

Recommended Treatment Guidelines for Primary Care Practitioners Treating Adult Patients with Depression

IMMEDIATELY Refer to Behavioral Health if any of the following are present:

- ✓ SUICIDAL IDEATION ✓ PSYCHOTIC SYMPTOMS ✓ PERSONAL OR FAMILY HISTORY OF BIPOLAR DISORDER

Diagnosis of Depression (DSM-IV Criteria):

Must have a total of 5 symptoms for at least 2 weeks

One of the symptoms must be depressed mood or loss of interest

Depressed mood

Restless or lethargic

Guilt/worthlessness/hopelessness

Loss of interest/anhedonia

Insomnia/hypersomnia

Fatigue

Recurrent thoughts of death/suicide

Change of appetite/weight

Lack of concentration

Medical/pharmacological causes of depression should be ruled out. Assess for Suicidality (see Suicide Screening Questions)

Select and initiate treatment with an adequate trial of an SSRI antidepressant

Discuss the need for counseling and refer if indicated

Discuss medication side effects and delayed onset of effect of antidepressants

Encourage the patient to call immediately if he/she experiences unacceptable side effects or a significant worsening of symptoms

At 2 weeks, assess the response to medication, side effects, and compliance, and reassess for suicidal ideation

At 4 weeks, assess the response to medication, side effects, and compliance, and reassess for suicidal ideation. If the response is:

Partial Resolution of Symptoms:

Continue current medication or adjust the dose. See the patient again in 2 weeks to reassess the response. If the patient does not achieve a complete resolution of symptoms, switch to another antidepressant.

If the patient does not respond after two antidepressant trials, consider a referral to or consultation with a psychiatrist

Complete Resolution of Symptoms:

Successful Response

Reassess every 2-3 months for continued response to medication, side effects, and compliance. Discuss with the patient the recommended length of treatment for this episode (see guidelines for continuation period).

No Response:

Try another antidepressant using the above protocol. It is reasonable to try a different SSRI

If the patient does not respond after two antidepressant trials, consider a referral to or consultation with a psychiatrist

Other Reasons to Consider a Referral to Behavioral Health for Counseling or Medication Management

1. Coexisting substance abuse disorder
2. Patient younger than 18 years old
3. Patients wants or needs psychotherapy
4. Inadequate response to trials of 2 antidepressants

Guidelines for Continuation Period:

1. For an initial episode treatment should last for at least 6 months from the time of response. Most experts recommend continuing the medication for 9-12 months
2. For the second episode continue the medication for at least 12 months
3. Long-term maintenance treatment is strongly recommended if the following are present:
 - There is a history of three or more episodes of depression
 - There is a history of two episodes, plus one of the following:
 - Family history of depression
 - History of recurrence within 12 months of last treatment
 - Both episodes were severe or life threatening in past 3 years

Note: These guidelines are not intended to replace the physician's judgment regarding an individual patient.
Primary Reference Source: APA Guideline for Major Depression in Adults, 2nd Edition 2000.

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Depression Screening

- The U.S. Preventive Services Task Force (www.ahrq.gov/clinic/) recommends screening adults for depression in clinical practices that have systems in place to assure accurate diagnosis, effective treatment, and follow-up.
- Screening improves identification, and treatment decreases clinical morbidity.
- These two simple screening questions may be as effective as longer instruments:
 1. During the past month have you often been bothered by feeling down, depressed, or hopeless?
 2. During the past month, have you often been bothered by little interest or pleasure in doing things?
- A “no” response to both questions makes the presence of depression highly unlikely.
- A “yes” response to either question should be followed by a screening tool and/or a diagnostic interview.

Patient Education Talking Points

Discussing these 5 important educational messages with your patients at each visit can help improve compliance with antidepressant treatment:

1. It may take 4 to 6 weeks for your medication to work, so make sure you keep taking it even if you don't feel better right away.
2. Take your medication every day as prescribed.
3. If your depression goes away, do not stop taking the medication. Most people need to be on the medication for at least 6 months to avoid a relapse.
4. Do not stop taking your medication without talking to your provider. If you are having side effects, your provider can help by suggesting changes in the dose or dosage schedule. If you think your medication is not working, your provider might want to change you to a new medication.
5. Call your provider if you have any questions or concerns about your medication. If your question can wait until your next appointment, write it down so you won't forget it.

Suicide Screening Questions

When a diagnosis of depression is made, an assessment of suicide risk is required. All depressed patients should be asked the following questions:

- Have these symptoms or feelings we've been talking about led you to think you might be better off dead?
- Recently, have you had any thoughts that life is not worth living or that you'd be better off dead?
- What about thoughts about hurting or killing yourself? IF YES: What have you thought about? Do you have a plan to hurt yourself? Have you actually done anything to hurt yourself?

Assessment of Suicide Risk

Risk	Description	Action
Low Risk	No current thoughts	Continue follow-up visits and monitoring of depression and suicidal ideation.
Intermediate Risk	Current thoughts, but no plan	Assess suicide risk carefully at each visit and contract with patient to call you if suicide thoughts become more prominent; consult with an expert as needed.
High Risk	Current thoughts with plans	Emergency management by qualified expert.

Screening for Mania or Bipolar Disorder

Ask the following questions to help you determine if your patient has a history of bipolar disorder: “Has there ever been a period of at least 1 week when you were so happy or excited that you got into trouble, or your family or friends worried about it, or a health care provider said you were manic?”

A “Yes” response indicates potential bipolar disorder and you should assess further for manic symptoms. Diagnostic criteria for mania include the presence of at least four of the following symptoms, one of which must be the first symptom listed (**bolded**):

1. **A distinct period of abnormal, persistently elevated, expansive, or irritable mood.**
2. Decreased need for sleep.
3. Inflated self-esteem or grandiosity.
4. More talkative than usual (pressured speech).
5. Racing thoughts.
6. Significant distractibility.
7. Increased goal-directed activity or psychomotor agitation.
8. Excessive involvement in pleasurable activities without regard for negative consequences (e.g., buying sprees, sexual indiscretions, foolish ventures).

Screening for Alcohol Abuse or Dependence

CAGE QUESTIONNAIRE

1. Have you ever felt you ought to **C**ut down on your drinking?
2. Have people **A**nnoyed you by criticizing your drinking?
3. Have you ever felt bad or **G**uilty about your drinking?
4. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (**E**ye-opener)?

Two or more “Yes” responses constitute a positive screen for alcohol abuse and should be followed by more in depth questioning.