

# Quality Outcomes of Alternative Therapies for Treating Depression

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## Background

- In 2020, major depressive disorder (MDD) affected an estimated 21.0 million adults (~8.4%) in the U.S.
- Many evidence-based therapies are used to treat MDD. These include medications, psychotherapy, exercise, light therapy, alternative non-allopathic approaches, nutrition, and brain modulation therapies.
- When these modalities fail, patients experience what is known as treatment resistant depression (TRD), often escalating into more significant comorbid situations such as substance abuse, chronic physical illnesses, and even suicide.
- Various brain modulation therapies, such as Electroconvulsive Therapy, Transcranial Magnetic Stimulation, and Spravato are available treatment options for patients suffering from TRD and MDD.

## Purpose

- The St. Joseph Hospital comprehensive center (NETS Dept.) provides care utilizing alternative and brain modulation therapies for treatment of TRD and severe MDD.
- Nurses in collaboration with providers complete a comprehensive intake process. Evidence-based assessments assist in guiding therapeutic management of the patient.
- The purpose of this project was to add the Psychological General Well-being Index (PGWBI) as a standard assessment to the previously utilized Patient Health Questionnaire (PHQ-9) and evaluate the changes in the scores pre, during, and post treatment. This data will be used to inform future opportunities to optimize and individualize care for this population.

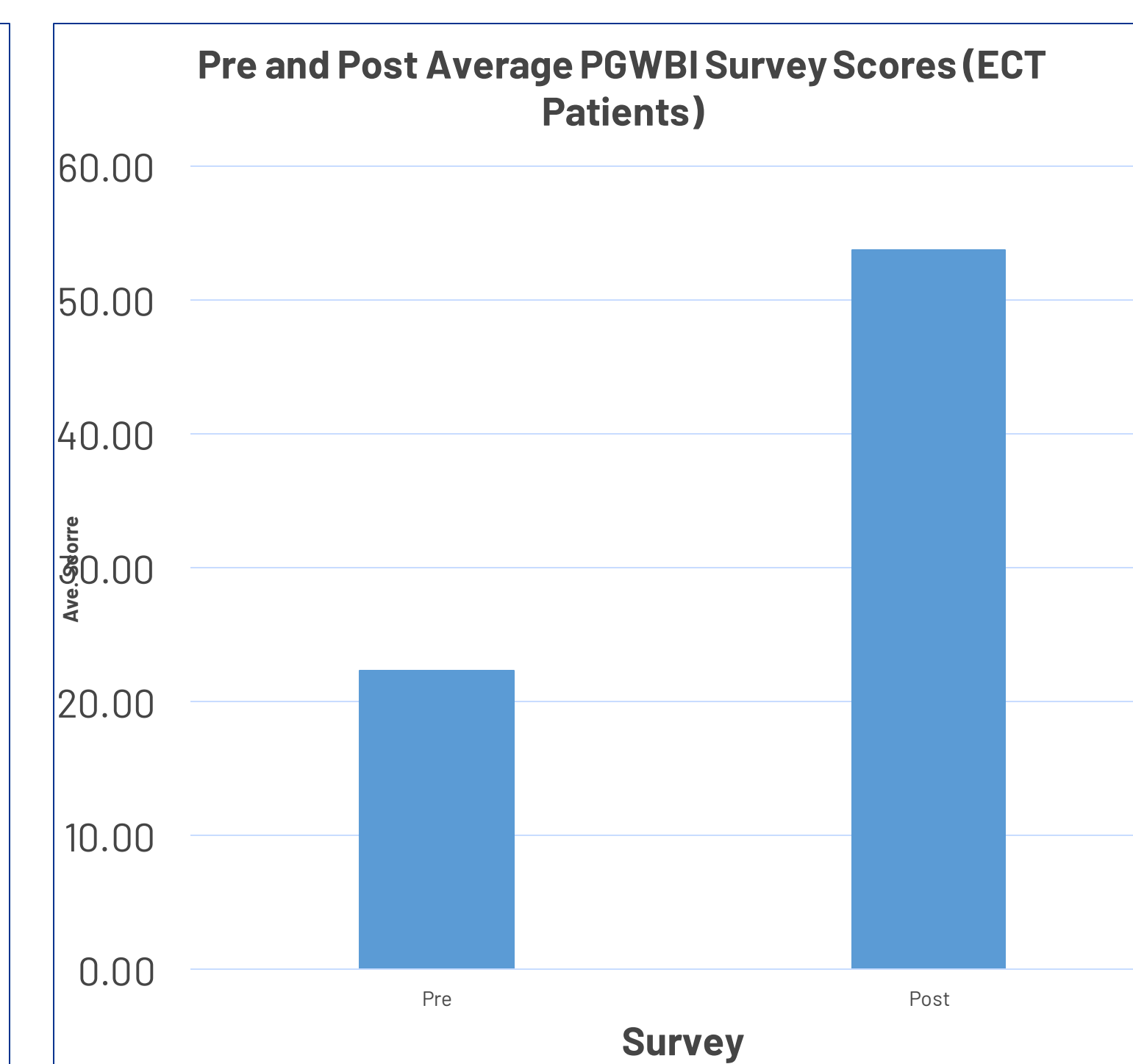
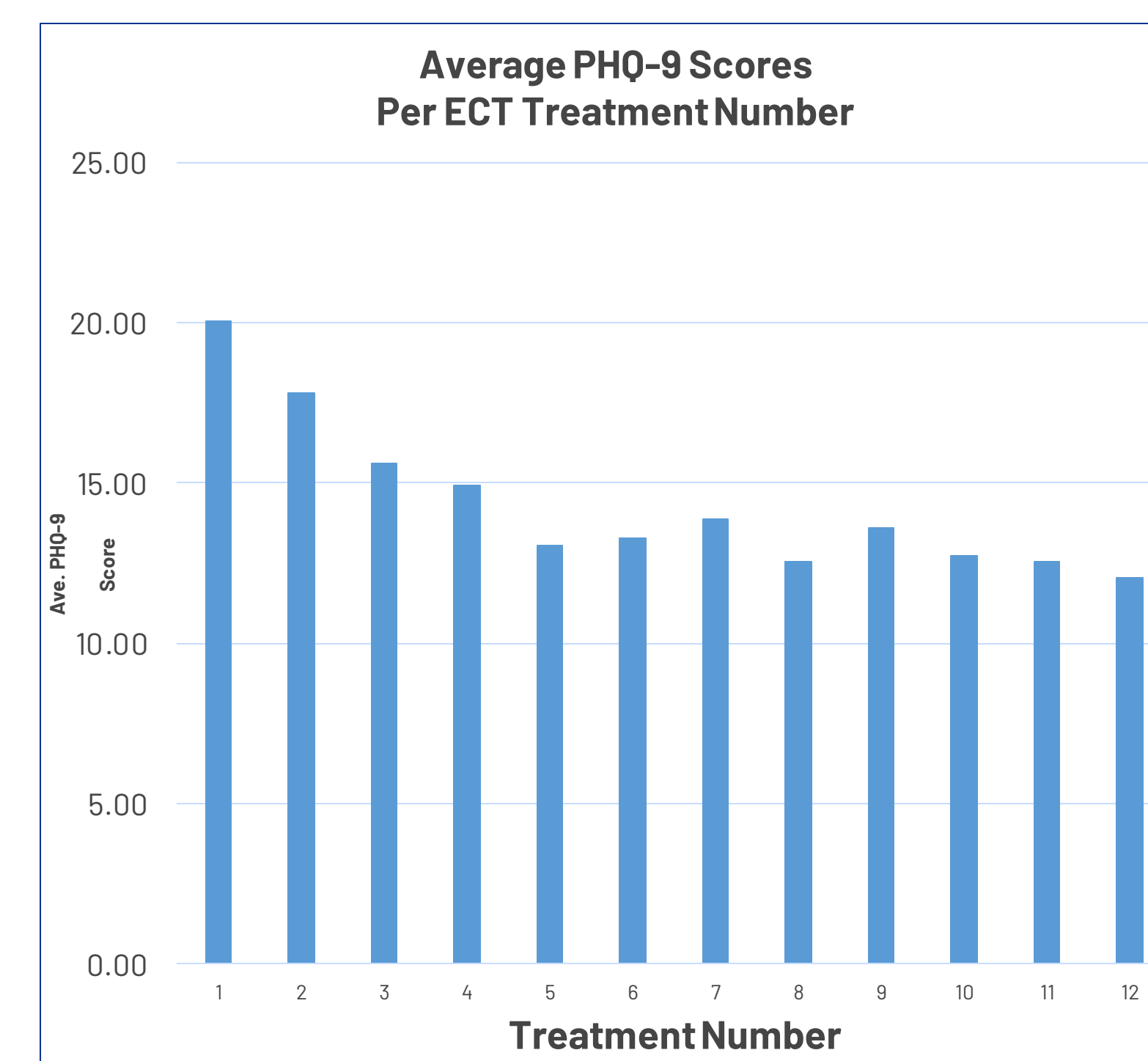
## Methods

