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NNDC 2023 Annual Conference Poster Submission Guidelines

Visit the NNDC 2023 Annual Conference website regularly for important dates and conference information.
Subscribe to the monthly NNDC Newsletter to receive the latest conference updates delivered directly to your inbox!

Questions about posters or submissions can be directed to: conference@nndc.org

The NNDC 15th Annual Conference will be held from **October 12-14, 2023** with co-host **UTHealth Houston** in **Houston, Texas**. The Conference Program Committee welcomes all conference attendees to submit a poster related to depression and bipolar illnesses, particularly those that fit the conference theme. Posters can be submitted to one of two categories:

1. **Basic Science**
   All areas of research are welcome, but posters dealing with approaches (both biological and psychosocial) to understanding mood disorders, new or repurposed treatments and technologies, monitoring strategies with the potential to improve patient outcomes, or objective measures like biometrics, neuroimaging, bloodwork, or genetics are encouraged.

2. **Clinical Programs**
   Unified efforts are the best way to expedite technological innovation, dissemination of new information, and translation of research into clinical practice. Posters in this category might showcase multidisciplinary programs, demonstrate the efficacy of collaborations beyond academic boundaries, or deal with clinical assessments like patient questionnaires, clinical diagnoses, or clinical interviews.

A "Best of" and an "Emerging Scholar Best of" poster award will be designated for each category. "Emerging Scholars" are graduate students, fellows, post-doctoral fellows, residents, or early career faculty within 5 years of fellowship or post-graduate appointment at Center of Excellence or Associate Member center.

▪ How it Works

The poster session will be held in the afternoon on Friday, October 13th and usually takes place during a dessert reception following lunch. The exact time for the poster session will be announced soon on the NNDC 2023 Annual Conference website once the agenda is finalized. Please visit the conference website for regular updates. Posters may be displayed at any time before the session - pinboards will be available first thing in the morning of the session, so it is recommended that posters are set up during breakfast time. Awards for each category will be announced at dinner on the same day. **Poster boards will be removed around 6:00pm that same evening. Please note that any remaining posters will be discarded at that time.**

▪ Who can present a poster?

All attendees are welcome to submit a poster, but poster presenters must be the author or co-author. Posters from commercial or for-profit entities are available only to conference sponsors.

▪ How many posters can I present?

Only one poster per individual will be accepted; posters submitted by representatives of commercial or other for-profit or non-academic entities will be limited to one per entity/organization.

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▪ How will I know my poster has been accepted?

Poster acceptance notifications will be sent out approximately one week after the submission deadline to those who met the deadline.

▪ How do I submit a poster?

Poster abstracts are collected using a simple online form located on the NNDC 2023 Annual Conference website. The opening date and deadline for poster submissions will be announced in June 2023 and the submission will be available at that time; please check the website for regular updates. Abstracts must be submitted as Word documents of one-half to one full page in length and should include **background**, **methods**, **results**, and **conclusion(s)**; please do not include tables or figures in your abstract. See below for more formatting details.

To access the poster submission form, visit
available June 2023

▪ What are the poster specifications?

Posters can be no larger than 36 inches high X 48 inches wide.

▪ Can I see examples of previous posters?

Feel free to view the 2022 Posters List and Abstracts or peruse the 2021 Virtual Conference Poster Directory to see abstracts and posters from previous conferences.

▪ What is the recommended abstract format?

Abstracts should follow the NNDC 2023 recommended guidelines based on the pre-formatted abstract templates provided in the next few pages. Use this NNDC 2023 Annual Conference Poster Abstract Formatting Template Word document to copy and paste plain text into the templates with no additional formatting. Only include the template page and save and send the template as a new separate .doc file from the **Submit Abstract** button on the NNDC 2023 Annual Conference website. Submission will become available in June 2023.

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NNDC 2023 Annual Conference Poster Abstract Formatting Template

I. **Spacing:**
- before paragraphs and between sections: 11pt
- paragraph text: single spacing

II. **Alignment:**
- text: left justify

III. **Abstract Title: Lato Medium, Bold, 11pt**

IV. **Authors:** Lato Medium, 11pt
- by authorship level
- full name = first, middle initial (if desired), last
- no degrees included
- comma (,) after each author
- underline submitting presenter (no asterisk unless co-presenter)
- superscript asterisk for co-presenters, including underlined submitting presenter (after author name and after institution superscript number)

V. **Headings:**
- **All headings: Lato Medium, Bold, 11pt**
- **Institutions** (superscript)
  - Text below heading: Lato Medium, 11pt, superscript
  - Add superscript numbers after author name
  - Include superscript number before institutions in citation
- **Presenters** (superscript)
  - Text below heading: Lato Medium, 11pt, superscript
  - underlined submitting presenter
  - Asterisk (*) for co-presenters, including underlined submitted presenter
- **Background**
  - All text after heading: Lato Medium, 11pt
- **Methods**
  - All text after heading: Lato Medium, 11pt
- **Results**
  - All text after heading: Lato Medium, 11pt
- **Conclusions**
  - All text after heading: Lato Medium, 11pt
- **References** (superscript) – if applicable
  - APA style
  - All text after heading: Lato Medium, 11pt, superscript
    - Include reference superscript numbers after sentence
  - Include superscript number before text in citation
- All text after headings: Lato Medium, 11pt

NATIONAL NETWORK of DEPRESSION CENTERS

NNDC 2023 Abstract Template #1

A metric of pharmacotherapy guideline concordance and its association with major depressive disorder symptom severity and patient functioning

Mason T. Breitzig[1], Fan He[1]; Lan Kong[1], Guodong Liu[1,2], Daniel A. Waschbusch[2], Jeff D. Yanosky[1], Erika F. H. Saunders[2], Duanping Liao[1]

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Presenters:

underlined submitting presenter

Background: Previous studies estimate that fewer than 70% of patients with major depressive disorder (MDD) receive guideline-concordant care. However, these estimates rely upon disparate and often over-simplified definitions of concordance that are also rarely examined with respect to patient outcomes. To address this issue, we developed a multifaceted scoring framework for MDD pharmacotherapy guideline concordance and assessed its association with MDD symptom severity (PHQ-9) and functioning (WHODAS 2.0).

