

***Suspect and Screen for Major Depression:**

Presentations (in addition to obvious sadness)

- multiple somatic unexplained complaints and visits (i.e. >5 visits/year; more than 1 organ system with the absence of physical findings); dampened affect; poor follow-through w/ADLs/recommendations; IBS; complaints of stress/mood disturbance; weight gain/loss; mild dementia
- fatigue / sleep disturbances
- changes in work and / or interpersonal relationships

Risk Factors

- family/personal history of major depression and / or substance abuse
- dysthymia recent loss; chronic medical illness; stressful life events; domestic abuse/violence; traumatic event; major life change

Use measurable tool at screening for baseline intensity and at follow-up for adequate response

Diagnose and characterize major depression with clinical interview to include:

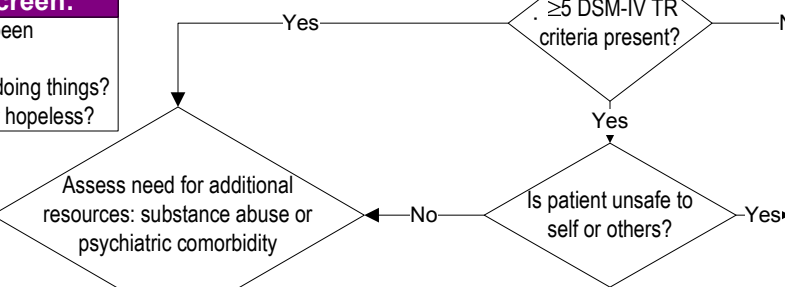
- DSM-IV TR criteria
- History of present illness. (onset and severity of symptoms, functional impairment, past episodes and psychosocial stressors)
- Pertinent medical history, especially illness that can cause depression
- Assess for current substance abuse, withdrawal or medications that can cause depression

***The two-question screen:**

Over the past 2 weeks have you been bothered by:

1. Little interest or pleasure in doing things?
2. Feeling down, depressed, or hopeless?

Involve behavioral / chemical health



Consider other mood and anxiety disorders or somatoform disorders, especially bipolar disorder

Assess and minimize suicide risk
Consider hospitalization
Out of guideline

DSM-IV Criteria

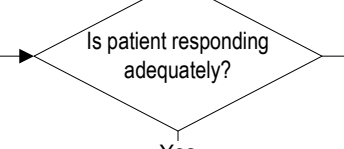
Must have a total of 5 symptoms for at least 2 weeks. One of the symptoms must be depressed mood or loss of interest.

1. Depressed mood.
2. Markedly diminished interest or pleasure in all or almost all activities.
3. Significant (>5% body weight) weight loss or gain, or increase/decrease in appetite.
4. Insomnia or hypersomnia.
5. Psychomotor agitation or retardation.
6. Fatigue or loss of energy.
7. Feeling of worthlessness or inappropriate guilt.
8. Diminished concentration or indecisiveness.
9. Recurrent thoughts of death or suicide.

Comprehensive Treatment Plan

- Collaborative Care Model
- Educate and engage patient
- Discuss treatment options
- Establish follow-up plan
- Use measurable tool at screening for baseline intensity and at follow-up for adequate response

Address secondary causes and/or adapt a plan for special population



Evaluate dose, duration, type and adherence with medication and / or psychotherapy. Reconsider accuracy of diagnosis or impact of comorbidities

Consider other strategies:

- Augmentation therapy
- Hospitalization
- Light therapy
- Electroconvulsive treatment (ECT)

Continuation and maintenance treatment duration based on episode

Attachment
Commonly Used Antidepressant Medications