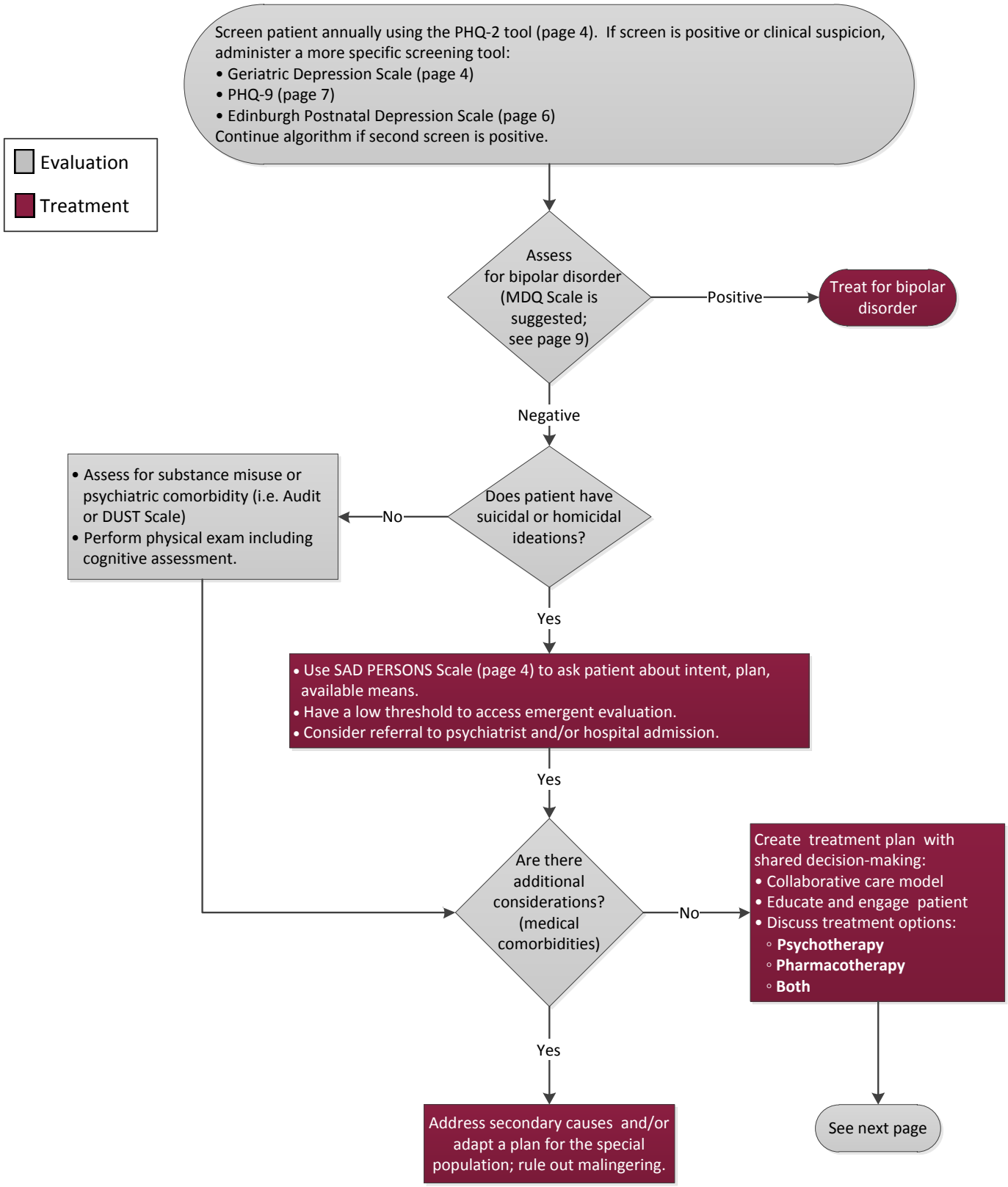
MOUNT CARMEL Health Partners

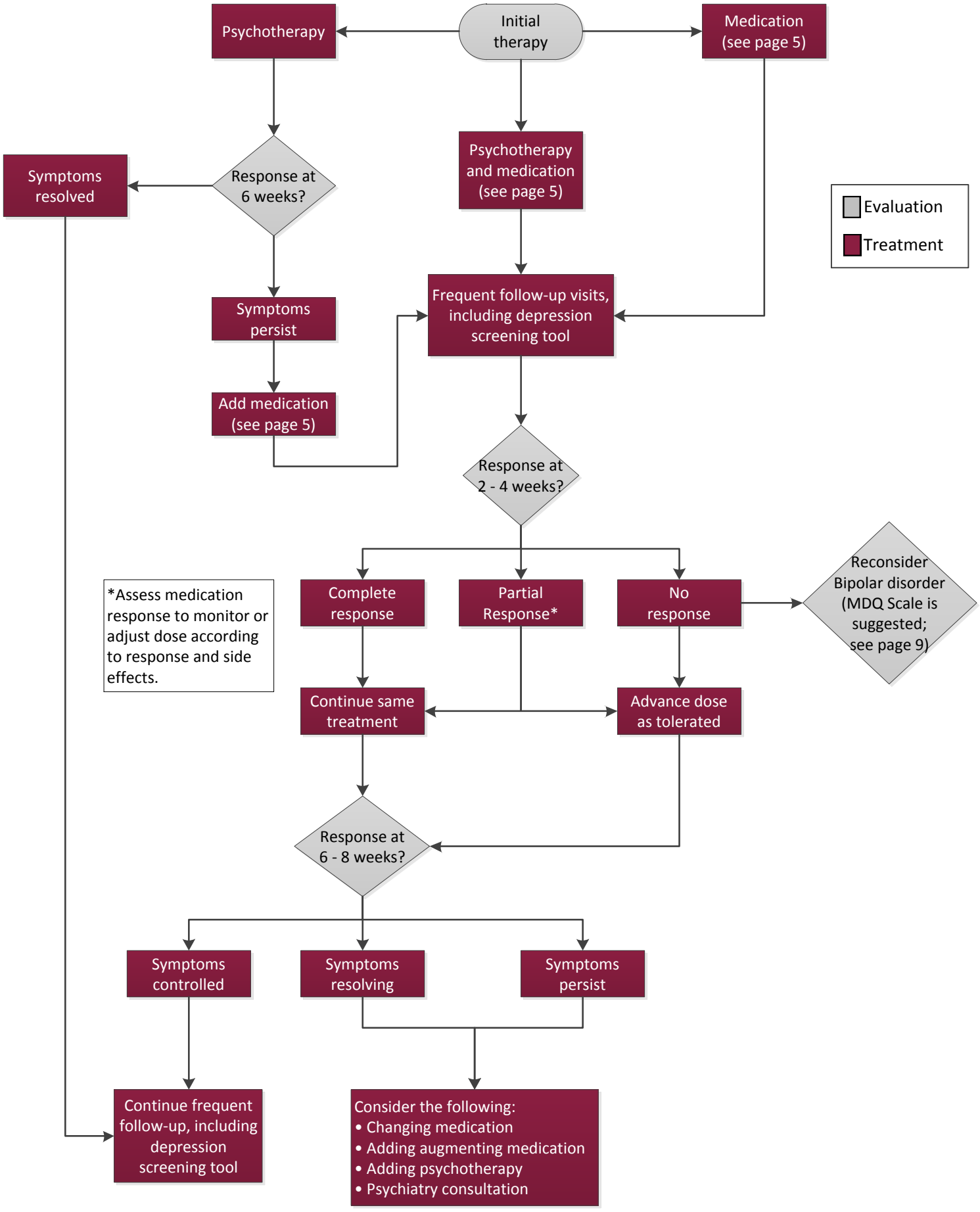
Major Depression Clinical Guideline

Definition: Major depression (major depressive disorder) is defined as an episode consisting of 5 or more symptoms (see Table 3), lasting for most of the day, nearly every day, for a minimum of 2 consecutive weeks, with at least one symptom to be either loss of interest/pleasure or depressed mood.

