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Table 1

Guidelines for Adolescent Depression in Primary Care (GLAD-PC) recommendations for the management of adolescent depression in primary care

Initial Management	<p>Recommendation I: PCPs should educate and counsel families and patients about depression and options for the management of the disorder (SOR = C, based on expert opinion). PCPs should also discuss limits of confidentiality with the adolescent and family (SOR = C, based on expert opinion).</p> <p>Recommendation II: PCPs should develop a treatment plan with patients and families (SOR = C, based on expert opinion) and set specific treatment goals in key areas of functioning, including home, peer, and school settings (SOR = C, based on expert opinion).</p> <p>Recommendation III: The PCP should establish relevant links/collaboration with mental health resources in the community (SOR = C, based on expert opinion), which may include patients and families who have dealt with adolescent depression and are willing to serve as resources to other affected adolescents and their family members (SOR = C, based on expert opinion).</p> <p>Recommendation IV: All management must include the establishment of a safety plan, which includes restricting lethal means, engaging a concerned third-party, and an emergency communication mechanism should the patient deteriorate, become actively suicidal or dangerous to others, or experience an acute crisis associated with psychosocial stressors, especially during the period of initial treatment when safety concerns are highest (SOR = C, based on case control study and expert opinion).</p>
Management	<p>Recommendation V: After initial diagnosis, in cases of mild depression, family PCPs should consider a period of active support and monitoring before starting other evidence-based treatment (SOR = C, based on expert opinion).</p> <p>Recommendation VII: If a PCP identifies an adolescent with moderate or severe depression or complicating factors/conditions such as co-existing substance use disorder or psychosis, consultation with a mental health specialist should be considered (SOR = C, based on expert opinion). Appropriate roles and responsibilities for ongoing management by the PCP and mental health specialists should be communicated and agreed upon (SOR = C, based on expert opinion). The patient and family should be consulted and approve of the roles negotiated by the PCP and mental health professionals (SOR = C, based on expert opinion).</p> <p>Recommendation VII: PCPs should recommend scientifically-tested and proven treatments (i.e., psychotherapies such as CBT or IPT, and/or antidepressant treatment such as SSRIs) whenever possible and appropriate to achieve the goals of the treatment plan (SOR = A, based on RCTs).</p> <p>Recommendation VIII: family physicians should monitor for the emergence of adverse events during antidepressant treatment (SSRIs) (SOR = C, based on expert opinion).</p>

Data from Zuckerbrot et al. [12], with permission from GLAD-PC (www.gladpc.org)

SOR strength of recommendation, PCP primary care provider, CBT cognitive behavioral therapy, IPT interpersonal therapy, SSRI selective serotonin reuptake inhibitor



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Table 2

Classification of Severity of Depression. Framework for grading severity of depressive episodes. In both the *Diagnostic and Statistical Manual Fourth Edition Text Revision* (DSM-IV-TR) and the *International Classification of Diseases-10*, severity of depressive episodes is based on the number, type, and severity of symptoms, as well as the degree of functional impairment

DSM-IV-TR guidelines for grading severity depression			
Category	Mild	Moderate ^a	Severe
Number of symptoms	5–6	–	“Most”
Severity of symptoms	Mild	–	Severe
Degree of functional impairment	Mild impairment or normal functioning but with “substantial and unusual” effort	–	“Clear-cut, observable disability”

In addition to the above framework, individual rating scales are associated with their own indicators of severity, as indicated in the Guidelines for Adolescent Depression in Primary Care (GLAD-PC) toolkit

Reproduced from Zuckerbrot et al. [12], with permission from GLAD-PC (www.gladpc.org). Data from American Psychiatric Association [16].

^aAccording to the DSM-IV-TR, *Moderate* episodes of depression “have a severity that is intermediate between mild and severe”