

Clinical Module #1: *Assessing and Monitoring Fatigue in Depression*

Performance-in-Practice



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

Massachusetts General Hospital
Department of Psychiatry
Performance-in-Practice – Clinical Module

Assessing and Monitoring Fatigue in Depression Performance-in-Practice – Clinical Module

ABPN MOC Performance-in-Practice (PIP)

The American Board of Psychiatry and Neurology has reviewed the *Assessing and Monitoring Fatigue in Depression* PIP clinical module and has approved this program as part of a comprehensive practice improvement program, which is mandated by the ABMS as a necessary component of maintenance of certification.

CME Information

Target Audience

This program is intended for psychiatrists wishing to improve their facility with assessing and monitoring fatigue in patients with a primary diagnosis of Major Depressive Disorder (MDD).

This program is not accredited.

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education. CME credit is not being offered for this activity.

Credit Designation

Even though this event is not accredited, providing information regarding planning, disclosure, and conflict of interest is important to us. Some providers may be able to claim Category 2 CME credit for participating in this activity.

Faculty Disclosure Statement

In accord with the guidelines of the Accreditation Council for Continuing Medical Education (ACCME), planners, speakers and anyone who may have an influence on the content of the activity have been asked to disclose any relationship they or their spouse/partner have to companies producing pharmaceuticals, medical equipment, devices, etc. that may be germane to the content of their presentation. Such disclosure is not intended to suggest or condone bias, but provides participants with information that might be of potential importance to their evaluation of a given presentation.

Resolution of Conflict of Interest (COI)

The MGH Psychiatry Academy has implemented a process to resolve potential COIs for this CME activity to help ensure content objectivity, independence, fair balance and ensure that the content is aligned with the interest of the public.

Program Overview

1. Review the instructions for **Stage A**, then complete the enclosed form for Stage A (pages 4–5), where you will select and review five patient charts and assess the measures using established anchors from the Massachusetts General Hospital Cognitive and Physical Functioning Questionnaire (MGH CPFQ) rating scale. *You will also login online to record your responses.
2. Review the instructions for **Stage B**, then login online to view and complete the educational components for Stage B:
 - A required Interactive Learning Module (ILM) entitled “Medication-Induced Apathy and Fatigue: Avoiding Iatrogenesis,” where you will learn how to use the CPFQ to enhance practice and assist in the assessment of patient symptoms
 - An optional Computer Simulation Assessment Test (CSAT) entitled “The Depressed Patient with “Tiredness”: Assessing Converging Causes of Fatigue,” where you will review a simulated clinical encounter, provide your assessment, and receive feedback on your performance
3. Review the instructions for **Stage C**, then complete the enclosed form for Stage C (pages 10–11), **but only after completing Stage B, and at least 30 days after completing Stage A.** *You will also login online to record your responses.
4. Login online to complete the Evaluation and receive a Certificate of Participation, which will be available to print and will be saved to your MGH Academy account.

Your participation in this activity will be reported to the ABPN within 6 weeks of completion. Your individual score will not be reported to the Board. Questions about this performance-in-practice module should be addressed to:

Tristan Gorrindo, MD

Director, MGH Postgraduate Medical Education

Psychiatry Academy

mghcme@partners.org



Stage A – Chart Review



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Instructions and Form for Stage A

Select charts of five patients with a primary diagnosis of major depression. Review the questions below. If the patient’s evaluation included assessment of the recommended item, place a check mark in the appropriate box. If the item was not assessed, leave the box blank.

Guideline recommendation being reviewed		Patient					Rationale and discussion
Did the evaluation assess the following symptoms over the past month?		#1	#2	#3	#4	#5	
1	Motivation/ Interest/ Enthusiasm	<input type="checkbox"/>	Decreased motivation, interest and enthusiasm are typically present in depression-related fatigue. These symptoms commonly co-occur with (but are not identical to) anhedonia, or loss of ability to experience pleasure.				
2	Wakefulness/ Alertness	<input type="checkbox"/>	A common component of fatigue, decreased wakefulness and alertness may be due to depressive illness itself, depression-related sleep disorder, or medications used to treat depression.				
3	Energy	<input type="checkbox"/>	Decreased energy is a core component of depression-related fatigue. It should be differentiated from sleepiness, i.e., sleep propensity.				



Guideline recommendation being reviewed		Patient					Rationale and discussion
Did the evaluation assess the following symptoms over the past month?		#1	#2	#3	#4	#5	
4	Ability to focus/ sustain attention	<input type="checkbox"/>	Decreased focus and attention are frequently described by patients with depression and fatigue. Cognitive decrements, such as these, are large contributors to the functional impairments associated with depression.				
5	Ability to remember/ recall information	<input type="checkbox"/>	Impaired memory is a common and troubling symptom for patients with depression and fatigue, causing some affected patients to fear they are developing dementia. Unlike dementia, these symptoms tend to resolve when the depression remits.				
6	Ability to find words	<input type="checkbox"/>	Word-finding difficulty (e.g., trouble remembering names) is a frequent cognitive complaint of patients with depression and fatigue. For some patients, antidepressant medications appear to contribute to this problem.				
7	Sharpness/ Mental acuity	<input type="checkbox"/>	Decreased sharpness and mental acuity are commonly perceived by patients with depression and fatigue, who may describe feeling cognitively “foggy” or “clouded”.				



