

## CARE GUIDE for *Major Depression for Adults in Primary Care*

SUGGESTED GUIDELINES	PROCESS	IMPORTANT FINDINGS MEASUREMENTS AND VALUES	INTERVENTION	FOLLOW-UP
Screening adults for depression <sup>(1, 3,4,7,8)</sup>	<ul style="list-style-type: none"> <li>Screen all adults using 2 questions that evaluate mood and anhedonia (PHQ-2).</li> <li>Assess for family history of depression, substance abuse, bipolar disorder, and suicide.</li> </ul>	<ul style="list-style-type: none"> <li>Lifetime prevalence of depression is estimated to be 16.6%. Prevalence is higher in patients with chronic disease.</li> <li>PHQ-2 score &gt; 3 has sensitivity of 83% and specificity of 92% for major depression.</li> </ul>	<ul style="list-style-type: none"> <li>If screening is positive, proceed to full diagnostic assessment and/or PHQ-9. Or refer to behavioral health provider to establish definitive diagnosis.</li> </ul>	<ul style="list-style-type: none"> <li>If initial screen is negative,               <ul style="list-style-type: none"> <li>re-screen all adults for depression at least once a year or more frequently as needed.</li> </ul> </li> </ul>
Confirm diagnosis <sup>(1 - 4, 6, 7)</sup>	<ul style="list-style-type: none"> <li>Elicit 5 depression symptoms during the same 2-week period that also represents a change from previous functioning.</li> <li>Evaluate for bipolar disorder. The prevalence of bipolar disorder in patients being treated for depression can be 20+% (<a href="http://www.jabfm.org/cgi/content/full/18/4/233">http://www.jabfm.org/cgi/content/full/18/4/233</a>)</li> <li>Assess for depression related to underlying medical disorder or due to pharmacologic cause.</li> </ul>	<ul style="list-style-type: none"> <li>Common symptoms (must have one or both of the first two symptoms for diagnosis)               <ul style="list-style-type: none"> <li>Depressed mood</li> <li>Diminished interest or pleasure in activities</li> <li>Weight loss or gain of &gt; 5% baseline body weight</li> <li>Insomnia or hypersomnia</li> <li>Psychomotor agitation or retardation</li> <li>Fatigue</li> <li>Feelings of worthlessness or guilt</li> <li>Diminished ability to think</li> <li>Suicidal ideation</li> </ul> </li> <li>Symptoms suggestive of manic or hypomanic states               <ul style="list-style-type: none"> <li>abnormally elevated mood</li> <li>abnormally excited mood</li> <li>abnormally irritable mood (Note: Anti-depressants may exacerbate bipolar disease)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Initiate counseling, psychotherapy, and/or pharmacotherapy as appropriate.</li> <li>Common reasons for referral to specialist               <ul style="list-style-type: none"> <li>Patient requests more specialized therapy</li> <li>Severe symptoms and impairment</li> <li>Other psychiatric conditions or suicidal ideation or substance abuse</li> <li>Treatment is unsuccessful</li> <li>Diagnostic question</li> <li>Substance abuse questions</li> <li>Clinician discomfort with case</li> <li>Unsuccessful outcomes</li> </ul> </li> <li>Screen patient for bipolar disorder using the Mood Disorder Questionnaire. (available at <a href="http://www.psycheducation.org/">http://www.psycheducation.org/</a>)</li> <li>If suggestive symptoms are present,</li> </ul>	<ul style="list-style-type: none"> <li>Follow-up with primary care physician and/or behavioral health specialist as indicated.</li> <li>Individualize follow-up based on patient characteristics and needs.</li> </ul>

