



GUIDELINE FOR CONTINUATION/ MAINTENANCE PLAN and COMPLETION PLAN FOR RELAPSE PREVENTION

The goal of making a *Continuation/Maintenance Plan* is to guide the patient through the period of less intensive treatment (usually from 6-12 months). The goal of making the *Completion Plan for Relapse Prevention* is to prevent a relapse or recurrence of depressive symptoms, as much as possible, after the treatment phase of the program is over. A number of steps are involved in making these plans.

Review the course of depression up to now and address the following:

- 1) depressive symptoms
- 2) impact of the depression on the patient's ability to function at home and at work
- 3) current treatment(s) and treatment(s) tried before
- 4) questions about treatment(s)

Review risk factors for relapse:

- 1) 2 or more prior episodes of major depression
- 2) dysthymia: chronic depressive symptoms for 2 years or more
- 3) residual depressive symptoms (patient is not completely back to baseline)

Remind the patient that these are risk factors for relapse of depression. We know from prior research that, without active treatment, 50% of patients with one prior episode of major depression will have a relapse within two years. Patients with two or three prior episodes have a 70% or 90% chance of relapse, respectively.

Patients who have such risk factors should stay on full dose antidepressants for at least two years. Patients who don't have these risk factors should stay on antidepressants for six to nine months after they achieve remission to prevent a recurrence of depression. After that, they can be tapered off medication over a week to a month and should monitor themselves for a recurrence of depressive symptoms. Patients should be contacted one more time one month later to make sure that they have not relapsed off the medication.

Patients who have reached a remission after a trial of PST-PC should be encouraged to continue their problem-solving skills and behavioral activities weekly.

Review the rationale for continuing medication or maintenance PST-PC and encourage the patient to do so:

- 1) Research has shown that full doses of antidepressants (i.e., the doses which resulted in the initial remission of symptoms) or ongoing maintenance psychotherapy significantly reduces the risk of relapse. In one study, 80% of those on antidepressants stayed free of depression for three years

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compared to only 20% of those taking a placebo. For some patients, medication maintenance treatment may be required indefinitely.

- 2) Besides staying on medications, there are a number of other things patients can do to prevent a relapse of depression, and the depression care manager will spend the rest of the session working on this.
- 3) Get a sense of what might motivate the patient to stay on long term medication. Reinforce the patient's motivation to do so as much as possible.
- 4) Be careful not to sound like you are trying to control the patient's behavior. Be empathic. Try to understand the patient's perspective and concerns. You may want to point out that the OB-GYN and you want to help prevent a relapse, but it is up to the patient to continue in treatment. *"This is a decision you have to make yourself."* Let the patient know that you believe she can take some action, which will significantly reduce her risk of relapse and give her more control over her health. If you sense resistance, carefully explore what may be difficult for the patient at this time.

Review any concerns about continuing medications or psychotherapy and anticipate potential barriers:

- 1) Start out with neutral question such as, *"I wonder how you feel about taking your antidepressant medication long term?"*
- 2) Point out that up to 50% of patients with chronic medical illnesses has difficulty taking their medications as prescribed.
- 3) Ask patients to generate a list of pros and cons of staying on medication long-term, and to weigh these against the risks and benefits of stopping antidepressants. Patients may have a number of concerns about the long-term use of antidepressants, and it is important to address these as much as possible.

Discuss early warning signs of depression:

- 1) Patients and significant others can learn to recognize such early warning signs and get help before relapses become severe.
- 2) Common early warning signs include changes in sleep, appetite, or energy level; loss of interest in usual activities; irritability; or withdrawal from others. These early warning signs differ from patient to patient. Patients or significant others may remember early signs of depression from their most recent episode of depression.
- 3) In many cases, spouses or significant others may notice such warning signs before a patient does, and it can be very helpful to involve them in the monitoring for such signs.

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Make a symptoms recurrence plan:

- 1) It can be very discouraging to experience a recurrence of depressive symptoms. If patients detect these symptoms early on, however, it may be easier to prevent a severe relapse.
- 2) Encourage patients to think positively about seeking additional help for depressive symptoms. Seeking such help should not be seen as a sign of failure, but as a positive step (i.e., *“I am doing something to take care of myself.”*).
- 3) A symptoms recurrence plan for the patient includes early warning signs and a plan for what to do if the patient or a significant other notices such symptoms. The plan can include:
 - a) discussing the situation with a close friend/relative
 - b) making sure the patient is taking the medication as prescribed
 - c) considering stressful life situations (problems at work or in one’s family, etc.) which may lead to an exacerbation of depressive symptoms
 - d) scheduling positive life events
 - e) contacting the depression care manager (if still in the maintenance phase)
 - f) contacting the OB-GYN or mental health provider who has been helpful in the past (if in completion phase)

Discuss future clinic or telephone follow-up contacts for the Continuation / Maintenance phase:

- 1) Tell the patient that you would like to schedule a telephone follow-up appointment **once per month** to make sure that she continues to do well. During these contacts, you will review depressive symptoms and see if the patient is still on treatment to prevent a relapse.
- 2) Let the patient know that you will be in contact with her OB-GYN to let him or her know how she is doing.
- 3) Schedule the first follow-up call one month after the relapse prevention visit. Encourage the patient to call you earlier if she has any questions from the relapse prevention.

Concluding activities:

- 1) Remind patients that both you and the OB-GYN are available and how you can be reached.
- 2) Reinforce messages about long-term antidepressant or psychotherapy treatment.
- 3) For the Treatment Completion phase, bring the clinical work to a close.
 - a) Review progress.
 - b) Remind the patient of the skills she has learned.
 - c) Review her relapse prevention strategies and her *Completion Plan for Relapse Prevention*.
 - d) Be clear about who provides her care in the future (i.e., OB-GYN) should symptoms return.