**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:**

- **PHQ-9 DEPRESSION QUESTIONNAIRE**
  - **PHQ-9 SCORE: 5 – 9 MILD**
    - **TREATMENT***
      1. Provide education resources on Depression self-management & Stress reduction.
      2. Consider referral for counseling.
      3. Follow up in 4-8 weeks or sooner if depression worsens.
  - **PHQ-9 SCORE: 10-14 MODERATE**
    - **TREATMENT***
      1. EBM psychotherapy or Pharmacotherapy aimed at target symptoms.
      2. Provide education resources on Depression self-management.
      3. Follow up every 4-6 weeks or sooner if depression worsens.
  - **PHQ-9 SCORE: 15-19 MODERATELY SEVERE**
    - **TREATMENT***
      1. EBM psychotherapy and/or Pharmacotherapy aimed at target symptoms.
      2. Provide education resources on Depression self-management.
      3. Follow up every 3-4 weeks or sooner if depression worsens.
  - **PHQ-9 SCORE: 20-27 SEVERE**
    - **TREATMENT***
      1. Expedited referral to a mental health specialist for psychotherapy & collaborative management.
      2. Immediate initiation of pharmacotherapy aimed at target symptoms.
      3. Provide education resources on Depression self-management.
      4. Follow up every 1-2 weeks or sooner if depression worsens.
## 1-4 MONTHS

<table>
<thead>
<tr>
<th>Response</th>
<th>PHQ-9 at each follow up contact</th>
<th>Treatment Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsive</td>
<td>Drop &gt; 5 points from prior PHQ-9 and PHQ-9 score is &lt;10</td>
<td>No treatment change needed. Follow up in 4 more weeks.</td>
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<tr>
<td>Partially responsive</td>
<td>Drop 2-4 points from prior PHQ-9 or PHQ-9 score is ≥ 10</td>
<td>Consider upward titration of current anti-depressant +/- adding another med or referring for psychotherapy</td>
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</tbody>
</table>
| Non-responsive    | Drop of 1 point or no change or increase in PHQ-9 score                                        | • 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 |

## Non-responsive

| Non-responsive | Drop of 1 point or no change or increase in PHQ-9 score | • 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) |

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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 paraesthesias.

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