



Clinical Practice Guidelines
Major Depression

GOAL
To outline available approaches for the management of Acute and Chronic Depression.
CLINICAL SIGNS
<p>Main Symptoms A patient with Major Depression may experience at least five of the nine symptoms listed below for at least one month:</p> <ul style="list-style-type: none">• Sadness• Loss of interest• Hopelessness• Excessive feelings of guilt• Reduced concentration• Loss of appetite• Moving more slowly than normal• Suicidal or hopeless thoughts• Loss of energy <p>Childhood Symptoms Symptoms last two weeks or more and meet the following impairment functioning criteria:</p> <ul style="list-style-type: none">• Bad temper, irritable and easily annoyed• Drop in school performance• Repeated emotional outbursts, shouting or complaining• Repeated physical complaints without a medical cause (e.g., headaches, stomachaches, aching arms or legs)
LAB VALUES TO OBTAIN
<ul style="list-style-type: none">• Laboratory and other diagnostic studies should be guided by the practitioner's evaluation of the individual's condition and by the choice of pharmacologic treatment.• Thyroid function should be assessed in mood disordered patients.

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TREATMENT GOALS
<p>Psychiatric Management</p> <p>Consists of an array of interventions and activities, including but not limited to:</p> <ul style="list-style-type: none">• Performing a diagnostic evaluation, including medication and substance abuse evaluation and assessment for comorbid conditions• Assessing mood and risk, especially suicidality, at every treatment contact• Evaluating for functional impairments• Determining optimal treatment setting• Establishing and maintaining a therapeutic alliance• Providing education to patients and families• Maximizing treatment adherence• Addressing early signs of relapse
TREATMENT PHASES
<p>Acute Phase (first 12 weeks after diagnosis of a new episode of major depression):</p> <ul style="list-style-type: none">• At least three follow-up contacts should occur during this phase, at least one of which should be with a prescribing practitioner. In addition to psychiatric management, treatment modalities should include one or a combination of the following:<ul style="list-style-type: none">○ At a minimum, medications should be continued for the entire acute phase.○ Psychotherapy, especially with presence of significant stressors, interpersonal difficulties or a comorbid Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) Axis II disorder.○ Psychotherapy in addition to antidepressant medications (the combination has been shown to result in better outcome and may be particularly useful in improving treatment adherence).○ Electroconvulsive Therapy (ECT) should be considered for patients with high symptom severity and functional impairment or when psychotic symptoms are present or when there is no response to an

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adequate trial of three or more antidepressants at recommended dosages

Continuation Phase:

When patients have been treated with antidepressant medications during the acute phase, consideration should be given to maintaining them on such medications for at least six months following remission to help prevent relapse.

Maintenance Phase:

Consideration should be given to continuing antidepressant medication to prevent recurrences for patients with a history of severe and recurrent episodes, suicidal thoughts and presence of comorbid conditions or psychotic features.

OTHER CONSIDERATIONS

The Food and Drug Administration (FDA) has issued an advisory regarding the increased risk of suicidal thoughts and behavior among children, adolescents and young adults taking antidepressants. Pediatric patients taking such medications should be carefully monitored (see attached – FDA Medication Guide for parents)

Since Major Depression is known to co-occur with medical conditions, it is important to assess for such comorbid conditions and to coordinate treatment with medical providers.

REFERRAL

Referral to a psychiatrist or other prescribing mental health professional for care coordination should be considered for problems with medication management such as severe, recurrent or psychotic depression, poor adherence, or partial or no response to treatment.

ADHERENCE INDICATORS (USE HEDIS GUIDELINES)

- Patients who are treated using an antidepressant medication should remain on medication for at least the entire 12-week acute phase.
- A minimum of three follow-up contacts should occur during the initial 12 weeks of treatment, at least one of which is with a prescribing practitioner.

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- A follow-up visit with a behavioral health provider occurs within seven calendar days of discharge from a hospital for treatment of major depression.

EDUCATION

The following themes should be communicated:

- Depression is responsive to daily medication treatment.
- It can take weeks for antidepressant medications to take effect.
- Continue medications even if you are feeling better.
- Antidepressants are not addictive and are not tranquilizers.
- Talk to your doctor about side effects before stopping medications or if you have any questions.

REFERENCES

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