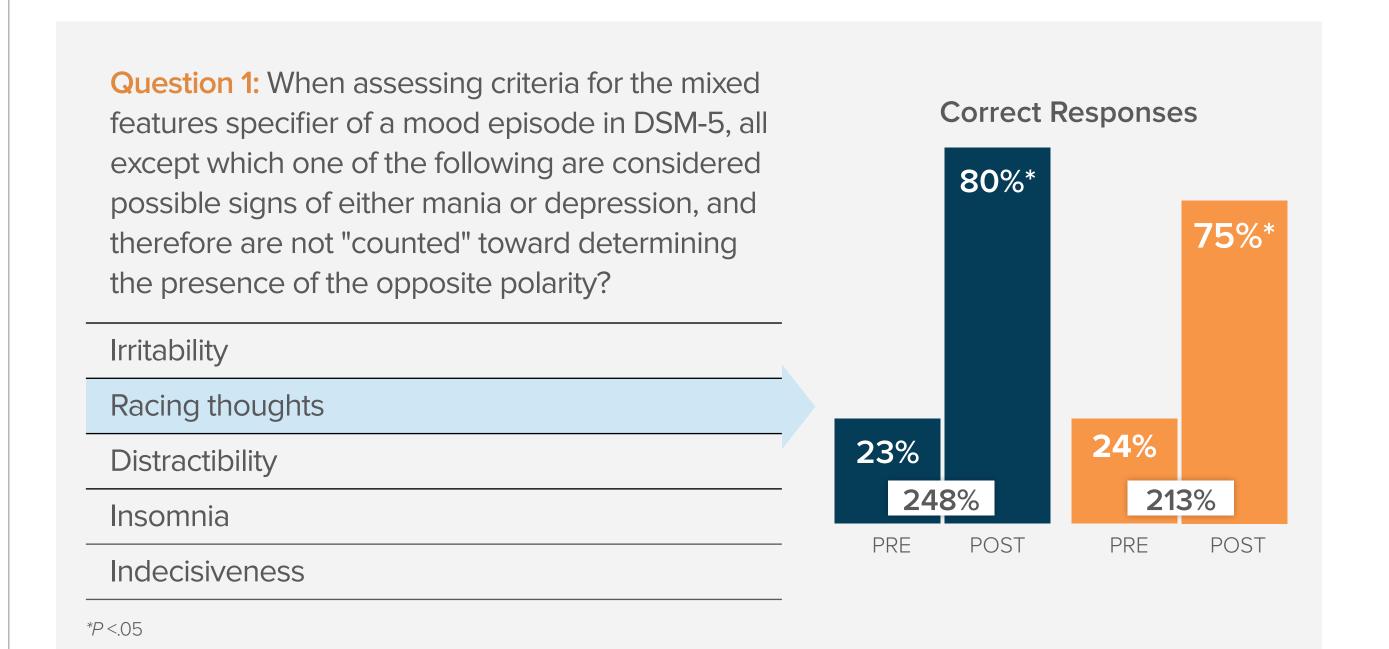
FIGURE 1

Patient Cases and Survey Assessment Questions (correct answer is highlighted where applicable)

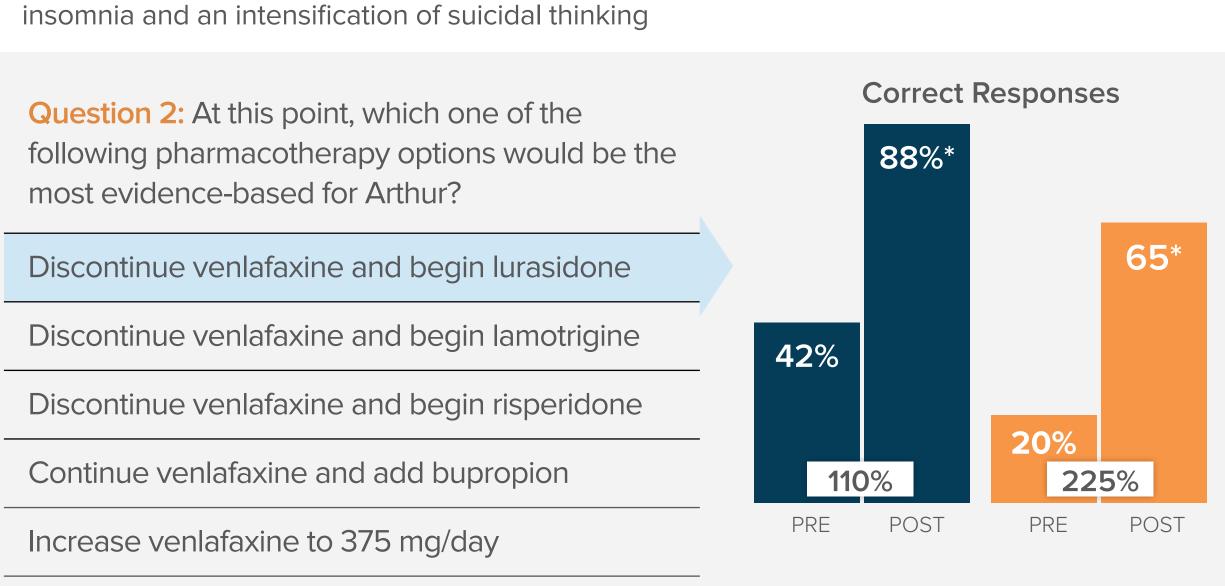
CASE 1. HISTORY AND PRESENTATION
 Arthur is a 38-year-old, recently divorced financial advisor with a history

