Primary Care Diagnosis and Management of Adults with Depression 2015

The following guideline recommends being alert to depressive symptoms and risk for suicide, following diagnostic criteria, when indicated using pharmacologic treatment in adequate dose and for **appropriate duration,** and when to **refer to Behavioral Health Specialists.**

Eligible Population	Key Components	Recommendation and Level of Evidence	Frequency
Adults 18 years or older with high risk for major depressive disorder Including conditions such as: Prenatal and postpartum; Chronic medication use, disabling illness, and/or pain; Anxiety	Detection and Diagnosis	Assess for major depression using a validated screening tool (e.g. PHQ-2) and diagnostic tool (e.g. PHQ-9), or, ■ Assess if criteria for major depression are met using DSM-IV. **[A]** Must have a total of five symptoms for at least two weeks. One of the symptoms must be depressed mood or loss of interest. Relevant symptoms include: • Little interest or pleasure in doing things • Feeling down, depressed, or hopeless • Insomnia/hypersomnia • Feeling tired or having little energy • Poor appetite or overeating • Feeling bad about one's self (failure, let yourself or family down) • Trouble concentrating • Moving/speaking so slowly that others could have noticed, or fidgety/restless • Thoughts of being better off dead, or of hurting one's self ■ Assess for drug and alcohol **use.** ■ **Assess 3 to 8 weeks post-partum using the Edinburgh Postnatal Depression Scale.** ■Assess whether patients have symptoms suggesting bipolar disorder **[C],** or psychosis.	At each evaluation where the patient's high-risk status, symptoms or signs raise suspicion of current or uncontrolled depression. At the first prenatal care visit; on post-partum visits (within 3-8 weeks of discharge) and if symptoms or signs raise suspicion.
Individuals diagnosed with significant mood symptoms, particularly	Screening for Suicide Risk	Assess risk of suicide by direct questioning about suicidal ideation, and if present, suicidal planning, potential means, and personal/family history of suicidal attempts. **[D]** ■ **If patient at risk for suicide, refer to emergency department or crisis intervention center.**	At each encounter addressing depression until patient is treated to remission and has not expressed suicidal thinking in previous visits.

those meeting criteria for major depression	Management of patients who are prescribed antidepressant medication.	Initiate antidepressant medication following manufacturer's recommended doses. **[A]** ■ Consider referral to Behavioral Health Specialist when **[D]:** • Additional counseling as desired. • Primary physician not comfortable managing patient's depression. • Diagnosis is uncertain or complicated by other psychiatric factors (e.g. bipolar disorder, psychosis, substance abuse). • Complex social situation. • Management is complex, response to medication at therapeutic dosage is not optimal, or considering prescribing multiple agents. • Psychotherapy and/or hospitalization required. ■ Monitor medication frequently (e.g. every two weeks) and adjust to a therapeutic level as assessed by clinical data not to exceed the highest recommended dose. **[D]** Medication should not be abruptly discontinued. ■ If no response after approximately 2 - 3 weeks on therapeutic dosage, increase dosage as tolerated and begin new observation period. If no response after approximately 2 - 3 weeks on maximal dosage, then switch antidepressant. If partial response on maximal dosage, then switch antidepressant or augment with additional agent. ■Patients with recurrent major depression usually require lifelong treatment. Continue medication for at least 9 - 1 2 months after acute symptoms resolve. **[A]**	Schedule sufficient follow-up visits to assess response to treatment and titrate dose (typically every two weeks, monthly at a minimum). **[D]**

Levels of Evidence for the most significant recommendations: A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies: D = opinion of expert panel. This guideline is based on several sources, including: Adult Depression in Primary Care health care guideline. Institute for Clinical Systems Improvement.