

Depression Management

Adult, Ambulatory Clinical Practice Guideline Pocket Guide

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_cpq_final.pdf

Depression Management Adult, Ambulatory Clinical Practice Brief: http://one.hitchcock.org/intranet/docs/default-source/d-h-knowledge-map-documents/depression_brief-final.pdf

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
 - o www.nimh.nih.gov/health/topics/depression/index.shtml
 - o www.psychiatry.org/patients-families/depression
 - o www.suicidepreventionlifeline.org
 - Finding a therapist
 - o https://therapists.psychologytoday.com
 - CBT based self-management
 - o http://www.moodjuice.scot.nhs.uk
 - o https://moodgym.anu.edu.au/welcome
 - o 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.

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Depression Treatment in Adults Algorithm Consider referral to Behavioral Health at any time, especially if: Diagnosis of Depression Possibility of bipolar disorder Psychiatric co-morbidity (i.e., substance abuse, anxiety, OCD, eating disorder) Concern regarding the possibility of suicide and/or Mild Severity Severe Severity homicide **Moderate Severity Acute Phase** (PHQ-9 score 10-19 points) Psychosis with depression (PHQ-9 score 5-9 (PHQ-9 score 20-27 (6-12 weeks) No improvement with points) points) medications despite multiple SDM to decide on: Contact (telephone or in psychotherapy alone SDM to decide on: dose adjustments and trials of ***SDM to decide person, by clinician and/or (i.e., CBT or IPT), different medication classes pharmacotherapy or on: psychotherapy care manager) should pharmacotherapy alone, or combination Significant or prolonged alone and/or occur 1 week after combination therapy therapy or ECT inability to work and care for behavioral diagnosis and initiation of (psychotherapy and self and/or family activation treatment, and then every medications)) Diagnostic uncertainty 2-4 weeks until there is remission or response. **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 Response?* Adjust or Change Therapy **Continuation Phase Stepped Care Approach** Consider: Yes (4-9 months) -Assessing therapy adherence -Adjusting medication dose Contact (telephone or in--Increasing number of therapy sessions person, by clinician and/or Augmenting or changing therapy type care manager) should occur Consider adjusting medications until remission Referral to Behavioral Health every 1-3 months. is achieved. Continue medication 4-9 months beyond remission. Assess response every 1-3 months using PHQ-9. Maintenance Discontinue Treatment Continue pharmacotherapy -Taper antidepressants over several weeks **Phase** High risk for and contact patient every 3--Notify patient prior to final psychotherapy recurrence? (1 year to lifetime) 12 months if stable. session Risk factors for recurrence: 3 or more major depressive episodes OR 2 prior episodes and any of the following factors: -Chronic major depressive disorder *Response: a 50% or greater reduction in symptoms (as measure by the PHQ-9). -Presence or residual symptoms **Remission: the absence of depressive symptoms, or the presence of minimal -Ongoing psychological stressors depressive symptoms (PHQ-9 score < 5 points) -Early age at onset ***SDM: Shared decision making

-Family history of mood disorders