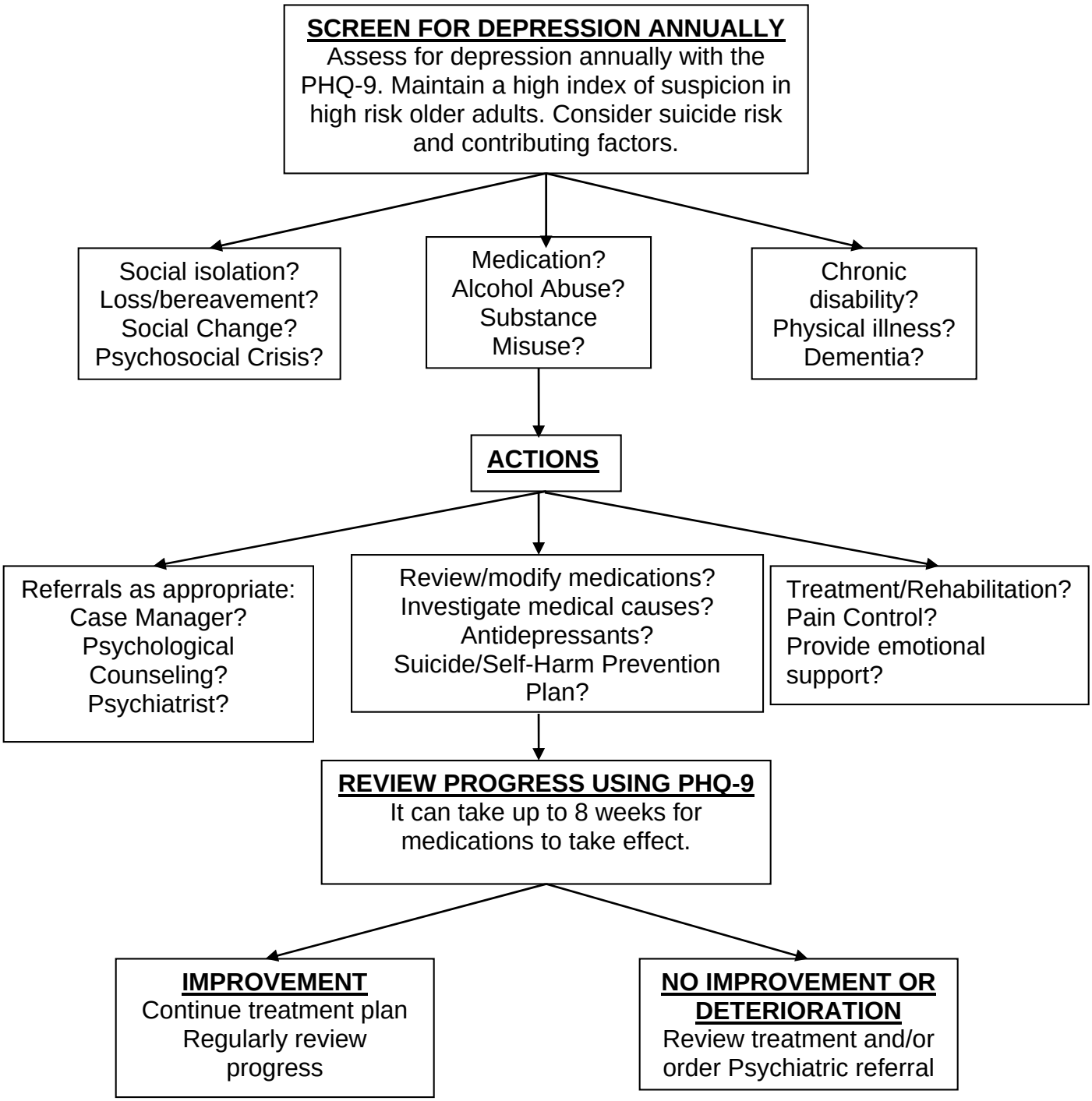
Depression Flow Chart



Criteria for Major Depressive Episode

From DSM IV TR (American Psychiatric Association)

A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either
(1) depressed mood or
(2) loss of interest or pleasure.