Diagnosing Initial Major Depression



Treating Major Depression



Depression Facts

- Approximately 20 million people in the United States suffer an episode of major depression each year.
- Women are twice as likely as men to suffer from depression.
- There are bidirectional relationships between depression and physical health.
- Healthcare costs are up to 50% higher for people age 65 and older who have depression.
- Other medical conditions and medication side effects can manifest depression-like symptoms and should be ruled out (see Table 5).

The key objectives of treatment are:

- In the acute treatment phase: to achieve remission of symptoms
- In the maintenance treatment phase: to prevent relapse
- To return the patient to previous level of occupational and psychosocial function

Common Presentations

Patients do not always present with a chief complaint of sad mood or anhedonia.

Common symptoms include:

- Multiple somatic complaints
- Work or relationship dysfunction
- Lack of attention to activities of daily living
- Appetite change, weight gain or loss
- Sleep disturbance
- Fatigue
- Cognitive complaints such as poor memory or difficulty concentrating or making decisions

Common signs include:

- Multiple medical visits (more than five per year)
- Flattened affect
- Psychomotor retardation
- Poor grooming
- Poor adherence to physician's recommendations

Risk Factors

Risk factors for major depression include:

- Family or personal history of major depression and/or substance abuse
- Chronic medical illness, especially
  - chronic pain
  - myocardial infarction
  - stroke
  - diabetes mellitus
- Stressful life events that include loss (e.g., death of a loved one, divorce)
- Physical trauma
- Major life changes (e.g., job change, financial difficulties)
- Domestic violence
- Advanced age
- Social isolation

Special Considerations

- Anticipatory guidance for patients who plan pregnancy
- Pregnancy
- Postpartum period (see the Edinburgh Postnatal Depression Scale, page 6)
- LGBT individuals (Lesbian, gay, bisexual, transgender)
- Individuals with language barriers

Special Considerations (continue)

- Secondary/reversible causes
  - vitamin deficiency
  - thyroid
  - nutritional deficiency
  - other endocrine
  - substance abuse (alcohol or drug)
  - other co-morbidities: Parkinson, multiple sclerosis, cancer, lupus)

Choice of an Initial Treatment Modality

The goal of acute phase treatment is remission of the major depressive episode. Acute phase treatment may include:

- pharmacotherapy
- psychotherapy
- combination of medication and psychotherapy

Pharmacotherapy

Most antidepressant medications are equally effective. It is not possible to predict an individual patient's response to a particular antidepressant. Therefore, the selection of the initial antidepressant medication will be influenced by:

- Prior response to antidepressant medication (an agent that was successful in the past is likely to be successful again)
- Potential side effects
- Pharmacological properties of the medication (e.g., half life, drug interactions)
- Cost

As always, joint decision-making is appropriate.

Recommended for initial therapy:

- A selective serotonin reuptake inhibitor (SSRI)
- A serotonin norepinephrine reuptake inhibitor (SNRI)
- Mirtazapine
- Bupropion

Not recommended for initial therapy because of unfavorable side effect profiles:

- Monoamine oxidase inhibitors (MAOIs)
- Tricyclic antidepressants (TCAs)

Dose Titration

Most often, antidepressant treatment is initiated with a low dose of medication, then gradually increased until symptoms are controlled or side effects supervene.

Maximum doses in the table are for reference only. Dosing should be more conservative in older patients, patients with comorbidities, or patients who take other medications.

The most common reasons for antidepressant failure are inadequate dosing and inadequate duration of therapy.

Pharmacotherapy (continue)

Side Effects

Some patients who experience side effects will improve with a lower dose of the antidepressant.

Others may require a change, either to another member of the same class of antidepressant (side effects are generally similar across the class, individual variation may enable a patient to tolerate a related drug better than the culprit drug) or to a member of another drug class.

Follow up

After initial visit

During the acute phase of treatment, patients should be carefully and systematically monitored on a regular basis to assess response to pharmacotherapy, detect side effects, and assess patient safety.

After treatment is initiated, most patients should be seen within 2 to 4 weeks. Full response most commonly is not seen until 6-8 weeks or more of full-dose therapy.