of anxiety
 He now presents to his primary care provider for treatment
 of depression and describes a gradual onset of depressed mood
 throughout the day, as well as initial insomnia, daytime fatigue, overeating,

poor concentration, low self-esteem, and "fast thoughts" at night

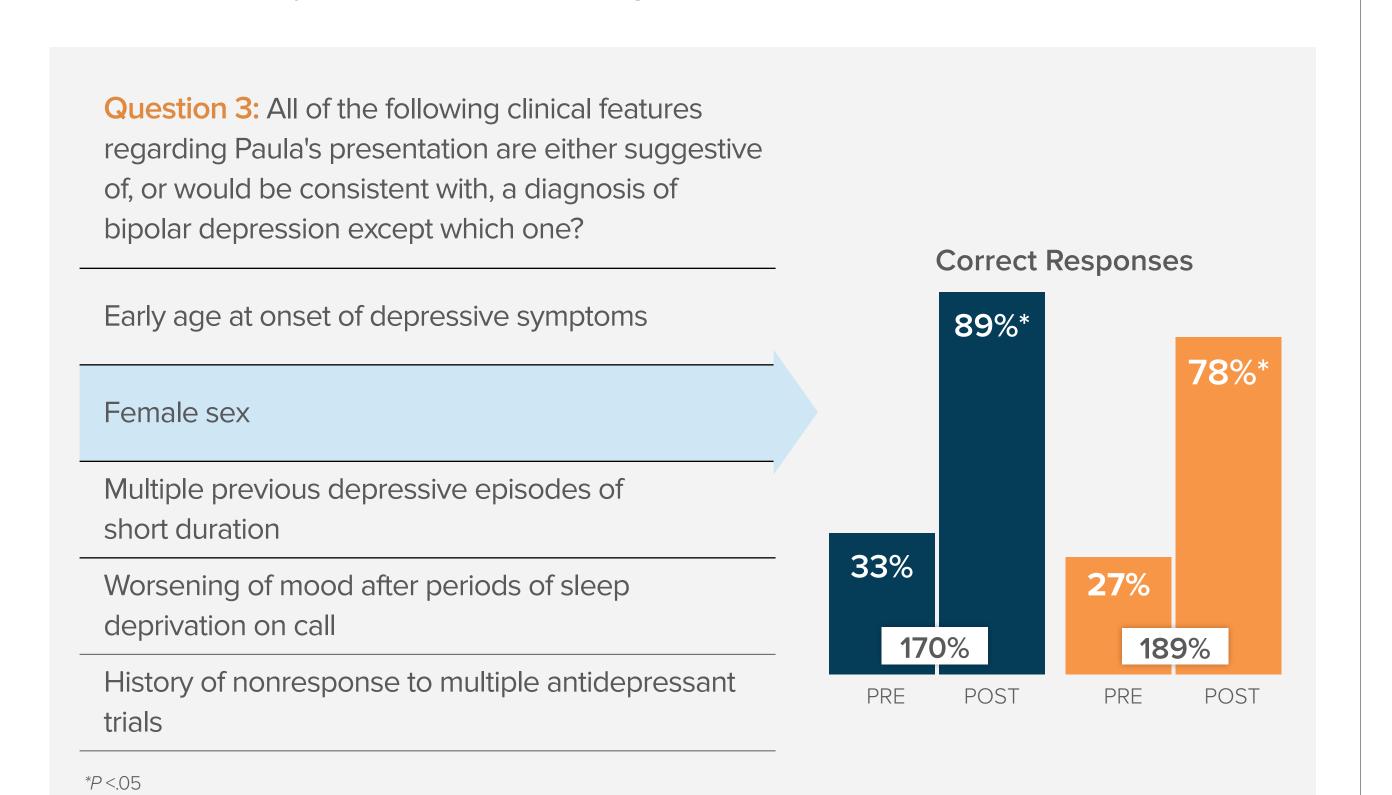


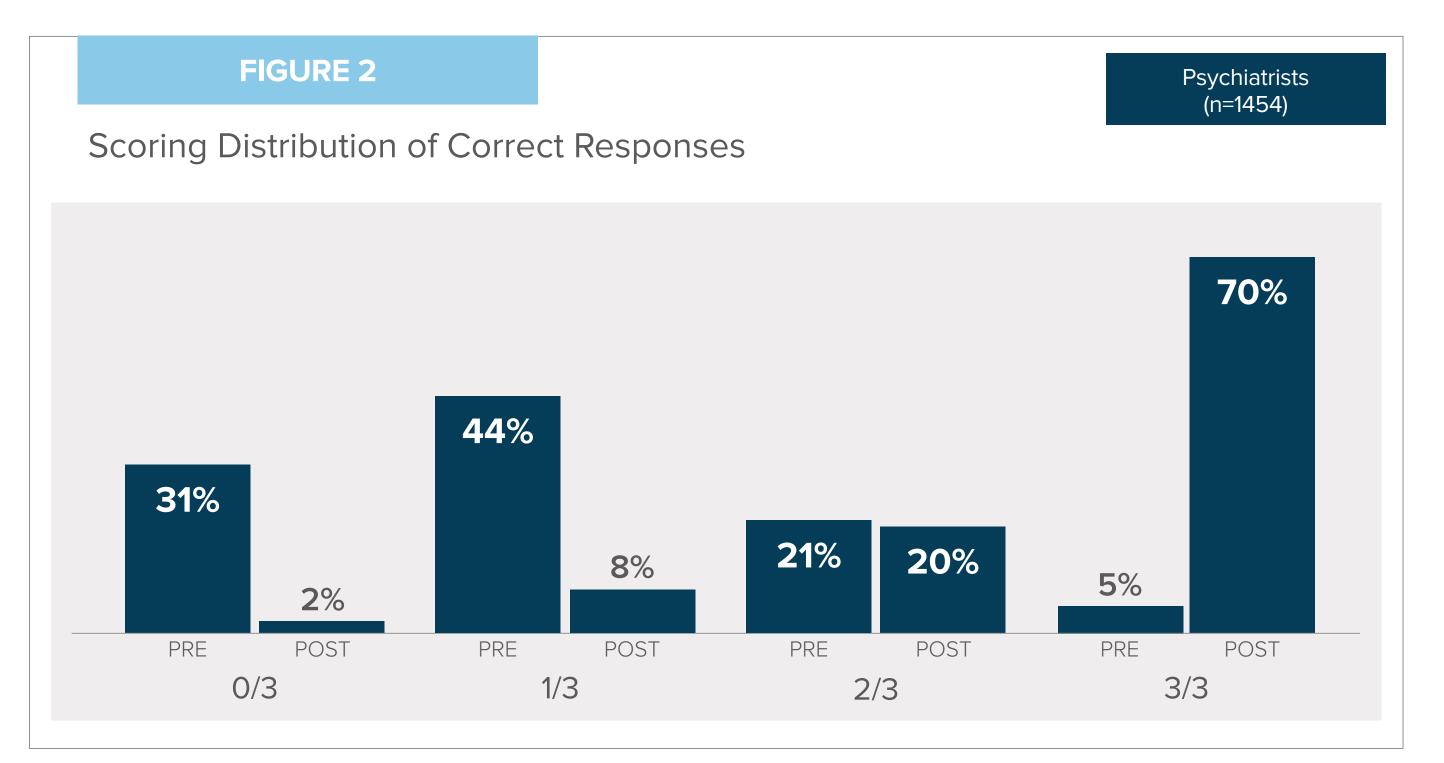
- Arthur is treated with venlafaxine 75 mg/day
- After two weeks, he reports no improvement in depressed mood but worsening

