

**Care Guide for Management of Depression**

Population	Key Components	Recommendations	Frequency	
Adults (18+) at Risk	Red Flags	<b>Administer depression screening for patients with the following:</b> <ul style="list-style-type: none"> <li>Sleep problems/insomnia</li> <li>Fatigue/malaise</li> <li>Weight gain/loss/anorexia</li> <li>Chronic illness</li> <li>Chronic pain</li> <li>Multiple and/or unresolved physical/somatic complaints</li> </ul>	Initial and follow-up visits.	
	Screening	<b>Administer two question depression screening</b> <ol style="list-style-type: none"> <li>Over the past two weeks, have you felt down, depressed or hopeless?</li> <li>Over the past two weeks, have you felt little interest or pleasure in doing things?</li> </ol> <b>If yes to one or both of the two screening questions, administer PHQ-9 questionnaire</b> <b>Determine if DSM-IV criteria for major depression is met</b>	When the patients status or symptoms raise suspicion of depression	
	Diagnosis	<b>DSM IV Diagnosis Criteria for Major Depression</b> <b>At least five</b> of the following symptoms must be present most of the day, nearly every day, for at least 2 weeks or at least <b>one of the bolded statements</b> . <ul style="list-style-type: none"> <li><b>Little interest or pleasure in doing things</b></li> <li><b>Feeling down, depressed or hopeless</b></li> <li>Insomnia/hypersomnia</li> <li>Feeling tired or having little energy</li> <li>Significant increase/loss in appetite/weight</li> <li>Feeling of worthlessness or guilt</li> <li>Difficulty with thinking, concentrating, or making decisions</li> <li>Psychomotor agitation/retardation</li> <li>Recurrent thought of death or suicide</li> </ul> <b>Medical Conditions Related to Depression</b> <ul style="list-style-type: none"> <li>Chronic Pain Syndrome/Rheumatologic Disorders</li> <li>Cardiovascular Disease</li> <li>Metabolic/Endocrine Condition (including renal and pulmonary)</li> <li>Immune Deficiency Disorders</li> <li>Neurodegenerative Disease</li> <li>Hormonal Changes (Pregnancy/Postpartum)</li> <li>Gastrointestinal</li> <li>Cancer/Neoplasm</li> </ul>	Where the patient status or symptoms raise suspicion of depression	
Adults (18+) who are diagnosed with depression	Assessing/ Monitoring Suicide Risk	<b>Risk</b>	<b>Depression</b>	<b>Action</b>
		<b>Low Risk</b>	No current thoughts or major risk factors	Continue follow-up visits and monitoring
		<b>Moderate Risk</b>	Patient may have current thoughts, but no plans with or without risk factors	Assess Suicide Risk carefully at each visit, contract with patient to contact you if thoughts increase: consult with Specialist as needed.
		<b>High Risk</b>	Current thoughts or plans Access to guns at home	Emergency management by a qualified expert. Consult AHCP (AHRQ) guidelines for details in suicide screening.
	Antidepressant Medication Management	<b>Initiating Treatment:</b> Initiate antidepressant medication following manufacturer's recommended dose. Monitor every 1-2 weeks to assess response to treatment.		

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Adults (18+) who are diagnosed with depression and prescribed an antidepressant medication	Acute Phase Management	<b>Acute Phase Treatment – Aim is to remove all symptoms</b>			Schedule at least 3 follow-up visits in the first 12 weeks after initiation of antidepressant medication	
		<b>Acute Phase – Expected Response</b> <ul style="list-style-type: none"> <li>• <b>Monthly:</b> monitor patient compliance/symptoms; (initial follow-up should be within 2 weeks)</li> <li>• <b>4-6 weeks:</b> ≥ 5 point reduction in PHQ-9 score</li> <li>• <b>8-10 weeks:</b> 50% reduction in PHQ-9 score</li> <li>• <b>10-12 weeks:</b> near 100% reduction in symptoms, score ≤ 5 on PHQ-9</li> </ul> <b>Continue Treatment:</b> If partial response by 5-6 weeks, continue with same antidepressant for another 5-6 weeks <b>Modify Treatment:</b> If no response by 4 weeks, increase dose or switch drugs. <b>If partial response by 12 weeks increase dose or switch drugs.</b>				
	Continuation / Maintenance Phase Management	<b>Continuation / Maintenance Phase Treatment – Aim is preventing relapse / recurrence</b>				
		<b>Type of Patient</b>	<b>Continuation Treatment</b>	<b>Maintenance Treatment</b>		
		Initial Episode	<b>6-9 months</b> after return to well state	Discuss with the patient the Pros/Cons of continuing antidepressant therapy based on severity of episode.		
Recurrent Episode (2 or more episodes of depression in a 5 year period)	At least <b>9 months</b>	Continue long-term maintenance therapy. Consult AHCP (AHRQ) guidelines for details about maintenance treatment.				
Adults (18+) with a diagnosis of depression	Referral	<b>Psychological Counseling Treatments/Referrals – Aim to prevent relapse/recurrence</b>			Initial and along with, or in place of, drug therapy and with each visit at which any of the following are present: Non compliance Substance Abuse Complex symptoms or co-morbidities Side effects Consider electric and/or cultural factors  A behavioral health practitioner should see the patients with 7 but no more than 30 days of discharge for hospitalization of Major Depression.	
		<b>Severity of MDD</b>	<b>Initial Psychological counseling</b>	<b>Continue Psychological Counseling</b>		<b>Modify Treatment Plan</b>
		Mild or Moderate	6-8 week trial-period remission of symptoms	If psychosocial function has not been full restored		No improvement after <b>6-8 weeks</b> . Only partial improvement after <b>12 weeks</b> .
		Severe	Psychological counseling should be used only in <b>conjunction with antidepressants</b> .	Prevents subsequent relapses and recurrences once treatment with antidepressants ends		Prevents subsequent relapses and recurrences once treatment of antidepressants ends.
Adults (18+) with a diagnosis of depression	Education	<b>Education and Informed Consent:</b> <ul style="list-style-type: none"> <li>• Discuss illness and treatment options with patient and family when appropriate</li> <li>• Discuss risk benefits of medications and psychotherapy</li> <li>• Continue education about illness and need to comply with medications</li> <li>• Review risk for premature discontinuation (e.g., return of symptoms)</li> </ul>				

Orange text denotes goal of treatment.  
Blue text denotes CMS or HEDIS measure.

References (2007):  
[Hwww.guidelines.gov/index.aspx](http://www.guidelines.gov/index.aspx)  
[Hwww.kogic.org](http://www.kogic.org)  
[Hwww.depression-primarvcare.org](http://www.depression-primarvcare.org)