# Depression in Adults: Diagnosis & Treatment Guideline

- 14% of adults have a major depressive episode in their lifetime.
- 30% of adults with major depression do not receive treatment.

This guideline is intended for ages ≥18 years. For adolescents and pre-adolescents, use GLAD PC or Teen Screen Mental Health Check-ups.

## Prepare your practice: put systems in place for accurate diagnosis, treatment, and follow-up.

- **Tip 1:** Implement staff assisted patient self-management and care coordination (possible by phone).
- **Tip 2:** Compile info on psychiatry and mental health consultation and referral options.
- **Tip 3:** Identify resources to address treatment barriers.
- **Tip 4:** Monitor symptoms with PHQ-9*.

## 1. Screening and Assessment

### Consider Depression: High Risk Conditions and Cues
- Chronic conditions (CVD, Diabetes, cognitive impairment)
- Chronic pain
- Geriatric patent
- Multiple somatic complaints
- Postpartum
- Tobacco Use
- ETOH/Substance misuse/abuse
- Chronic anxiety
- History of Abuse/Trauma/PTSD
- Combat veteran
- Persistent anger/irritability
- Recent loss

### Screening:
Screen if systems are in place for adequate diagnosis/treatment/follow-up/referral. Use PHQ-2*.

- "In the past 2 weeks…
  - 1. Have you had little interest or pleasure in doing things?
  - 2. Have you felt down, depressed or hopeless?"

If "yes" on either question, complete full PHQ-9*.

### Further Assessment:
- 1. Recent life events (Why now?)
- 2. History of depression/bipolar disorder or alcohol/substance misuse
- 3. Patient's perception of problem:
  - Beliefs and knowledge about depression
  - Cultural considerations (language, stigma, influence on symptom presentation)
- 4. Consider medical and medication causes of depression
- 5. Family history: depression/bipolar disorder
- 6. Suicide risk (thoughts, plans, means, previous attempts, recent exposure). "Are you thinking of harming or killing yourself?"
- 7. Assess risk of harming others
- 8. Screen for co-morbid psychiatric disorders: bipolar, anxiety, PTSD, panic disorder, tobacco*, substance misuse†
- 9. Complementary/Alternative Medicine or other treatments currently used*

## 2. Diagnosis (first episode or recurrence?)

### DSM IV Criteria

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Major Depression</th>
<th>Dysthymia</th>
<th>Severity Rating (Based on initial PHQ-9* score):</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 total for 2 wks duration: must include symptom #1 or 2</td>
<td>✓</td>
<td>✓</td>
<td>PHQ-9 Score</td>
</tr>
<tr>
<td>3 total for ≥2 yrs.: must include symptom #1</td>
<td></td>
<td></td>
<td>5-9</td>
</tr>
<tr>
<td>1. Depressed mood</td>
<td>✓</td>
<td>✓</td>
<td>10-14</td>
</tr>
<tr>
<td>2. Marked Diminished Interest/PLEASURE</td>
<td>✓</td>
<td>✓</td>
<td>15-19</td>
</tr>
<tr>
<td>3. Significant wt loss/gain, appetite decrease/increase</td>
<td>✓</td>
<td>✓</td>
<td>≥20</td>
</tr>
<tr>
<td>4. Insomnia/hypersomnia</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>5. Psychomotor Agitation/Retardation</td>
<td>✓</td>
<td>✓</td>
<td></td>
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<tr>
<td>6. Fatigue/loss of energy</td>
<td>✓</td>
<td>✓</td>
<td></td>
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<tr>
<td>7. Feelings of worthlessness or inappropriate guilt</td>
<td>✓</td>
<td>✓</td>
<td></td>
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<tr>
<td>8. Diminished concentration or indecisiveness</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>9. Suicidal ideation: thoughts, plans, means, intent</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>10. Hopelessness</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

