

Major Depressive Disorder

Clinical Practice Guideline Summary for Primary Care

DIAGNOSIS AND CLINICAL ASSESSMENT

Major Depressive Disorder is characterized by the following signs and symptoms: sad or depressed mood, poor appetite or overeating, insomnia or hypersomnia, low energy, fatigue, low self-esteem, poor concentration, difficulty making decisions, loss of interest in activities, helplessness and hopelessness, and potential suicidal ideation.

A comprehensive diagnostic evaluation requires careful attention to the patient's behavioral health and medical history and should include the following elements:

- History and severity of current symptoms
- Mental status examination
- Assessment of risk to self or others
- Psychiatric history, including symptoms of mania, current and past treatments (i.e. behavioral health therapy and pharmacotherapy) and responses to treatment
- General medical history and physical examination to rule out medical reason for reported symptoms
- Substance use history and treatment for substance use disorders
- Personal history including psychological development, major life events, and response to life transitions
- Social and occupational history
- Family medical and psychiatric history
- Review of patient's prescriptions and use of over-the-counter medications

One way to improve diagnostic efficiency in detecting Major Depressive Disorder is the use of a screening tool such as the Patient Health Questionnaire-9 (PHQ9), a self-report instrument which can substantially improve the recognition of a patient with Major Depressive Disorder.

POTENTIAL WARNING SIGNS IN TREATING PATIENTS WITH MAJOR DEPRESSIVE DISORDER

- Any significant or sudden change in a patient's mental status, such as a new onset of impulsive, self-destructive or violent behaviors, warrants consultation with a behavioral health specialist and may require urgent or emergent treatment including hospitalization.

- Patients presenting with depressive disorders, with a risk of harm to self or others require hospitalization; patients presenting with co-morbid alcohol and/or substance use disorders may require detoxification.

EFFECTIVE TREATMENT

Treatment options for Major Depressive Disorder are generally determined by the patient's clinical presentation and severity of symptoms. Treatment modalities include pharmacotherapy, psychotherapy, and a combination of both. Electroconvulsive therapy (ECT) may be considered for more severe and treatment resistant depressive symptoms.

Comprehensive treatment plans should be developed and reviewed during all phases of treatment and include the following interventions:

- Evaluate and monitor the patient's functional impairments and quality of life in domains such as family and social relationships, work, school, leisure activities and maintenance of health and hygiene
- Collaboration with the patient to develop a treatment plan and help with decision making; attend to the patient's preferences and concerns
- Establish the appropriate treatment setting based on the patient's clinical condition, symptoms and safety concerns
- Ongoing assessment and monitoring of patient safety and thoughts of harm to self or others is critical
- Ongoing monitoring of patient's symptoms and response to treatment
- Coordinate the patient's care with other treating clinicians to ensure that relevant information is communicated to guide treatment decisions, and treatments are synchronized
- Assess potential barriers to treatment adherence including lack of motivation, medication side effects, logistical, economic or cultural barriers to treatment
- Provide education to patient/family regarding illness, risk of relapse, and the need for treatment compliance
- Promote healthy behaviors such as exercise, good sleep hygiene and nutrition, decreased use of tobacco, alcohol and other potentially addictive substances

Medication

The initial selection of an antidepressant medication is determined by the patient's clinical presentation, severity of symptoms, presence of co-occurring mental health or medical disorders, psychosocial stressors, prior treatment experience, potential side effects, cost, and patient preference. For most patients a serotonin reuptake inhibitors (SSRIs) or serotonin norepinephrine reuptake inhibitors (SNRIs) are optimal pharmacotherapy options due to safety, tolerability and anticipated side effects. SSRIs include Citalopram, Escitalopram Fluoxetine, Paroxetine, Paroxetine extended release,

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and Sertraline. SNRIs include Venlafaxine immediate release, Venlafaxine extended release, Desvenlafaxine, and Duloxetine.

It is important to monitor the patient's response to antidepressant medication, considering potential side effects and safety concerns. There is an increased suicide risk for some patients prescribed antidepressant medication; therefore close monitoring is essential.

The three phases for treatment of Major Depressive Disorder include the Acute Phase (the initial 6-12 weeks), Continuation Phase (16-20 weeks) and Maintenance Phase (beyond 20 weeks). Generally 4-8 weeks are needed before it can be concluded that a patient is partially responsive or unresponsive to a specific pharmacotherapy intervention. Prescribing clinicians should educate patients during all phases of treatment of the importance of taking medication as prescribed. It is also important that patients understand the need to consult with their prescribing clinician prior to discontinuing an antidepressant or other psychiatric medication.

The National Committee for Quality Assurance HEDIS® Measure Recommendation Antidepressant Medication Management (AMM)

- ***Effective Acute Phase Treatment:*** newly diagnosed patients should remain on antidepressant medication for at least 12 weeks.
- ***Effective Continuation Treatment Phase:*** newly diagnosed patients should remain on an antidepressant medication for at least 180 days.

Therapy

Patients with Major Depressive Disorder can benefit from psychotherapy as the primary intervention when presenting symptoms are mild to moderate. Many patients benefit from a combination of psychotherapy and pharmacotherapy. Psychotherapy options include cognitive, interpersonal and/or psychodynamic therapy. Treatment options are generally determined by patient preference, clinical presentation, functional impairment, psychosocial stressors and safety concerns. Patients may consider different psychotherapy modalities such as individual, couples, family or group therapy. Some patients with more severe depressive symptoms may require hospitalization or Electroconvulsive Therapy (ECT) for safety, stabilization, and more intensive treatment.

RESOURCES

For further information you may access the complete version of the American Psychiatric Association's *Practice Guideline for the Treatment of Patients with Major Depressive Disorder*, Third Edition available at <http://psychiatryonline.org/guidelines>.

OPTUM CONTACT INFORMATION

- Optum Physician Consultation Service (800) 292-2922 to discuss treatment concerns with an Optum psychiatrist.

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- Optum Customer Service (888) 777-4742 if you would like to make a referral to a behavioral health professional.
- Optum 24/7 Substance Use Disorder Helpline (855) 780-5955 for education regarding substance use, treatment options and available community support services.

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