During induction phase

Depending on response to therapy, follow-up visits can be gradually spaced farther apart.

During maintenance phase

For patients doing well on medication therapy, suggest office visits at 3 to 4 month intervals (monitor with depression screening tools).

Duration of Treatment

Most people treated for initial depression need to be on medication at least 6 months after adequate response to symptoms. Sixty percent of patients will not have recurrent symptoms.

Patients with recurrent depression need to be treated for three years or more. The more episodes, the likelier that the patient will benefit from indefinite medication therapy.

Augmenting Medication

If the response to initial pharmacotherapy is inadequate, some patients may benefit from the addition of a non-antidepressant medication or a second antidepressant from a different class. Commonly used agents include second-generation antipsychotics (including risperidone, quetiapine), and thyroid hormone.

Table 1: DSM-5 Criteria A for Major Depressive Episode

A total of 5 symptoms must be present 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 (greater than 5%) weight loss or gain, or increase or 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.

Note: Refer to DSM-5 Criteria B,C,D for additional information

Table 2: PHQ-2

PHQ-2:

Over the past two weeks, have you been bothered by:

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

A positive response to either question requires more thorough screening with the PHQ-9 (see page 7).

Table 3: Five-Item Geriatric Depression Scale (ages 65 and older)

- Are you basically satisfied with your life?
- Do you often get bored?
- Do you often feel hopeless?
- Do you prefer to stay at home rather than going out and doing new things?
- Do you feel pretty worthless the way you are now?

A single point is given for a "no" response to the first item and a "yes" response to each of the other 4 items.

A score of 2 points or greater is considered a positive screen for depression.

Table 4: SAD PERSONS Scale

S - Sex: 1 if male, 0 if female (more females attempt, more males succeed)

A - Age: 1 if under 20 or over 44

D - Depression: 1 if depression is present

P - Previous attempt: 1 if present

E - Excessive alcohol use or drug abuse : 1 if present

R - Rational thinking loss: 1 if present

S - Social support is lacking: 1 if present

O - Organized plan: 1 if plan is made and is lethal

N - No spouse: 1 if divorced, widowed, separated, or single

S - Sickness: 1 if chronic, debilitating, and severe

Guidelines for Action with the SAD PERSONS Scale

Total Points	Proposed Clinical Action
0 to 2	Send home with follow-up
3 to 4	Close follow-up; consider hospitalization
5 to 6	Strongly consider hospitalization depending on confidence in the follow-up arrangement
7 to 10	Hospitalize or commit

Table 5: General medical conditions causing or contributing to major depression ("Secondary Depression")

Drugs and poisons: alcohol, beta blockers, steroids, opiates, barbiturates, withdrawal from cocaine or amphetamines, heavy metal poisoning, cholinesterase inhibitors, cimetidine, chemotherapy agents	Metabolic/Endocrine Conditions: hyperthyroidism, hypothyroidism, severe anemia, hyperparathyroidism, hypokalemia, hyponatremia, Cushing disease, Addison disease, uremia, hypopituitarism, porphyria, Wilson Disease, Wernicke-Korsakoff syndrome
Infectious diseases: tuberculosis, Epstein-Barr infection, HIV, pneumonia, postinfluenza, tertiary syphilis, encephalitis	Neurodegenerative and demyelinating diseases: Alzheimer disease, multiple sclerosis, Parkinson disease, Huntington disease
Other neurologic: subdural hematoma, normal pressure hydrocephalus, strokes, post-traumatic brain injury syndromes, cerebral tumors	Neoplasia: carcinomatosis, cancers of the pancreas, lung, breast, and others
Others: systemic lupus erythematosus, other collagen vascular disorders, other chronic inflammatory or auto-immune disorders, heart failure	

Table 6: Commonly Prescribed Anti-Depressants

FDA Black Box Warning: In short-term placebo controlled studies, antidepressants increased the risk of suicidal thinking and suicidality in children, adolescents and young adults, but not in adults beyond age 24, and there was a reduction in risk in adults > 65. ***Monitor all patients closely for clinical worsening, suicidality, or unusual changes in behavior.***