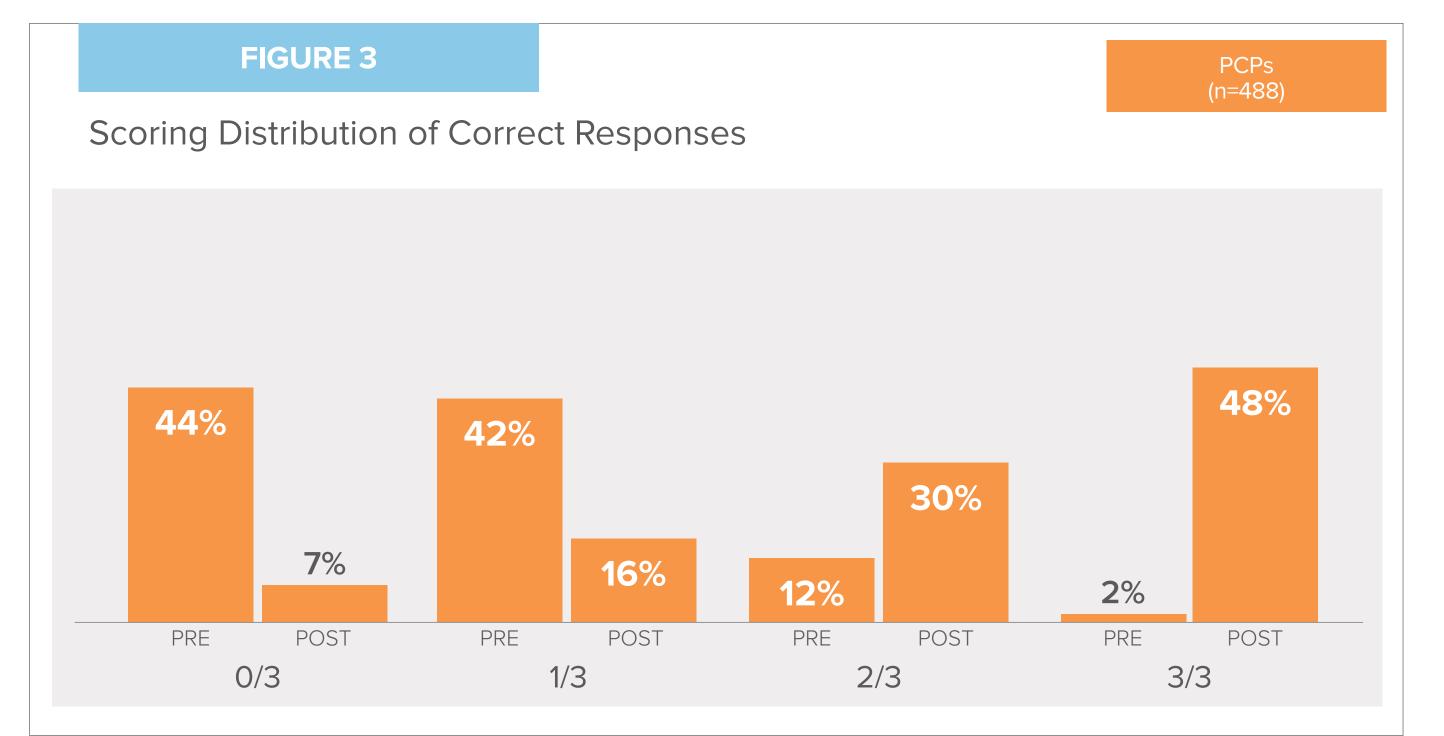


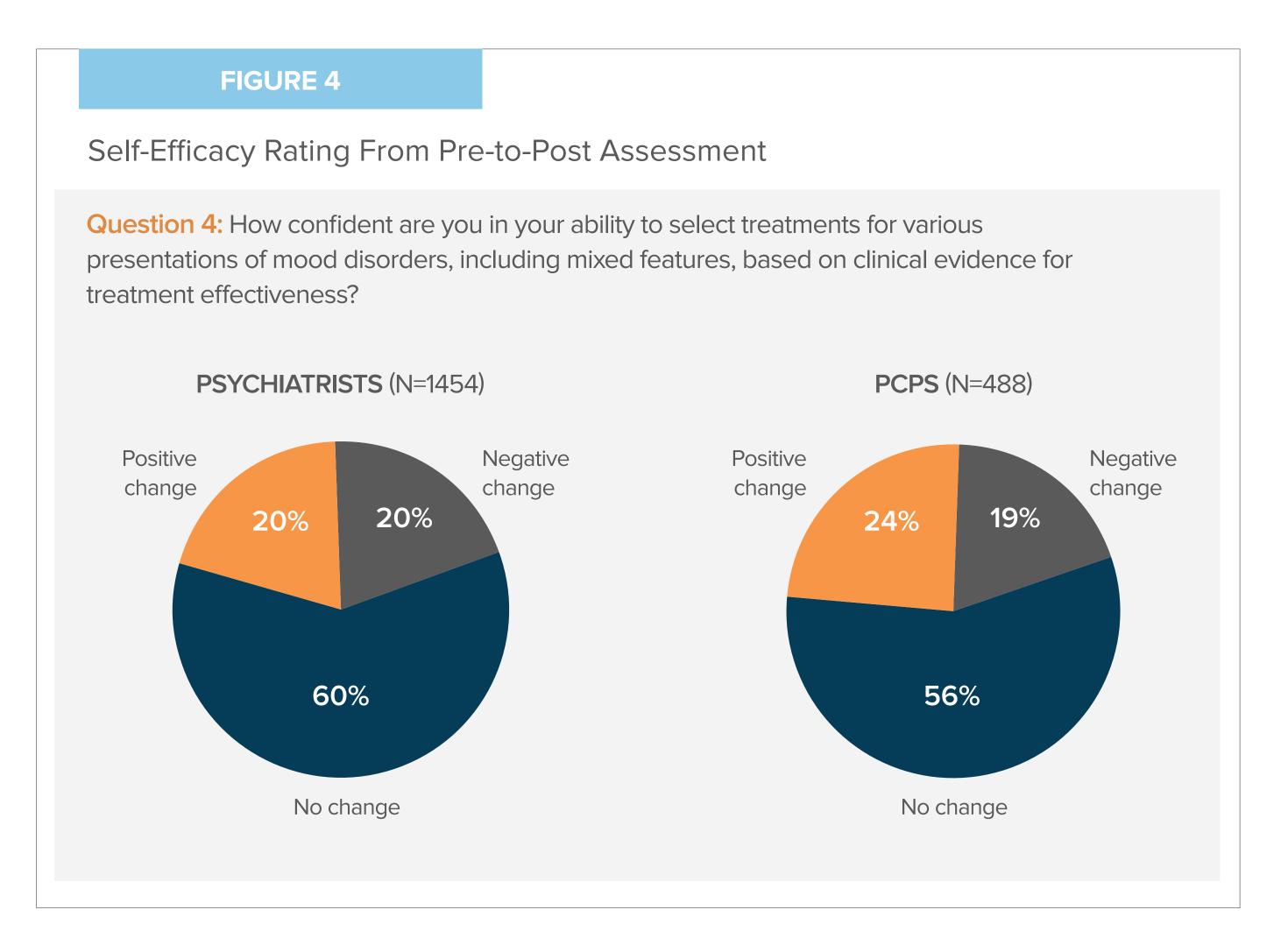
Paula is a 28-year-old second-year surgery resident physician with a history of recurrent depression, now seeking consultation for "treatment-resistant depression" Previous, unsuccessful treatments have included fluoxetine, paroxetine, venlafaxine, buspirone, gabapentin, bupropion, mirtazapine, escitalopram, duloxetine, adjunctive aripiprazole, and adjunctive quetiapine On mental status exam, mood was depressed and affect was bland, with diminished range and responsivity and passive suicidal thoughts; no delusions or hallucinations

CASE 2. HISTORY AND PRESENTATION









CONCLUSION

Online CME in a clinically relevant, interactive case-based format can improve knowledge, competence, and confidence in management of various presentations of mood disorders and better equip physicians to recognize key features, accurately diagnose, and treat the complex spectrum of the patient population.

ACKNOWLEDGMENTS

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For more information, contact Jovana Lubarda, PhD, Director, Clinical & Educational Strategy, Medscape, LLC ilubarda@medscape.net.

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Reference

 Goldberg JF. Test Your Knowledge: Patients Presenting With Depressive Symptoms. December 8, 2016. http://www.medscape.org/viewarticle/870715_2. Accessed September 21, 2017.

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