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		<ul style="list-style-type: none"> <li>Common secondary causes               <ul style="list-style-type: none"> <li>➤ Medication withdrawal</li> <li>➤ Concomitant medication (Interleukin-<math>\mu</math>, steroids, beta-blockers, methyl dopa, etc.)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>consider referral to specialist.</li> <li>Initiate appropriate intervention to correct or mitigate secondary cause of depression and/or refer to medical specialist as needed.</li> </ul>	
Quantify severity of depression (1,3,7,8)	<ul style="list-style-type: none"> <li>Use PHQ-9 or other validated tool. NOTE: Both the English and Spanish versions of the PHQ-9 have been validated.</li> </ul>	<ul style="list-style-type: none"> <li>PHQ-9 severity scores               <ul style="list-style-type: none"> <li>0-4 None</li> <li>5-9 Mild depression</li> <li>10-14 Moderate depression</li> <li>15-19 Moderately severe depression</li> <li>20-27 Severe depression</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Individualize therapy and/or refer to specialist as needed.</li> </ul>	<ul style="list-style-type: none"> <li>Use baseline severity score to assess response to therapy.</li> <li>Re-score in 4-6 weeks.</li> </ul>
Screen patients with major depression for substance abuse (1,3,4,9)	<ul style="list-style-type: none"> <li>Use validated instrument.</li> </ul>	<ul style="list-style-type: none"> <li>CAGE-AID (CAGE Adapted to Include Drugs) Questionnaire:               <ul style="list-style-type: none"> <li>C: Cut down</li> <li>A: Annoyance</li> <li>G: Guilty</li> <li>E: Eye-opener</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Arrange treatment for chemical dependency before or during treatment for depression.</li> </ul>	<ul style="list-style-type: none"> <li>Individualize follow-up based on patient's characteristics and needs.</li> </ul>
Assess safety, both for self and others (1,3,8)	<ul style="list-style-type: none"> <li>Elicit symptoms at each visit that may require hospitalization of depressed patient.</li> </ul>	<ul style="list-style-type: none"> <li>Presence of               <ul style="list-style-type: none"> <li>➤ Suicidal or homicidal thoughts/plans</li> <li>➤ Ability to care for self/family</li> <li>➤ Psychotic thinking</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>If unsafe to self and/or others, consider hospitalization and/or referral to specialist.</li> </ul>	<ul style="list-style-type: none"> <li>Follow-up by specialist, social worker, and/or others with special training as indicated.</li> </ul>
Consider ethnic and cultural factors (2,4)	<ul style="list-style-type: none"> <li>Maintain high level of awareness of patient's cultural issues (including language).</li> </ul>	<ul style="list-style-type: none"> <li>Ethnic groups may respond differently to medication and have different beliefs about anti-depressant medication and other treatment.</li> </ul>	<ul style="list-style-type: none"> <li>Use qualified medical translation services as needed.</li> </ul>	<ul style="list-style-type: none"> <li>Individualize follow-up based on patient's characteristics and needs.</li> </ul>
Develop a treatment plan (1-5, 8,11)	<ul style="list-style-type: none"> <li>Pharmacotherapy NOTE: See FDA black box warning for suicidality in children, adolescents and young adults (18-24 yrs) with anti-depressant use. NOTE: See FDA Drug Safety Alert: Citalopram should no longer be prescribed at</li> </ul>	<ul style="list-style-type: none"> <li>Select agent based on               <ul style="list-style-type: none"> <li>➤ Patient characteristics</li> <li>➤ Clinical judgment</li> <li>➤ Response to previous therapies</li> </ul> </li> <li>Select use based on               <ul style="list-style-type: none"> <li>➤ patient preference</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Discuss with patient               <ul style="list-style-type: none"> <li>➤ Potential benefits</li> <li>➤ Side effect profile</li> <li>➤ Cost of various agents including generics</li> </ul> </li> <li>Educate patient and family about</li> </ul>	<ul style="list-style-type: none"> <li>Can include combination of in-person and telephonic follow-up.</li> <li>Follow-up with specially trained behavioral health specialist for adjunctive</li> </ul>