Adverse Side Effects and Precautions

+++ = strong
++ = moderate
+ = mild
0 = very low, none

X = generally contraindicated
C = uncertain safety
D = unsafe
? = safety unknown
XX = highly unsafe

				Side Effects							Precautions							
Category	Drug	Daily Starting Dose	Usual Daily Dose	Anticholinergic	Sedation	Insomnia	Sexual Dysfunction	Weight Gain	Orthostatic Hypotension	Eating Disorders	Liver Disease	Seizure Disorder	Cardiac Arrythmia	Risk of Withdrawal Symptoms	Risk of Lethal Overdose	Pregnant	Lactating
SSRIs	Citalopram (Celexa)	10–20 mg QAM	20–40 mg QAM	0	0	+	+++	+	0				D	++	++	C	XX
	Escitalopram (Lexapro)	10 mg QAM	10–20 mg QAM	0	0	+	+++	+	0					++		C	C
	Fluoxetine (Prozac)	10–20 mg QAM	20–80 mg QAM	0	0	++	+++	+	0					++		C	XX
	Fluoxetine (Prozac weekly)	90 mg Qwk	90 mg Qweek	0	0	++	+++	+	0					++		C	XX
	Paroxetine (Paxil)	10-20 mg QAM	20–50 mg QAM	0	+	+	+++	+	0					+++		D	C
	Paroxetine (Paxil CR)	12.5–25 mg QAM	25–62.5 mg QAM	0	+	+	+++	+	0					+++		D	C
	Sertraline (Zoloft)	25–50 mg QAM	50–200 mg QAM	0	0	++	+++	+	0					++		C	C
SNRIs	Desvenlafaxine (Pristiq)	50 mg QD	50 mg QD	+	0	+	+	0	0					+		C	XX
	Duloxetine (Cymbalta)	40-60 mg QD or divided dose of 20-30mg BID	60-120 mg QD	+	0	+	+	0	0		X			++		C	C
	Venlafaxine (Effexor)	25 mg BID–TID	150–375 mg Daily	+	0	+	++	0	0	D				+++		C	XX
	Venlafaxine XR (Effexor XR)	37.5–75 mg QD	75-225 mg Daily	+	0	+	++	0	0	D				+++		C	XX
Atypical Agents	Bupropion (Wellbutrin)	100 mg BID–TID	300–450 mg Daily	0	0	+	0	0	0	X		X				C	C
	Bupropion (Wellbutrin SR)	150 mg QAM	300–400 mg Daily	0	0	+	0	0	0	X		X				C	C
	Bupropion (Wellbutrin XL)	150 mg QAM	300–450 mg Daily	0	0	+	0	0	0	X		X				C	C
	Mirtazapine (Remeron)	15 mg QHS	15–45 mg QHS	+	+++	0	0	+++	+			X		++		C	C
Trycyclics	Amitriptyline (Elavil)	25-50 mg QHS or divided doses	100–300 mg QHS or divided doses	+++	+++	0	+	+++	+++			X	X	++	+++	C	XX
	Doxepin (Adapin, Sinequan)	25–75 mg QHS	100–300 mg QHS	+++	++	0	++	+++	++			X	X	++	+++	?	?
	Imipramine (Tofranil)	25–75 mg QHS	100–300 mg QHS	+++	++	+	+	+++	+++			X	X	++	+++	?	XX
Serotonin Modulator	Trazodone (Desyrel)	150 mg QHS	150–375 mg QHS	0	+++	0	+	+	++			X	X	+		C	C
	Vortioxetine (Trintellix)	5 – 10 mg QD	10 – 20 mg QD	0	0	0	+	0	0			X		+		C	C
	Vilazodone (Viibryd)	10 mg QD	10 – 40 mg QD	0	0	+	++	0	0			X		+		C	C
Augmenting Agents	Aripiprazole (Abilify)	2 - 5 mg QD	2 - 15 mgQD	++	0	0	0	++	++			X		+		C	?
	Risperidone (Risperdal)	2 mg QD	2 - 8 mg QD	0	+	0	++	+++	++		D	X		++		C	XX
	Bupropion (Wellbutrin)	100 mg BID–TID	300–450 mg Daily	0	0	+	0	0	0	X		X				C	C