- Design: Evidence-based Practice with Quality Outcome Measures
- Participants: All patients receiving ECT treatment at St. Joseph Hospital from Sept 2021 - Aug 2022.
- Setting: NETS Department
- Instruments: Patient Health Questionnaire (PHQ-9) and Psychological General Well-Being Index (PGWBI)

## Results

Data from Sept. 2021 - Aug. 2022:

- Relationship between patient scores on PHQ-9 survey and PRE and POST implementation of ECT:
  - Total number of PHQ-9 surveys completed: 22
  - Score ranges from 0-27. Low score = minimal depression; High score = severe depression
  - Average PHQ-9 score prior to starting ECT treatment: 20.05
  - Average PHQ-9 score after 12 ECT treatments: 12.05
- Relationship between patients' psychological general well-being and PRE and POST implementation of ECT:
  - Total number of PGWBI surveys completed: 21
  - Score ranges from 0-110. Higher score indicates greater quality of life.
  - Average global PGWBI score prior to starting treatment: 22.33
  - Average global PGWBI score after 12 ECT treatments: 53.76



## Discussion

- Data was not collected on patients who had mental/cognitive barriers (e.g., psychosis or confusion) that hindered completion of the survey.
- Data was not reported on patients who were inconsistent with their appointments and/or did not follow the psychiatrist recommended treatment cycle.

## Implications for Practice

- Continue using PHQ-9 and PGWBI surveys for all patients receiving ECT at St. Joseph Hospital.
- Continue recording in the patient's medical record.
- Utilize quality of life and depression data to individualize patient treatment plan and care delivery.

## Acknowledgments

- Dr. Jon Chaffee - Head Psychiatrist for NETS Dept.
- Leonor Burris - Manager for NETS Dept.
- All nurses, LVNs, and Neuro Techs working within the NETS Dept.

**References available upon request.**