

BSW DEPRESSION MANAGEMENT GUIDELINE

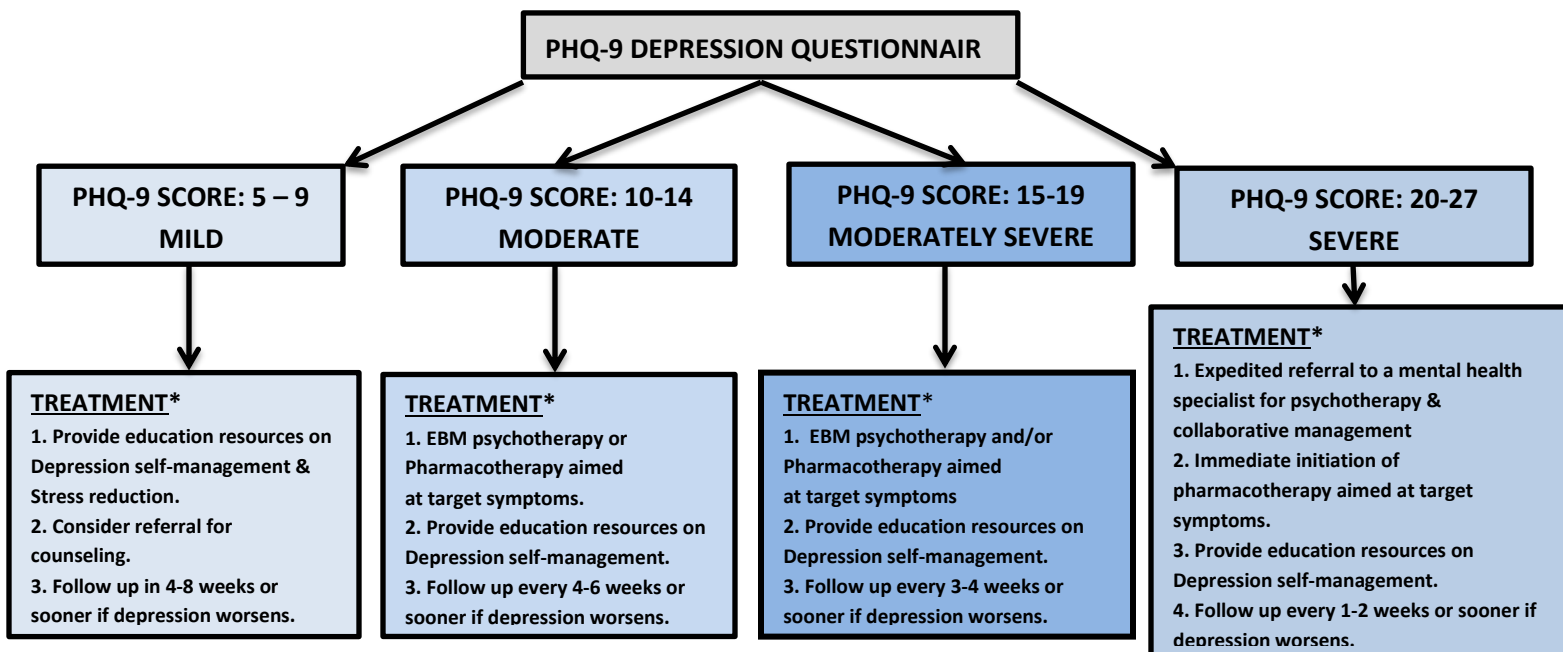
Purpose:

This guideline/algorithm is to provide guidance to assist primary care providers in developing systems that support effective assessment, diagnosis and management of initial, recurrent and persistent depression through the use of a screening tool for initial identification of a patient who may be depressed. The screening tool assesses both severity of depression and treatment response.

Scope:

Treatment of adult population ages 18 years old and older .

Guideline:



GOAL OF TREATMENT IS COMPLETE REMISSION – PHQ-9 ≤ 5.

REPEAT PHQ-9 AT EACH FOLLOW UP VISIT.

IF QUESTION 9 IS + OR THE PATIENT EXPRESSES SUICIDAL IDEATIONS, THEN PERFORM THE COLUMBIA SUICIDE RISK ASSESSMENT.

MONITOR AND ADJUST TREATMENT AS CLINICALLY INDICATED. MONITOR FOR MEDICATION SIDE EFFECTS OR INTERACTIONS.

| | 1-4 MONTHS ↓ | |
|-----------------------------|---|---|
| Response | PHQ-9 at each follow up contact | Treatment Plan |
| Responsive | Drop ≥ 5 points from prior PHQ-9 and PHQ-9 score is <10 | No treatment change needed. Follow up in 4 more weeks. |
| Partially responsive | Drop 2-4 points from prior PHQ-9 or PHQ-9 score is ≥ 10 | Consider upward titration of current anti-depressant +/- adding another med or referring for psychotherapy |
| Non-responsive | Drop of 1 point or no change or increase in PHQ-9 score | <ul style="list-style-type: none"> • Consider starting anti-depressant if receiving therapy alone • Increase dose • Switch meds • Augmentation (Lithium, thyroid, stimulant, 2nd gen anti-psychotic, 2nd anti-depressant) • Review psychological counseling options • Informal or formal psychiatric consultation (ECT an option in some cases) |
| Partially responsive | Drop 2-4 points from prior PHQ-9 or PHQ-9 score is ≥ 10 | Consider upward titration of current anti-depressant +/- adding another med or referring for psychotherapy |

| | | |
|-----------------------|--|---|
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Continuation Phase (minimum of 2 years) *
 Begins after symptom resolution
 Continue medication at full strength
 Contact every 2-3 months (phone contact appropriate in some cases)
 Monitor for signs of relapse
 Generally uses the same anti-depressant(s) as in the acute phase



Maintenance Phase for Recurrent Depression *

For the patient with 3+ episodes of Major Depression or Chronic Depression.
 Also consider for patients with additional risk factors (e.g. stressors, co-morbidities, family history) .
 May need to be on antidepressants for 3-5 years or indefinitely.
 Use PHQ-9 to monitor every 2-3 months. GOAL – PREVENT RELAPSE.



Tapering Anti-depressant Medication if clinically indicated *

Taper over several weeks

Educate about side effects & relapse

Flu-like symptoms are common

With SSRI or SSNI may have anxiety/agitation, sweating or parasthesias.

Shared Decision Making: *

- Tailor treatment to individual patient
- Provide education on diagnosis
- Review treatment options (based on PHQ-9 score)
- Discuss treatment barriers: family/work responsibilities, insurance, transportation
- Negotiate treatment plan
- Set timeline: response, side effects and treatment duration
- Educate on importance of adherence
- Develop safety plan for suicidal ideation

Promote Health Behaviors *

- Exercise
- Social support
- Faith/spiritual support
- Healthy sleep pattern
- Healthy diet
- Alcohol only in moderation†
- Cessation of tobacco and illicit drug use†
- Engagement in positive activities
- Stress management
- Educational books and online resources

Additional Considerations *

- Current or planned pregnancy: psychotherapy preferred if symptoms tolerable*
- Start with lower dose for anxiety or elderly*
- Cultural factors that influence treatment choice*
- SNRI or tricyclic for chronic pain
- Level of functioning/activities of daily living
- Discuss safety with the patient*
- Need for emergency services
- Psychiatry referral, including ECT evaluation
- Complementary/Alternative Medicine*

Consider referral or consult *

- Suicidal or homicidal
- Bipolar disorder
- Substance abuse
- Psychotic features
- Multiple Medications