Edinburgh Postnatal Depression Scale (EPDS)

In the past week:

1. I have been able to laugh and see the funny side of things.
   - ☐ As much as I always could
   - ☐ Not quite so much now
   - ☐ Definitely not so much now
   - ☐ Not at all

2. I have looked forward with enjoyment to things.
   - ☐ As much as I ever did
   - ☐ Rather less than I used to
   - ☐ Definitely less than I used to
   - ☐ Hardly at all

*3. I have blamed myself unnecessarily when things went wrong.
   - ☐ Yes, most of the time
   - ☐ Yes, some of the time
   - ☐ Not very often
   - ☐ No, never

4. I have been anxious or worried for no good reason.
   - ☐ No, not at all
   - ☐ Hardly ever
   - ☐ Yes, sometimes
   - ☐ Yes, very often

*5. I have felt scared or panicky for not very good reason.
   - ☐ Yes, quite a lot
   - ☐ Yes, sometimes
   - ☐ No, not much
   - ☐ No, not at all

*6. Things have been getting on top of me.
   - ☐ Yes, most of the time I haven't been able to cope at all
   - ☐ Yes, sometimes I haven't been coping as well as usual
   - ☐ No, most of the time I have coped quite well
   - ☐ No, I have been coping as well as ever

*7. I have been so unhappy that I have had difficulty sleeping.
   - ☐ Yes, most of the time
   - ☐ Yes, sometimes
   - ☐ Not very often
   - ☐ No, not at all

*8. I have felt sad or miserable.
   - ☐ Yes, most of the time
   - ☐ Yes, quite often
   - ☐ Not very often
   - ☐ No, not at all

*9. I have been so unhappy that I have been crying.
   - ☐ Yes, most of the time
   - ☐ Yes, quite often
   - ☐ Only occasionally
   - ☐ No, never

*10. The thought of harming myself has occurred to me.
   - ☐ Yes, quite often
   - ☐ Sometimes
   - ☐ Hardly ever
   - ☐ Never

Postpartum depression is the most common complication of childbearing. This 10-question tool is a valuable and efficient way of identifying patients at risk for perinatal depression. THE EPDS is easy to administer and has proven to be an effecting screening tool.

Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity. The EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt during the previous week. In doubtful cases, it may be useful to repeat the tool after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias, or personality disorders.

Scoring: Questions 1, 2, and 4 (without an *) are scored 0, 1, 2, or 3 with the top box scored as 0 and the bottom box scored as 3.
Questions 3, 5-10 (marked with an *) are reverse scored, with the top box scored as a 3 and the bottom box scored as 0.

Maximum score: 30
Possible depression: 10 or greater

Always look at question 10 (suicidal thoughts)

Patient Health Questionnaire (PHQ-9)

Name: _____ Date: _____

Over the last two weeks, how often have you been bothered by any of the following problems?

(Use a ✓ to indicate your answer.)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself--or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people have noticed or the opposite: being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or thoughts of hurting yourself	0	1	2	3

Add columns ☐ + ☐ + ☐

Total ☐

10. If you checked off any problems above, how difficult have these problems made if for you to do your work, take care of things at home, or get along with other people?

_____ Not difficult at all
_____ Somewhat difficult
_____ Very difficult
_____ Extremely difficult

(Health care professional: For interpretation of total score, please refer to the accompanying scorecard on the next page.)

PHQ-9 Patient Depression Scorecard

For initial diagnosis:

- Patient completes the PHQ-9 Quick Depression Assessment.
- If there are at least four check marks in the shaded section (including questions 1 and 2), consider a depressive disorder. Add the scores to determine severity.

Consider Major Depressive Disorder if there are at least 5 check marks in the shaded section (one of which corresponds to question 1 or 2).

Consider Other Depressive Disorder if there are 2 to 4 check marks in the shaded section (one of which corresponds to question 1 or 2).

