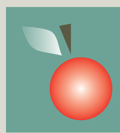

FOUNDATION FOR HEALTHY COMMUNITIES

# Clinical Guidelines for Depression in Adults

THIS GUIDELINE IS NOT INTENDED TO REPLACE CLINICAL JUDGMENT.

## Diagnosis:

Depressed mood or loss of interest/pleasure for > 2 weeks, in addition to 4 or more of the following:

- Feelings of worthlessness or guilt
- Fatigue and loss of energy
- Altered appetite/weight change
- Thoughts of suicide
- Motor slowing or agitation or persistent anxiety
- Insomnia/hypersomnia
- Impaired concentration or memory

Elicit the patient's depressive symptoms with a clinical history and interview. A thorough search for medical and social causes/aggravating factors is essential.

Consider depression when treating patients with:

- Severe or chronic medical conditions
- Chronic pain
- Unexplained symptoms
- Recurrent visits to office or hospital
- Substance abuse
- Difficult post-partum issues
- Recent major stress or grief
- Sleep, appetite, weight change or sexual complaints
- Personal or family history of depression or mood disorder (including bipolar illness)
- Non-compliance with medical therapy

Use a screening test such as S.A.D. (Suicide, Anhedonia, Distress), 2 question screen (e.g. In the last month how often have you been bothered by: feeling down, hopeless, or depressed or losing interest or pleasure in doing things) or compatible instrument.

**Depression will reduce compliance with treatments recommended for other illnesses.**

## Refer Immediately:

- **For risk of suicide (e.g. definite intentions, actual plans, previous history of attempts)**
- **For bipolar or psychotic disorders**
- **If hospitalization, specialist psychotherapy or electroconvulsive therapy is a consideration**
- **If management of complex issues requires support or if diagnosis is uncertain**

This guideline is based on Schulberg HC. et al, *Treating Major Depression in Primary Care Practice: An Update of the Federal Agency for Health Care Policy and Research Practice Guidelines*, Arch Gen Psych 1998:55:1121-1127.

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## Treatment:

**Even when causes are obvious, depression still requires treatment.**

**GOAL:** ***A sustained ability to function emotionally, physically and socially.***

- Generally, treat the associated condition first, then treat the depressive disorder if persistent or severe
- Develop and recommend a self-care plan (pleasurable activities, exercise, control of substance use, etc.)
- Assess support structures and risks of complications, especially substance abuse, possibility of concurrent psychiatric illness (bipolar) and violence potential
- Options include cognitive behavioral therapy, medication, simple support and monitoring or a combination of these
- Patient education leads to improved treatment compliance, side-effect tolerance and a better prognosis; offer literature; answer questions
- Develop treatment plan including regular monitoring of symptoms, associated complaints, and side effects including sexual dysfunction
- Facilitate a multi-disciplinary team approach to care with mental health providers
- Share appropriate clinical information with the team while protecting confidentiality

***Cognitive behavioral therapy by appropriately trained professionals has been proven to be an effective therapy for mild to moderate depression. Consider as an adjunct or an alternative to drug therapy.***

## Drug Therapy:

**GOAL:** ***An adequate response to drug therapy***

- Antidepressants in adequate doses work in about 70% of patients within 6 weeks, regardless of cause.
- Become familiar with at least one safe drug from each of the major classes of antidepressants.
- Antidepressant drugs are NOT addictive or habit-forming
- Thorough education about side effects improves adherence during the initial therapeutic trial

**OBJECTIVE:** ***Adequate initial trial(s) of drug therapy***

- Check for adherence and review side effects within 2 weeks of initiation
- If no response within 2-6 weeks:
  - Check adherence
  - If patient is tolerating medication well, adjust dosage upward
  - If no response after dose adjustments, change medication

**OBJECTIVE:** ***Continue with effective therapy for 6–9 months***

**OBJECTIVE:** ***Consider referral to psychiatrist for therapeutic failure or need for prolonged therapy***

04/02

The information contained in this Guideline is intended for your information regarding issues generally arising with the management of depression. This information may not be comprehensive nor is it intended to dictate the appropriate course of treatment in all situations. Treatment decisions are the sole responsibility of the treating physician, and this guideline does not dictate or control physicians' clinical decisions regarding specific patients. Specific clinical decisions must be based on each patient's needs and current medical knowledge. Neither the Foundation for Healthy Communities nor any of the participating health plans is responsible for the accuracy or completeness of the information provided in this guideline and shall not be liable for any injuries, losses, claims, damages, expenses or liabilities arising from or related to the interpretation or application of the information contained in this guideline.