Methods: This analysis involved 1,452 adults (68% female; mean age of 43 years) with MDD from the Penn State Psychiatry Clinical Assessment and Rating Evaluation System (PCARES) psychiatric outpatient registry. Patients with psychotic features or a diagnosis of bipolar disorder were excluded. At baseline, patients started with a perfect concordance score (9 points; 1 point per criterion). Point deductions were made for each criterion failed within a 1-year window. Since fewer criteria apply to those with recurrent depression, point deductions were weighted by baseline diagnosis (non-recurrent: -1.00; recurrent: -1.285). Out of the nine criteria, four focus on treatment sequence, two on treatment dose and duration, two on interactions and regulations, and one assesses visit frequency. Linear associations between concordance scores and 1-year PHQ-9/WHODAS scores were evaluated using naïve Spearman's rank correlation coefficients (rho) and multivariable-adjusted general linear models.

Results: Twenty-seven percent of patients received a perfect concordance score of 9, 18% scored 8-8.9, 32% scored 7-7.9, and 23% scored below a 7. The concordance score and raw (all repeated measures a 1-year window) PHQ-9 and WHODAS visit scores demonstrated significant inverse rank correlations (PHQ-9: $\rho = -0.18$, $p < 0.0001$; WHODAS: $\rho = -0.11$, $p < 0.0001$). After adjustment for sociodemographic variables and co- morbidities, higher guideline-concordance was associated with better mean (average of all visit scores in a 1- year window) symptom scores (PHQ-9: $\beta = -0.29$, $p = 0.0002$) and functioning (WHODAS: $\beta = -0.54$, $p = 0.0127$). The most frequently failed criterion was reaching the maximum recommended dose before switching to a different medication, which 55% of patients failed at least once.

Conclusions: This study demonstrates a significant association between the degree of pharmacotherapy guideline-concordance and measures of MDD response. Future longitudinal work with this pharmacotherapy guideline concordance metric will help identify gaps in guideline application and provide strategies to improve pharmacotherapy effectiveness.

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NNDC 2023 Abstract Template #2

Ohio State University Comprehensive Psychotherapy Pathway for Depression: Implementation of a stepped-care model guided by patient-reported outcomes in an academic medical center

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Presenters:

underlined submitting presenter

* co-presenters

Background: Major depressive disorder is a serious illness characterized by significant impairment for individuals and costs to society[1]. Analyses of data from the National Survey on Drug use and Health revealed that substantial unmet treatment needs remain in the MDD population. While the number of individuals with MDD has increased, the proportion receiving treatment has not[1]. Further, depression is highly recurrent and depressive relapse is related to disproportionate healthcare burden[2]. Both stepped-care models of treatment[3] and an emphasis on evidence-based approaches to relapse prevention[4] have the potential to address these problems. Despite this, there are few real-world investigations on how to implement these models.

Methods: In July of 2021 we secured funding via an internal medical center mechanism to implement a stepped care and relapse prevention pathway for the treatment of depression. The aim of the project is to build upon our existing resources for outpatient individual psychotherapy for depression to 1) initiate an entry-level behavioral activation group for mild to moderate depression, 2) increase capacity to provide MBCT groups for relapse prevention once patients complete standard acute treatments, 3) and enhance utilization of patient-reported outcomes (PROs) to inform treatment assignment and progression.

Results: In year 1 of the project, we have successfully 1) initiated a group behavioral activation therapy offering (23 patients enrolled to date), 2) increased capacity to provide MBCT groups for relapse prevention (44 patients to date), and 3) enhanced provider education and outreach to increase utilization of group resources and PROs. Obstacles identified include the creation of a new referral workflow for the BA group offering, provider education and uptake of PROs and the stepped-care model, and patient compliance with PROs. Preliminary data on depressive outcomes and psychosocial outcomes will be presented.

Conclusions: With the availability of effective treatments for depression, increasing access to high quality care informed by PROs is critical. The initial phase of this project is complete, and we continue to increase the frequency of group offerings and refine the use of PROs throughout the pathway. Longer term goals for the program are to augment PROs with objective measures to support treatment assignment, to assess progress, and to better integrate medication management and interventional psychiatry services into treatment decision-making algorithms.

References:

1. Greenberg, P. E., Fournier, A. A., Sisitsky, T., Simes, M., Berman, R., Koenigsberg, S. H., & Kessler, R. C. (2021). The economic burden of adults with major depressive disorder in the United States (2010 and 2018). Pharmacoeconomics, 39(6), 653-665.
2. Touya, M., Lawrence, D. F., Kangethe, A., Chrones, L., Evangelatos, T., & Polson, M. (2022). Incremental burden of relapse in patients with major depressive disorder: a real-world, retrospective cohort study using claims data. *BMC psychiatry*, *22*(1), 1-9.
3. Firth, N., Barkham, M., & Kellett, S. (2015). The clinical effectiveness of stepped care systems for depression in working age adults: a systematic review. *Journal of affective disorders*, *170*, 119-130.
4. Kuyken, W., Warren, F. C., Taylor, R. S., Whalley, B., Crane, C., Bondolfi, G., ... & Dalgleish, T. (2016). Efficacy of mindfulness-based cognitive therapy in prevention of depressive relapse: an individual patient data meta-analysis from randomized trials. *JAMA psychiatry*, *73*(6), 565-574.