

***Review of the VHA/DoD Clinical Practice
Guideline for the Management of MAJOR
DEPRESSIVE DISORDER IN ADULTS***

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Overview

- ★ Why a guideline for depression?
- ★ Main guideline elements
- ★ Guideline tools
- ★ Guideline piloting
- ★ Questions

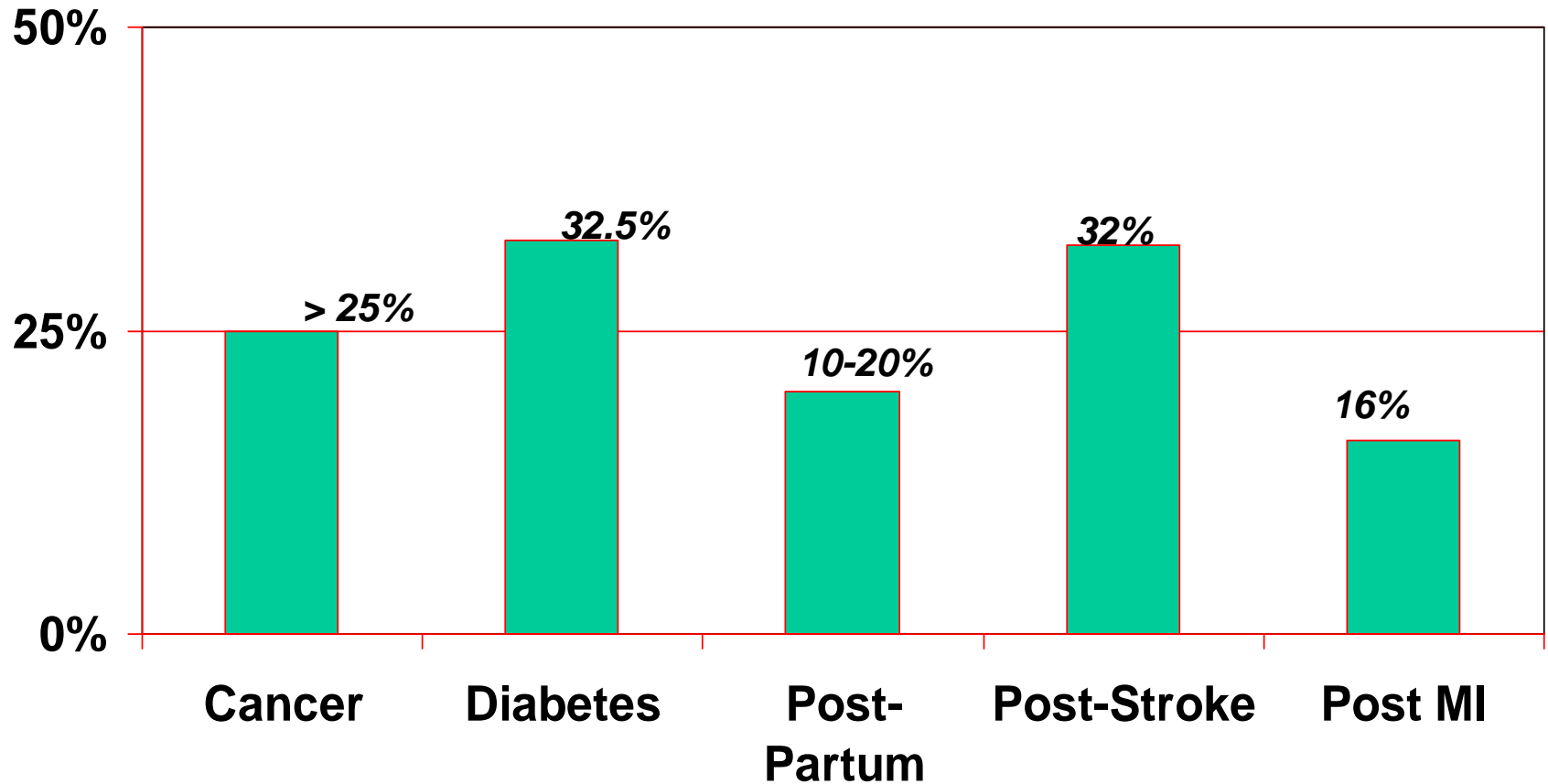
Why Depression?