After completing the form for Stage A, login online to record your responses:

1. Login to the activity online by visiting www.mhgcme.org/clinicalmodule1 and entering your MGH Academy account username and password.
2. Once you have entered the activity, review the [CE Information](#), then proceed to [Course Activities](#) and click on the module labeled **Stage A – Chart Review**.
3. After you have read the [Activity Overview](#) for the module, complete the [Evaluation](#) by entering the data from your form.
4. After you have recorded your responses, click [[Next](#)] to complete Stage A.



Stage B – Education/Improvement



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Instructions for Stage B

After completing Stage A, login online to view and complete the educational components for Stage B:

1. Login to the activity online by visiting www.mhgcme.org/clinicalmodule1 and entering your MGH Academy account username and password.
2. Once you have entered the activity, proceed to [Course Activities](#) and click on the module labeled **Stage B – Education/Improvement**.
3. After you have read the [Activity Overview](#) for the module, open the [Video Lecture](#) to view and complete the required ILM entitled “Medication-Induced Apathy and Fatigue: Avoiding iatrogenesis.” A PDF version of the MGH CPFQ rating scale will be posted and available to download. Additionally, there will be a link to view and complete the optional CSAT entitled “The Depressed Patient with "Tiredness": Assessing Converging Causes of Fatigue.”
4. After you have completed the components, click [[Next](#)] to complete Stage B.



Stage C – Remeasurement



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Instructions and Form for Stage C

Following completion of Stage B (education/improvement), and after a minimum of 30 days since completion of Stage A, select charts of five patients (who have been seen at least once since completion of Stage B). Repeat the chart review as described in Stage A and record the information on this form.

The ABPN recommends that you allow 24 months to complete this PIP unit.

Guideline recommendation being reviewed		Patient					Rationale and discussion
Did the evaluation assess the following symptoms over the past month?		#1	#2	#3	#4	#5	
1	Motivation/ Interest/ Enthusiasm	<input type="checkbox"/>	Decreased motivation, interest and enthusiasm are typically present in depression-related fatigue. These symptoms commonly co-occur with (but are not identical to) anhedonia, or loss of ability to experience pleasure.				
2	Wakefulness/ Alertness	<input type="checkbox"/>	A common component of fatigue, decreased wakefulness and alertness may be due to depressive illness itself, depression-related sleep disorder, or medications used to treat depression.				
3	Energy	<input type="checkbox"/>	Decreased energy is a core component of depression-related fatigue. It should be differentiated from sleepiness, i.e., sleep propensity.				



Guideline recommendation being reviewed		Patient					Rationale and discussion
Did the evaluation assess the following symptoms over the past month?		#1	#2	#3	#4	#5	
4	Ability to focus/ sustain attention	<input type="checkbox"/>	Decreased focus and attention are frequently described by patients with depression and fatigue. Cognitive decrements, such as these, are large contributors to the functional impairments associated with depression.				
5	Ability to remember/ recall information	<input type="checkbox"/>	Impaired memory is a common and troubling symptom for patients with depression and fatigue, causing some affected patients to fear they are developing dementia. Unlike dementia, these symptoms tend to resolve when the depression remits.				
6	Ability to find words	<input type="checkbox"/>	Word-finding difficulty (e.g., trouble remembering names) is a frequent cognitive complaint of patients with depression and fatigue. For some patients, antidepressant medications appear to contribute to this problem.				
7	Sharpness/ Mental acuity	<input type="checkbox"/>	Decreased sharpness and mental acuity are commonly perceived by patients with depression and fatigue, who may describe feeling cognitively “foggy” or “clouded”.				



After completing the form for Stage C, login online to record your responses, complete the Evaluation, and receive your Certificate of Participation:

1. Login to the activity online by visiting www.mhgcme.org/clinicalmodule1 and entering your MGH Academy account username and password.
2. Once you have entered the activity, proceed to [Course Activities](#) and click on the module labeled **Stage C – Remeasurement**.
3. After you have read the [Activity Overview](#) for the module, complete the [Evaluation](#) by entering the data from your form.
4. After you have recorded your responses, click [[Next](#)] to complete Stage C and be returned to [Course Activities](#).
5. Once you have been returned to the main activity level, complete the [Evaluation](#) and provide required information, then click [[Submit](#)] to view and print your Certificate of Participation.



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