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	<p>doses greater than 40 mg per day. Consider: more frequent ECG monitoring in patients with CHF, bradyarrhythmias or on concomitant medication that prolongs the QT interval.</p> <p><i>and/or</i></p> <ul style="list-style-type: none"> <li>• Psychotherapy</li> <li>• Adjuvant modalities include but are not limited to:               <ul style="list-style-type: none"> <li>➢ Light therapy</li> <li>➢ Exercise</li> <li>➢ Electro-convulsive therapy</li> <li>➢ Transcranial Magnetic Stimulation (TMS)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>➢ history of intolerable side effects to drugs</li> </ul>	<p>depression.</p> <ul style="list-style-type: none"> <li>• Refer to behavioral health specialist for cognitive-behavioral, interpersonal, or structured educational group therapy.</li> </ul>	<p>therapy.</p> <ul style="list-style-type: none"> <li>• Consider the individual's bone mineral density when prescribing anti-depressants</li> </ul>
<p>Monitor response to initial (acute phase) treatment and adjust regimen to achieve remission <sup>(2,3,4,7,8)</sup></p>	<ul style="list-style-type: none"> <li>• Titrate medication(s) to therapeutic dose while monitoring for side effects.</li> <li>• Assess adherence to drugs, dose adequacy, symptoms, interpersonal relations, and productivity.</li> </ul>	<ul style="list-style-type: none"> <li>• Response is defined as &gt; 50% reduction from baseline PHQ - 9 score.</li> <li>• Remission is defined as only minimal signs of illness remain or PHQ-9 score ≤ 4.</li> </ul>	<ul style="list-style-type: none"> <li>• Educate and encourage patient.</li> <li>• If partial response initially, increase dose to achieve remission.</li> <li>• If less than 25% reduction in symptoms at therapeutic dose, consider switching or combining medication and/or referring to specialist.</li> </ul>	<ul style="list-style-type: none"> <li>• In-person and/or telephonic follow-up               <ul style="list-style-type: none"> <li>○ weekly if symptoms are severe or</li> <li>○ every 2-4 weeks if symptoms are mild to moderate.</li> </ul> </li> </ul>
<p>Treatment continuation and maintenance <sup>(2,3,4,7,8)</sup></p>	<ul style="list-style-type: none"> <li>• Continuation therapy is designed to maintain control of symptoms in the patient's current episode.</li> <li>• Maintenance therapy is designed to prevent recurrence in the future.</li> <li>• Patients at high risk for recurrence may need lifetime treatment.</li> </ul>	<ul style="list-style-type: none"> <li>• Continuation period is defined as 6-12 months in remission after successful acute phase treatment.</li> <li>• High risk for recurrence               <ul style="list-style-type: none"> <li>➢ Age &gt; 60 at first episode</li> <li>➢ Age &gt; 40 with 2 previous episodes</li> <li>➢ ≥ 3 previous episodes</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Maintain patient on stable, effective dose of antidepressants.</li> <li>• Many drugs require gradual dose reduction when discontinued.</li> </ul>	<ul style="list-style-type: none"> <li>• Individualize follow-up based on patient characteristics and needs.</li> </ul>

**A. Over the *last 2 weeks*, how often have you been bothered by any of the following problems**

	Not at all	Several days	More than half the days	Nearly every day
<b>Scoring</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
1. Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you might have been moving around a lot more than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Thoughts that you would be better off dead, or of hurting yourself in some way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B. If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with others?**

Not difficult at all



Somewhat difficult



Very difficult



Extremely difficult



## For Initial Diagnosis

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 checks in the blue highlighted section (including questions # 1 and # 2), consider a depressive disorder. Add score to determine severity.
3. Consider Major Depressive Disorder
  - if there are at least 5 checks in the highlighted section (one of which corresponds to questions # 1 and # 2).
 Consider Other Depressive Disorder
  - if there are at 2 – 4 checks in the highlighted section (one of which corresponds to questions # 1 and # 2).

Note: Since the questionnaire relies on patient self – report, all responses should be verified by the clinician and a definitive diagnosis made on clinical grounds, taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient. Diagnosis of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (question # 10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

## To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (e.g., every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up checks by column. For every check: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying PHQ – 9 Scoring Card to interpret the TOTAL score.
5. Results may be included in patients’ files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.
- 6.

## Interpretation of Total Score

### Total Score

### Depression Severity

0 – 4	None – $\leq 4$ The score suggests the patient may not need depression treatment
5 – 9	Mild depression
10 – 14	Moderate depression – 5-14 Use clinical judgment about treatment, based on the patient’s duration of symptoms and functional impairment
15 – 19	Moderately severe depression
20 – 27	Severe depression - $\geq 15$ Warrants treatment for depression, using antidepressants, psychotherapy and/or combination of treatment

PHQ – 9 is adapted from PRIMETODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at [rls8@columbia.edu](mailto:rls8@columbia.edu). Use of the PHQ – 9 may only be made in accordance with the Terms of Use available at <http://www.pfizer.com>. Copyright © 1999 Pfizer Inc. All rights reserved. Reproduced with permission. PRIME MD TODAY is a trademark of Pfizer Inc.

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