Note: Do not include symptoms that are clearly due to a general medical condition, or mood-incongruent delusions or hallucinations.

(1) depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful).

(2) markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others)

(3) significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day.

(4) Insomnia or Hypersomnia nearly every day

(5) psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)

(6) fatigue or loss of energy nearly every day

(7) feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)

(8) diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)

(9) recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

B. The symptoms do not meet criteria for a Mixed Episode [i.e., having simultaneous manic and depressive symptoms].

C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).

E. The symptoms are not better accounted for by Bereavement, i.e., after the loss of a loved one, the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation.

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ **DATE:** _____

Over the *last 2 weeks,* how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
	add columns:		+	+

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.) **TOTAL:**

10. If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

- **Not difficult at all** _____
- **Somewhat difficult** _____
- **Very difficult** _____
- **Extremely difficult** _____

ZT274388

Fold back this page before administering this questionnaire

INSTRUCTIONS FOR USE

for doctor or healthcare professional use only

PHQ-9 QUICK DEPRESSION ASSESSMENT

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment on accompanying tear-off pad.
2. If there are at least 4 ✓s in the blue highlighted section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.
3. ***Consider Major Depressive Disorder***
   —if there are at least 5 ✓s in the blue highlighted section (one of which corresponds to Question #1 or #2)

   Consider Other Depressive Disorder
   —if there are 2 to 4 ✓s in the blue highlighted section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician and a definitive diagnosis made on clinical grounds, taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient. Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying PHQ-9 Scoring Card to interpret the TOTAL score.
5. Results may be included in patients' files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

PHQ-9 SCORING CARD FOR SEVERITY DETERMINATION

for healthcare professional use only

Scoring—add up all checked boxes on PHQ-9

For every ✓: Not at all = 0; Several days = 1;
More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
0-4	None
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

PHQ-9 Scoring Interpretation

Your patient was screened for depression using a validated instrument, the Patient Health Questionnaire (PHQ-9). The findings are attached with interpretation information below.

Score	Depression Level	Interpretation/Treatment Recommendations
5 - 9	**Mild Depression**	Consider cognitive interventions, supportive and problem-solving therapy. Evaluate patient's stressors; sleep hygiene, and lifestyle issues. If patient has history of being treated with antidepressants in the past, consider restarting therapy. If patient has been on antidepressants greater than 6 weeks, consider increasing the dose.
10 - 14	**Moderate Depression**	Consider initiating antidepressant therapy, reassess patient's response at 4-8 week intervals. If patient has been on antidepressants greater than 6 weeks, consider increasing the dose. If on maximum dose, add second antidepressant or consider changing to alternate regime to augment treatment.
15 - 19	**Moderately Severe Depression**	Patient should be started on antidepressant therapy, titrate to maximum dose tolerated. If compliance is problematic, initiate problem-solving treatment and or re-evaluate choice of antidepressant. If patient has been on antidepressants greater than 6 weeks, consider increasing the dose. If on maximum dose, add second antidepressant to augment treatment or consider changing to alternative antidepressant regime. Consider referral to psychiatry.
Score > 19	**Severe Depression**	Patient should be started on antidepressant therapy, titrate to maximum dose tolerated. If compliance is problematic, initiate problem-solving treatment and or re-evaluate choice of antidepressant. If patient has been on antidepressants greater than 6 weeks, consider increasing the dose. If on maximum dose, add second antidepressant to augment treatment or consider changing to alternative antidepressant regime. Refer to Psychiatry for evaluation.