### Shared Decision Making:
- Tailor treatment to individual patient
- Provide education on diagnosis
- Review treatment options (based on PHQ-9 score)
- Discuss treatment barriers: family/work responsibilities, insurance, transportation
- Negotiate treatment plan
- Set timeline: response, side effects and treatment duration
- Educate on importance of adherence
- Develop safety plan for suicidal ideation

### Promote Health Behaviors:
- Exercise
- Social support
- Faith/spiritual support
- Healthy sleep pattern
- Healthy diet
- Alcohol only in moderation†
- Cessation of tobacco and illicit drug use†
- Engagement in positive activities
- Stress management
- Educational books and online resources

### Additional Considerations:
- Current or planned pregnancy: psychotherapy preferred if symptoms tolerable*
- Start with lower dose for anxiety or elderly*
- Cultural factors that influence treatment choice*
- SNRI or tricyclic for chronic pain
- Level of functioning/activities of daily living
- Discuss safety with the patient*
- Need for emergency services
- Psychiatry referral, including ECT evaluation
- Complementary/Alternative Medicine*
- Suicide patient
- Bipolar disorder
- Co-existing substance abuse
- Psychotic features
- Multiple medications

*See supplement for additional information.
†Go to [www.healthteamworks.org](http://www.healthteamworks.org) for guidelines on Tobacco & Alcohol/Substance Use.
### Evidence-Based Psychotherapies*

- Cognitive/behavioral therapy (CBT)
- Interpersonal psychotherapy (IPT)
- Problem-solving therapy (PST)
- Psychodynamic therapy
- Couples/Family therapy

### If receiving therapy alone:

- Onset of effectiveness is more gradual
- Discuss and share PHQ-9* with therapist

### Considerations for Medication Selection

- Cost
- Formulary
- Responsiveness to prior treatment
- Responsiveness in a first degree relative
- Complementary/Alternative Medicine*

### 3. Plan Treatment Continued: Treatments for Depression

#### Acute Phase (months 1-4)

<table>
<thead>
<tr>
<th>Response</th>
<th>PHQ-9* Score after 4-6 weeks</th>
<th>Treatment Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsive</td>
<td>Drop ≥ 5 points from baseline</td>
<td>No treatment change needed. Follow-up again after an additional 4 weeks.</td>
</tr>
<tr>
<td>Partially responsive</td>
<td>Drop 2-4 points from baseline</td>
<td>Often warrants increase in dose. Possibly no change needed.</td>
</tr>
<tr>
<td>Non-responsive</td>
<td>Drop 1 point or no change or increase</td>
<td>Consider starting anti-depressant if receiving therapy alone. Increase dose. Switch meds. Augmentation (Lithium, thyroid, stimulant, 2nd gen anti-psychotic, 2nd anti-depressant). Review psychological counseling options and preferences. Informal or formal psychiatric consultation (ECT an option in some cases).</td>
</tr>
</tbody>
</table>

#### Continuation Phase (months 4-9)

- Begins after symptom resolution
- Continue medications full strength
- Contact every 2-3 months (telephone appropriate in some cases)
- Monitor for signs of relapse
- Generally, use same anti-depressant dose as in Acute Phase

#### Maintenance Phase for Recurrent Depression (month 9 and on)

- For patient with history of 3+ episodes of Major Depression or chronic Major Depression
- Also consider for patient w/ additional risk factors for recurrence (family history, early age onset, ongoing psychological stressors, co-occurring disorders)
- May need to maintain for one to several years
- Use PHQ-9* for ongoing monitoring

#### Tapering Anti-Depressant Medication

- Taper over several weeks
- Educate about side effects and relapse
- Flu-like symptoms common
- With SSRI and SNRI may also experience anxiety/agitation, sweats, paresthesias
- Diphenhydramine may help with anticholinergic withdrawal symptoms

### Goal: Prevent Relapse

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### Side Effects Precautions

- **Adverse Side Effects and Precautions‡**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Usual Adult Dosage</th>
<th>Relative Cost</th>
<th>Side Effects</th>
<th>Precautions</th>
</tr>
</thead>
</table>

### References