

**Scope and Target Population:**

All adults greater than 18 years of age.

**Clinical Highlights and Recommendations:**

- A reasonable way to evaluate whether a system is successfully functioning in its diagnosis, treatment plan and follow-up of major depression is to consider:
  - How well the diagnosis is documented
  - How well the treatment team engages and educates patients/families
  - How well the ongoing patient contacts are documented
  - How well the outcomes are measured and documented
- Patients with any chronic condition should be screened for depression, especially those with diabetes, cardiovascular disease, or chronic pain. Presentations for major depression include:
  - Multiple somatic complaints, weight gain/loss, mild dementia
  - Multiple (> 5/year) medical visits; problems in more than one organ system, with the absence of physical findings
  - Fatigue
  - Work or relationship dysfunction/changes in interpersonal relationships
  - Sleep disturbances
- Consider using a standardized instrument to document depressive symptoms. Document baseline symptoms and severity to assist in evaluating future progress, including response and remission rates.
- Antidepressant medications and/or referral for psychotherapy are recommended as treatment for major depression without coexisting medical conditions, substance abuse or other specific psychiatric comorbidities. Physical activity and tailored patient education are also useful tools in easing symptoms of major depression.
- When antidepressant therapy is prescribed, medication adherence and completion is critical. The patient should be advised of the following:
  - Most people need to be on medication at least 6 months.
  - It may take from 2-6 weeks before the patient sees improvement.
  - Take the medication as prescribed, even after the patient starts feeling better.
  - Do not stop taking the medication without calling your provider. Side effects can be managed by changes in the dosage or dose schedule.
- If the patient is not experiencing a significant reduction of symptoms after 4-6 weeks of treatment, other treatment strategies should be considered.
- The key objectives of treatment are:
  - To achieve remission of symptoms in the acute treatment phase for major depression.
  - To reduce patient relapse and reduction of symptoms.
  - To return to previous level of occupational and psychosocial function.

**Priority Aims:**

1. Increase the accuracy of diagnosis of major depression.
2. Improve the frequency of assessment of response to treatment in patients with major depression.
3. Improve the outcomes of treatment for major depression.
4. Increase the percent of patients with major depression who continue on antidepressants for an adequate length of time.
5. Increase the assessment for major depression of primary care patients presenting with any additional chronic condition such as diabetes, cardiovascular disease, or chronic pain.
6. Improve communication between the primary care physician and the mental health care provider (if patient is co-managed).
7. Improve the frequency of assessment of patients with major depression for the presence of substance abuse.



**Executive Summary – May 2006**

## **Major Depression in Adults in Primary Care**

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### **Additional Background:**

Depression is a treatable cause of pain, suffering, disability and death, yet primary care providers detect depression in only 1/3 to 1/2 of their patients with major depression. Anxiety disorders (panic disorder and generalized anxiety disorder) are associated with diminished well being, increased substance abuse, increased medical care utilization and suicide attempts at rates often exceeding other psychiatric problems including major depression.

This guideline stresses early suspicion of the two question screen, depression and a "positive diagnosis" by asking simple key interview questions.