Note: Since the questionnaire relies on patient self-reporting, all responses should be verified by the clinician and a definitive diagnosis made on clinical grounds taking into account how well the patient understood the questions, as well as other relevant information from the patient.

Diagnosis of Major Depressive Disorder or Other Depressive Disorder also requires impairment of social, occupational, or other important areas of functioning (question 10) and ruling out normal bereavement, a history of a manic episode (bipolar disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly-diagnosed patients or patients in current treatments for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (e.g., every two weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up the check marks by column. Each check mark has a points designation:
   Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together the column scores to get a total score. Refer to the box below to interpret the total score.
4. Results may be included in patient files to assist in setting up a treatment goal, determining the degree of response, and guiding treatment intervention.

Total Score	Depression Severity
1 through 4	Minimal depression
5 through 9	Mild depression
10 through 14	Moderate depression
15 through 19	Moderately severe depression
20 through 27	Severe depression

THE MOOD DISORDER QUESTIONNAIRE (MDQ) **Instructions: Please answer each question to the best of your ability. Place a check mark in the appropriate box.**		
1. Has there ever been a period of time when you were not your usual self and (while not using drugs or alcohol) . . .	**Yes**	**No**
. . . you felt so good or so hyper that other people thought you were not your normal self, or you were so hyper that you got into trouble?		
. . . you were so irritable that you shouted at people or started fights or arguments?		
. . . you felt much more self-confident than usual?		
. . . you got much less sleep than usual and found you didn't really miss it?		
. . . you were much more talkative or spoke faster than usual?		
. . . thoughts raced through your head or you couldn't slow your mind down?		
. . . you were so easily distracted by things around you that you had trouble concentrating or staying on track?		
. . . you had much more energy than usual?		
. . . you were much more active or did many more things than usual?		
. . . you were much more social or outgoing than usual; for example, you telephoned friends in the middle of the night?		
. . . you were much more interested in sex than usual?		
. . . you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?		
. . . spending money got you or your family into trouble?		
2. If you answered YES to more than one of the above, have several of these ever happened during at least a four-day period of time?		
3. How much of a problem did any of these cause you—like being unable to work; having family, money, or legal troubles; getting into arguments or fights? (circle your response) No Problem Minor Problem Moderate Problem Serious Problem		
4. Have any of your blood relatives (i.e., children, siblings, parents, grandparents, aunts, uncles) had manic depressive illness or bipolar disorder?		
5. Has a health professional ever told you that you have manic depressive illness or bipolar disorder?		

SCORING THE MOOD DISORDER QUESTIONNAIRE (MDQ)

The MDQ screens for Bipolar Spectrum Disorder, (which includes Bipolar I, Bipolar II and Bipolar NOS).

If the patient answers . . .

- "Yes" to seven or more of the 13 items in question number 1

AND

- "Yes" to question number 2

AND

- "Moderate" or "Serious" to question number 3

. . . you have a positive screen. All three of the criteria above should be met. A positive screen should be followed by a comprehensive medical evaluation for Bipolar Spectrum Disorder.

Table 7: ICD-10 - Major Depression

ICD 10	Description
F32.9 F32.0 F32.1 F32.2 F32.3 F32.4 F32.5 F32.8	Major depressive disorder, single episode, unspecified Major depressive disorder, single episode, mild Major depressive disorder, single episode, moderate Major depressive disorder, single episode, severe without psychotic features Major depressive disorder, single episode, severe with psychotic features Major depressive disorder, single episode, in partial remission Major depressive disorder, single episode, in full remission Other depressive episodes
F33.9	Major depressive disorder, recurrent, unspecified
F33.0	Major depressive disorder, recurrent, mild
F33.1	Major depressive disorder, recurrent, moderate
F33.2	Major depressive disorder, recurrent severe with psychotic features
F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms
F33.40	Major depressive disorder, recurrent, in remission, unspecified
F33.41	Major depressive disorder, recurrent, in partial remission
F33.42	Major depressive disorder, recurrent, in full remission
F33.8	Other recurrent depressive disorders

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