It affects as many as 20 million Americans and creates a total economic burden estimated at $50 billion per year. The disorder, perhaps surprisingly, is not cancer or heart disease. It’s depression.

A new front line in the battle against major depressive disorder, which is marked by prolonged periods of sadness and loss of interest and pleasure in life, opened last year at the Depression Center at the University of Colorado Denver School of Medicine. It is part of the National Network of Depression Centers, a 16-member group of university-based programs focused on clinical care, research, education and teaching.

"Many of the types of therapies we provide are not well disseminated, particularly in rural and other underserved areas."

The Depression Center at UCD, which opened in September 2008, was the second in the network (the University of Michigan’s Comprehensive Depression Center was the first). It sprung from the efforts of George Wiegers, a retired investment banker living in Vail whose mother struggled with mental illness.

After reading about the University of Michigan’s Depression Center, he contacted UCD’s Department of Psychiatry, worked with department chairman Robert Freedman, MD, and provided $3 million in seed money to establish a center at the School of Medicine.

Impressive strides. A year later, the
Depression Center has seen roughly 375 to 400 new patients, notes office manager Marcia Lichtenberger. Clinicians focus exclusively on treating mood disorders, including depression alone (unipolar) depression and mania (bipolar), depression connected to seasonal change (seasonal affective disorder), chronic depression (dysthymia), and perinatal and post-partum depression. They also focus on anxiety disorders, such as panic disorder or post-traumatic stress disorder, which often co-occur with depression.

They use evidence-based psychotherapeutic and pharmacological approaches that may not be available in community practices, notes Pamela Brody, PhD, the center’s director of Psychotherapy Services.

“Many of the patients we see are treatment-resistant,” Brody says. “In addition, many of the types of therapies we provide are not well disseminated, particularly in rural and other underserved areas,” she says.

Treatment at the Depression Center, however, does not replace community care, Vogl emphasizes.

“Being at the university means we have access to treatments that reflect the most current knowledge in psychotherapy and pharmacology,” he says. “But seeing patients on a long-term basis is not our ultimate goal,” he says. “The idea is to stabilize the course of treatment and refer patients back to their communities for long-term therapy and medication checks.”

**Suicide prevention.** Indeed, community outreach is a key component of the Depression Center’s mission, Brody notes. “We have a team of psychologists and psychiatrists with expertise [in mood disorders] who can provide consultations with therapists in the community…. We are developing strategies to reach less populous areas.”

Those strategies, Vogl adds, include helping communities develop suicide prevention programs, working with OB/GYN providers to improve care to perinatal or post-partum women with unipolar or bipolar disorder, and teaming with military bases to improve mental health services for returning active-duty troops.

“We continue to look for organizations and municipalities with whom we can partner to build capacity for delivering care,” he says.

The center has forged one such partnership in mountainous Pitkin County, Colorado. Mental health services there are scarcer than one might expect in a place that is home to a high-profile community – Aspen – renowned for its wealthy residents.

“It’s so expensive, providers often can’t afford office space,” Vogl notes. The center is therefore helping the community conduct a comprehensive review of behavioral health services and working with community members on developing
suicide prevention programs and strategies. Both the county and the town of Aspen have suicide rates that exceed the state average, Vogl notes.

Specialized care. The care the Depression Center takes in selecting patients illustrates the specialized niche it plays in the mental health treatment community. Lichtenberger handles an initial phone screening when patients call. She refers children and adolescents to The Children’s Hospital; adults with issues other than depression, such as schizophrenia or psychosis, get referrals to other appropriate treatment facilities, including the University of Colorado Hospital’s Outpatient Psychiatric Practice, located just down the hall on the second floor of Building 500.

The center offers treatment almost exclusively on a fee-for-service basis, although it accepts some Medicare assignments, Lichtenberger says.

Lichtenberger schedules patients the center can help for a comprehensive intake with a psychologist or psychiatrist. It includes a two-hour interview, a review of previous medical records and development of a treatment plan that includes medication management and psychotherapy, depending on the patient’s needs.

Patients benefit from a variety of psychotherapeutic approaches, Brody notes. In addition to individual interpersonal and cognitive behavioral therapy (or CBT), for example, the center recently began group CBT sessions that run for eight weeks.

“The group sessions have been well utilized and with good results,” Brody says. “They decrease feelings of isolation and help the patients focus on their ‘negative biases’ towards themselves, others, and the future, which they may see as hopeless. Listening to others helps to normalize the experience of depression.”

Therapists also fold instruction in “mindfulness” – which teaches patients how to become more aware of and focused on the present moment – into CBT, Brody notes, as a way to prevent patients from relapsing into depression.

“We teach it one-on-one and in groups,” she says. “Patients often worry and ruminate about getting depressed again when they are stressed and returning to that terrible dark space. Mindfulness teaches them to concentrate on the here and now and asks them to observe what is going on in the present,” rather than remember and brood on the past.

Pregnant women. In a further effort to reach underserved populations, the center’s Cheryl Chessick, MD, and Sona Dimidjian, PhD, are developing a group therapy model for depressed and bipolar perinatal and post-partum women, studying how medications needed to treat bipolar disorder could affect the fetus and investigating the effectiveness of stabilizing mood during the often difficult postpartum period by returning women to their normal circadian rhythms.

“We’re still evolving. We continue to work on our marketing and networking strategies to let people know what we’re doing here.”
The center continues to work on boosting its array of clinical services by adding, for example, light therapy to treat seasonal affective disorder and collaborating with UCD’s departments of Neurology and Physical Therapy to build a lab for transcranial magnetic stimulation. It’s a still-experimental therapy that uses magnetic fields to stimulate nerve cells in the brain. They believe it shows some promise for relieving depression in hard-to-treat cases.

“We’re still evolving,” Vogl concludes. “We continue to work on our marketing and networking strategies to let people know what we’re doing here. We’re a place with top experts who share information and a spirit of collegiality.”