DEPRESSION MANAGEMENT GUIDELINE USE

Full Dartmouth-Hitchcock Depression Management Adult, Ambulatory Clinical Practice Guideline:
http://one.hitchcock.org/intranet/docs/default-source/d-h-knowledge-map-documents/depression_cpg_final.pdf

Depression Management Adult, Ambulatory Clinical Practice Brief:

Patient Resources

- A D-H internet web-page will be built that summarizes information, self-help strategies, self-help groups, counseling resources, etc. for depression (below).
- Healthwise resources on D-H internet site: dozens of topics available
- Other web resources
  - Information
    - www.nimh.nih.gov/health/topics/depression/index.shtml
    - www.psychiatry.org/patients-families/depression
    - www.suicidepreventionlifeline.org
  - Finding a therapist
    - https://therapists.psychologytoday.com
  - CBT based self-management
    - http://www.moodjuice.scot.nhs.uk
    - https://moodgym.anu.edu.au/welcome
    - http://www.beatingtheblues.co.uk/patients/
- Apps
  - Pacifica- anxiety, stress and depression relief
  - MoodKit- CBT for depression, anxiety, anger management
- Books
  - The Cognitive Behavioral Workbook for Depression- William Knauss, EdD

Pathways & Guidelines: Clinical Practice Guideline and pathways are designed to assist clinicians by providing a framework for the evaluation and treatment of patients. This Clinical Practice Guideline outlines the preferred approach for most patients. It is not intended to replace a clinician’s judgment or to establish a protocol for all patients. It is understood that some patients will not fit the clinical condition contemplated by a guideline and that a guideline will rarely establish the only appropriate approach to a problem.

Copyright, citation, use, and adoption limitation/instructions:
May not be reproduced, distributed or modified for sale. May not be loaded into software platform outside of D-H in whole or in part without explicit permission.
If modified for local use, cite as:
Adapted from Dartmouth-Hitchcock Knowledge Map™ Depression Management Adult, Ambulatory Clinical Practice Guideline. Copyright 2017.
**Depression Treatment in Adults Algorithm**

**Diagnosis of Depression**

**Acute Phase**
(6-12 weeks)

- **Mild Severity** (PHQ-9 score 5-9 points)
  - SDM to decide on: psychotherapy alone and/or behavioral activation

- **Moderate Severity** (PHQ-9 score 10-19 points)
  - SDM to decide on: psychotherapy alone (i.e., CBT or IPT), pharmacotherapy alone, or combination therapy (psychotherapy and medications)

- **Severe Severity** (PHQ-9 score 20-27 points)
  - SDM to decide on: pharmacotherapy or combination therapy or ECT

Assess Initial Response using PHQ-9
At 4-6 weeks if pharmacotherapy (alone or in combination) or 6-12 weeks if psychotherapy alone.

Assess Response using PHQ-9
4-8 weeks following change in treatment.

**Continuation Phase**
(4-9 months)

- Contact (telephone or in person, by clinician and/or care manager) should occur every 1-3 months.

**Maintenance Phase**
(1 year to lifetime)

- Continue pharmacotherapy and contact patient every 3-12 months if stable.
  - High risk for recurrence?
    - Yes: Discontinue Treatment
      - Taper antidepressants over several weeks
      - Notify patient prior to final psychotherapy session
    - No: Continue pharmacotherapy and contact patient every 3-12 months if stable.

**Consider referral to Behavioral Health at any time, especially if:**
- Possibility of bipolar disorder
- Psychiatric co-morbidity (i.e., substance abuse, anxiety, OCD, eating disorder)
- Concern regarding the possibility of suicide and/or homicide
- Psychosis with depression
- No improvement with medications despite multiple dose adjustments and trials of different medication classes
- Significant or prolonged inability to work and care for self and/or family
- Diagnostic uncertainty

---

*Response*: a 50% or greater reduction in symptoms (as measure by the PHQ-9).

**Remission**: the absence of depressive symptoms, or the presence of minimal depressive symptoms (PHQ-9 score < 5 points)

**SDM**: Shared decision making

---

Risk factors for recurrence:
- 3 or more major depressive episodes OR 2 prior episodes and any of the following factors:
  - Chronic major depressive disorder
  - Presence or residual symptoms
  - Ongoing psychological stressors
  - Early age at onset
  - Family history of mood disorders