

Management of Adults with Major Depression

The following guideline recommends being alert to depressive symptoms and risk for suicide, following diagnostic criteria, using pharmacologic treatment when indicated in adequate doses 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 who have been diagnosed or are at high risk for major depressive disorder	Detection and diagnosis	Maintain high index of suspicion for depressive symptoms in persons with: <ul style="list-style-type: none"> Family or personal history of depression or suicide attempt. [A] Recent stressful life events (e.g., postpartum state and lack of social supports). Chronic illnesses, chronic pain, unexpected somatic complaints, symptoms of fatigue, malaise, irritability or sadness. Current alcohol or substance abuse. Assess if DSM-IV criteria for major depression are met. ¹ [A]	At each evaluation where the patient's high-risk status, symptoms or signs raise suspicion of current or uncontrolled depression
Individuals diagnosed with major depression	Screening for suicide risk	Assess risk of suicide by direct questioning about suicidal thinking, suicide planning, potential means, and personal/family history of suicide attempts.	At each encounter addressing depression
Individuals prescribed antidepressant medication for major depression	Management of patients who are prescribed antidepressant medication	<ul style="list-style-type: none"> Initiate antidepressant medication following manufacturer's recommended doses [A] Monitor medication frequently and adjust to a therapeutic level not to exceed the highest recommended dose. [D] Medication should not be abruptly discontinued. If response is unsatisfactory in 6 weeks at maximum recommended dosages, switch to another antidepressant medication. Continue antidepressant medication for a minimum of 6 months to prevent relapse. [A] For patients with recurring major depression, continue medication for at least one year or longer at effective dosage. [B] 	Medication for at least 6 months Schedule at least 3 follow-up office visits in first 12 weeks.
	Referral to and coordination with a Behavioral Health Specialist when:	<ul style="list-style-type: none"> Identified or suspected risk of suicide Alcohol or substance abuse Primary physician not comfortable managing patient's depression Diagnosis is uncertain or complicated by other psychiatric factors Complex social situation Management is complex, response to medication is not optimal, or considering prescribing multiple agents Psychotherapy and/or hospitalization required 	Following hospitalization for major depression, a Behavioral Health Specialist should see patients within 7 days of discharge.

¹DSM-IV Criteria: Depressed mood most of the day, nearly every day and/or markedly diminished interest or pleasure in almost all activities most of the day in conjunction with at least four of the following symptoms present for at least two (2) weeks: Significant weight loss/gain; insomnia/hypersomnia; feelings of worthlessness; fatigue/loss of energy; psychomotor slowing/agitation; thoughts of suicide/death; impaired concentration/indisiveness. (Recognition may be increased with the use of a validated screening tool, e.g., HANDS, CES-D Revised, Zung, PRIME-MD)

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 lists core management steps for non-behavioral health specialists. It is based on several sources, including: Major Depression in Adults in Primary Care, Institute for Clinical Systems Improvement, 2003 (www.icsi.org).

Individual patient considerations and advances in medical science may supersede or modify these recommendations.