



## Clinical Care Guidelines for: Major Depression in Adults

### OBJECTIVE

Guide the appropriate diagnosis and treatment of Major Depression in adults.

### DIAGNOSIS & ASSESSMENT

#### DSM-IV-TR DIAGNOSTIC CRITERIA

>5 or more symptoms present during a 2 week period; (1) depressed mood and (2) loss of interest or pleasure and any three of the following:

- Significant weight loss or decrease in appetite
- Insomnia or hypersomnia
- Psychomotor agitation or retardation
- Fatigue or lack of energy
- Feelings of worthlessness or guilt
- Decreased concentration or indecisiveness
- Recurrent thoughts of death or suicide

Symptoms cause significant distress or impairment in functioning.

Depression Scales such as the Beck Depression Inventory, QDS, or PHQ9 ([www.muskie.usm.maine.edu/clinicalfusion/DHHS/phq9.pdf](http://www.muskie.usm.maine.edu/clinicalfusion/DHHS/phq9.pdf)) can be used to obtain baseline data on severity and can be used to monitor treatment progress.

#### RULE OUT/MONITOR CO-OCCURRING MEDICAL CONDITIONS

- Insure that a general medical evaluation has been completed
- Evaluate functional impairment and quality of life

Assess for Suicidal Ideation/Crisis

- If the patient has a plan, the means or has recently attempted, hospitalize
- If the situation is unclear and the patient is being evaluated by a medical provider, refer to a behavioral health practitioner
- Evaluate level of impulsivity and if patient can commit to not harming himself; seek help if the ideation becomes overwhelming
- Refer to a psychiatrist or behavioral health professional if symptoms are severe, there are co-morbid conditions, there are significant psychosocial stressors, and/or substance abuse
- Assess level of self-care (nutrition, hydration, ADLs)
- Establish the least restrictive environment for treatment and evaluate frequently for any need to change the level of care

### TREATMENT

#### MEDICATION MANAGEMENT

If symptoms are moderate to severe, evaluate for medication.

If medication is prescribed, pt should be seen within 1-4 weeks to assess and adjust.

At least 3 follow-up visits in the subsequent 90 days.

For next 6 months, continue to monitor symptoms, visits will be less frequent.

To prevent relapse, stay on medication for 4–9 months.

Maintenance (greater than 9 months) for patients with a history of chronic symptoms, 3 or more episodes of depression, severe episodes, episodes beginning prior to age 20, or family history of bipolar disorder. Monitor at regular intervals and assess for re-emergence of symptoms.

If discontinuing medication, taper slowly over several weeks and monitor for recurrence of symptoms.

Coordinate care with other clinicians involved in care.

Provide education to the family and patient.

#### PSYCHOTHERAPY

Cognitive behavioral therapy or individual interpersonal therapy—outpatient.

Therapy alone may be used for mild to moderate symptoms.

Frequency depends on the severity of the illness.

For moderate to severe symptoms, should be used in combination with medication.

Severe symptoms, decline in functioning and/or suicidal ideation/intent may require a higher level of care.

If patient is discharged from inpatient hospitalization, patient needs to be seen in an outpatient setting, intensive outpatient setting or partial hospitalization by a behavioral health provider within 7 calendar days.

As depression symptoms remit, less frequent therapy sessions would be appropriate to maintain stability.

ECT is appropriate for severe depression that hasn't responded to numerous medications and/or therapy and who have significant functional impairment.

### REFERENCES

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition—TR (2000). American Psychiatric Association.

American Psychiatric Association (2010). Practice guideline for major depressive disorder in adults. American Journal of Psychiatry, 167 (suppl. 4), 1–52.

VHA/DOD (2000). Clinical practice guideline for the management of major depressive disorder in adults Version 2.0 (Contract number: V101 (93)P-1633, Washington, DC.

Approved by the Medical Advisory Council on 12/10/2008

Revised: 1/25/11

Approved by MAC: 4/13/11

P0664 (4/11)