Pharmacologic Agents for Treatment of Depression

2012 SCAN Formulary Drugs

Medication	Tier Level & Notes	Daily Dosing	Adverse Drug Reactions
Selective Serotonin Reuptake Inhibitors (SSRI) * **			
*citalopram**	1	20 – 40 mg	Nausea, Insomnia, somnolence, dizziness, sexual side effects
*fluoxetine**	2	10 – 40 mg	Tremors, insomnia, nervousness, dizziness, sexual side effects
*paroxetine**	1	20 – 50 mg	Tremors, sedation, anorexia, nausea, increased sexual side effects
*paroxetine er**	2	25 – 62.5 mg	Tremors, sedation, anorexia, nausea, sexual side effects
*sertraline**	1	25 – 200 mg	Tremors, insomnia, nausea, dizziness, sexual side effects
VIIBRYD (vilazodone)	3 [ST]	40mg	Tremors, insomnia, nervousness, dizziness
Serotonin Norepinephrine Reuptake Inhibitors (SNRI)			

CYMBALTA (duloxetine)	3	40 – 60 mg	Nausea, headache, dry mouth, insomnia, somnolence, constipation
PRISTIQ (desvenlafaxine)	3 [ST]	50 –100 mg	Headache, nausea, dry mouth, hyperhidrosis, insomnia, dizziness somnolence, nausea, male sexual dysfunction disorder
venlafaxine ir	2	75 – 375 mg	Nausea, headache, somnolence, dry mouth, dizziness, insomnia, abnormal sexual functions, blood pressure increase
venlafaxine er	2	75 – 225 mg	Nausea, dizziness, somnolence, abnormal sexual functions, insomnia, blood pressure increase
Antidepressants, Other			
*budeprion sr***	2	150 – 300 mg	Headache, insomnia, dry mouth, nausea, constipation
*budeprion xl***	2	150 – 300 mg	Headache, insomnia, dry mouth, nausea, constipation
*bupropion***	2	300 mg	Agitation, dizziness, headache, tremors, excessive sweating, insomnia, nausea, vomiting, anorexia
*bupropion sr***	2	150 – 300 mg	Headache, insomnia, dry mouth, nausea, constipation
maprotiline	2	150mg	Headache, dry mouth, nausea, vomiting, dizziness, blurred vision

*mirtazapine***	2	12 – 45 mg	Sedation, weight gain, increased appetite, dizziness, low rate of sexual side effects in males and females
*nefazodone***	2	200 – 400 mg	Headache, sedation, dry mouth, nausea, dizziness, insomnia, hepatotoxicity, low rate of sexual side effects in males and females
*trazodone***	1	50 – 400 mg	Sedation, headache, dry mouth, nausea, vomiting, dizziness, blurred vision

Brand-name drugs are capitalized and generic drugs are listed in lower-case italics

[NF] = Non-formulary [ST] = Step Therapy

*Rate of sexual side effects 35-50%.Mayoclinic.com/health/antidepressants/ AND primarypsychiatry.com/aspx/articledetail.
**Least risk of sexual side effects in males and females.
***SSRI: Citalopram, paroxetine and sertraline are also available as a solution, suspension or concentrate respectively and are Tier 2 for the Part D formulary.

Depression Guideline References

Depression Guidelines adapted from:

- DSM IV TR – American Psychiatric Association
- USPSTF – United States Preventive Services Task Force
- IMPACT – Improving Mood Promoting Access to Collaborative Treatment for Late-life Depression. Retrieved from: www.impact.ucla.edu
- Drug Facts & Comparisons. (2010, Feb). Retrieved from www.online.factsandcomparisons.com. Wolters Kluwer Health: Deventer, The Netherlands.
- Understanding Antidepressant Medications. Food and Drug Administration. Retrieved from www.fda.gov. May 2010.
- What medications are used to treat depression? National Institute of Mental Heath. Retrieved from www.nimh.nih.gov. May 2010.
- Epocrates Online. (2012). Retrieved from: http://online.epocrates.com. Epocrates, Inc.: San Mateo, California.