**Depression Screening, Work-up and Management**

**Resource:**

Up-To-Date; [www.uptodate.com](http://www.uptodate.com)

**Background:**

Depression is the most common mental health condition seen in primary care. 2/3 of primary care patients with depression present with somatic symptoms: headaches, back problems, and/or chronic pains.

**Definition:**

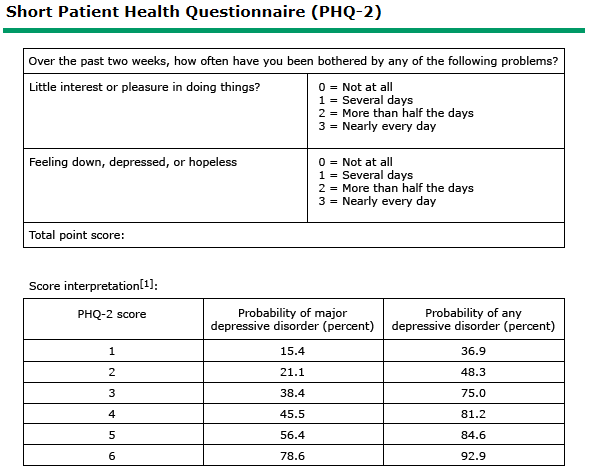
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| --- | --- |
| **Depressive Syndrome- Major Depression** | **Persistent Depressive Disorder (Dysthymia)** |
| 5 + symptoms, present most of the day for at least 2 weeks | Depressive symptoms for most days for at least 2 years |
| Depressed mood | Decreases or increase appetite |
| Loss of interest or pleasure in most or all activities | Insomnia or hypersomnia |
| Insomnia or hypersomnia | Low energy |
| Change in weight or appetite | Poor self-esteem |
| Psychomotor retardation or agitation | Poor concentration |
| Low energy | Hopelessness |
| Poor concentration |  |
| Thoughts of worthlessness or guilt |  |
| Recurrent thoughts about death or suicide |  |

**Screening:**

USPSTF recommends screening of patients during routine visits and with clinical red flags for depression: insomnia, fatigue, chronic pain, recent life changes or stressors, fair or poor self-rated health, unexplained physical symptoms.

Screening Tools- Both are available in NextGen

1. PHQ-2: brief and less accurate (sensitivity 83%, specificity 90%)



A single *YES* or score > 3 indicates possible depression.

1. PHQ-9: more accurate (sensitivity 88%, specificity 88%)

PHQ-9 Depression Questionnaire

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Questions** | **Response** | | | |
| **Over the last 2 weeks, how often have you been bothered by any of the following problems?** | **Not at all** | **Several days** | **More than half the day** | **Nearly every day** |
| * Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| * Felling down, depressed, or hopeless | 0 | 1 | 2 | 3 |
| * Trouble falling or staying asleep or sleeping too much | 0 | 1 | 2 | 3 |
| * Felling tired or having little energy | 0 | 1 | 2 | 3 |
| * Poor energy or overeating | 0 | 1 | 2 | 3 |
| * Feeling bad about yourself, or that you are a failure, or have let you or your family down | 0 | 1 | 2 | 3 |
| * Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| * 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 |
| * Thoughts that you would be better off dead or of hurting yourself in some way | 0 | 1 | 2 | 3 |
| Total- A score > 10: likely major depression |  |  |  |  |

PHQ-9 Depression Score Ranges

|  |  |
| --- | --- |
| **Score** | **Rating** |
| 5-9 | Mild |
| 10-14 | Moderate |
| 15-19 | Moderately severe |
| > 20 | severe |

**Management:**

Recurrence of depression is very common. Greater than 40% of patients will have another episode within 2 years and 75% within 5 years. The goal for treating depression is symptom remission and restoring baseline functioning.

The treatment plan will vary depending on the severity of the patient. When choosing a drug regimen, please take the following into consideration…

* Patient’s response to prior antidepressants
* Safety
* Side effects
* Comorbidity
* Concurrent medications and potential drug-drug interactions
* Family history of response to antidepressants
* Ease of use
* Patient preference
* Cost

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Severity** | **Pharmaceutical** | | **Psychotherapy** | |
|  | **1st line** | **Alternatives** | **1st line** | **Alternatives** |
| Mild to moderate major depression | * SSRIs | * Serotonin-norepinephrine reuptake inhibitors * Atypical antidepressants * Serotonin modulators | * Cognitive behavior * Interpersonal psychotherapy | * Family * Couples * Psychodynamic * Supportive |
| Severe major depression | * SSRIs * Serotonin-norepinephrine reuptake inhibitors | * Mirtazapine * Tricyclic antidepressants | * Cognitive behavior * Interpersonal psychotherapy | * Family * Couples * Psychodynamic * Supportive |
| Persistent Depressive disorder | * Antidepressants |  | * Cognitive behavior * Interpersonal psychotherapy | * Family * Couples * Psychodynamic * Supportive |

Electroconvulsive therapy (ECT) could be considered as an initial treatment option for patients with severe suicidal tendencies or malnutrition secondary to food refusal.

See separate handout for a list of medication with dosing recommendations and side effects.