Major Depressive Disorder

An Important Public Health Problem

- ★ **Common**
- ★ **Detectable**
- ★ **Reduces functioning & quality of life**
- ★ **Associated with behavioral health risk (e.g., substance use disorders, STDs)**
- ★ **Treatable**
- ★ **Under-recognized & under-treated**

Depression as a Coexisting Condition



* Massie & Holland, 1995; Lustman et al, 1998;
Dobie & Walker, 1992; Morris et al, 1990

ICD-9 Diagnoses – DoD CCEP Report

10,020 with Gulf War Concerns

	<u>Any Dx</u>	<u>Primary Dx</u>
Musc-Skeletal	45%	17%
Ill-Defined	41%	17%
Psychological	37%	19%
Digestive	22%	6%
Dermatologic	20%	6%
Healthy	19%	11%
Respiratory	18%	7%
Nervous	18%	6%
Endocrine	11%	2%
Infectious	9%	3%

Work Days Lost – DoD CCEP

	<u>N</u>	<u>Days of Lost Work</u> <u>Total</u>	<u>Mean</u>	<u>% of</u> <u>All Lost</u>
Psychological	2,453	8,709	3.6	28.0%
Mood	781	3,106	4.0	10.0%
Ill-Defined	2,506	7,169	2.2	17.0%
Musculoskeletal	2,351	6,757	2.0	15.2%
Neoplasm	108	871	8.1	2.8%
Healthy	1,183	866	0.7	2.8%
Total	18,075	43,771	2.4	100.0%

Depression & Physical Symptoms

Number of Symptoms	Number of Patients	Psychiatric Disorder Anxiety	Mood	N (%) Any
Physical (N=1000)				
0-1	215	2 (1)	5 (2)	16 (7)
2-3	225	17 (7)	27 (12)	50 (22)
4-5	191	25 (13)	44 (23)	67 (35)
6-8	230	68 (30)	100 (44)	140 (61)
9+	130	68 (48)	84 (80)	113 (81)
Somatoform (N=900)				
0	654	68 (10)	107 (16)	102 (25)
1-2	143	42 (29)	60 (42)	74 (52)
3-5	87	35 (40)	40 (46)	77 (89)
6+	49	40 (55)	34 (68)	45 (94)

MDD Guideline

Purpose

- ★ To increase primary care awareness, diagnosis and treatment of MDD
- ★ Part of the Army Surgeon General's goal to provide consistent and high quality health care

Guideline Development

- ★ Representatives of VHA, Army, Navy, Air Force, and academia
- ★ Primary care, psychiatrists, psychologists, social workers, administrators, and a chaplain
- ★ Review evidence & develop guideline document
- ★ Develop guideline implementation tools
- ★ Pilot the guideline
- ★ Adopt the guideline
- ★ Intensify implementation efforts
- ★ Reinitiate the process

Depression Guideline Structure

Three Clinical Modules

★ Primary Care

★ Outpatient Mental Health Care

★ Inpatient Mental Health Care

Main Guideline Points

- ★ Screening
- ★ Emergencies/Red Flags
- ★ Depression Assessment
- ★ Alternative Causes – Medical & Psychiatric
- ★ Triage
- ★ Review & Initiate Therapy
- ★ Follow-up/Reassessment

Primary Care

Initial Screening

Every patient screened once annually –

- ★ prior to seeing provider, unless diagnosis previously recorded

- ★ two question screen (from Prime-MD)

Do you have little interest or pleasure in doing things?

Do you feel down, depressed or hopeless?

Tools for Guideline Implementation

Tools:

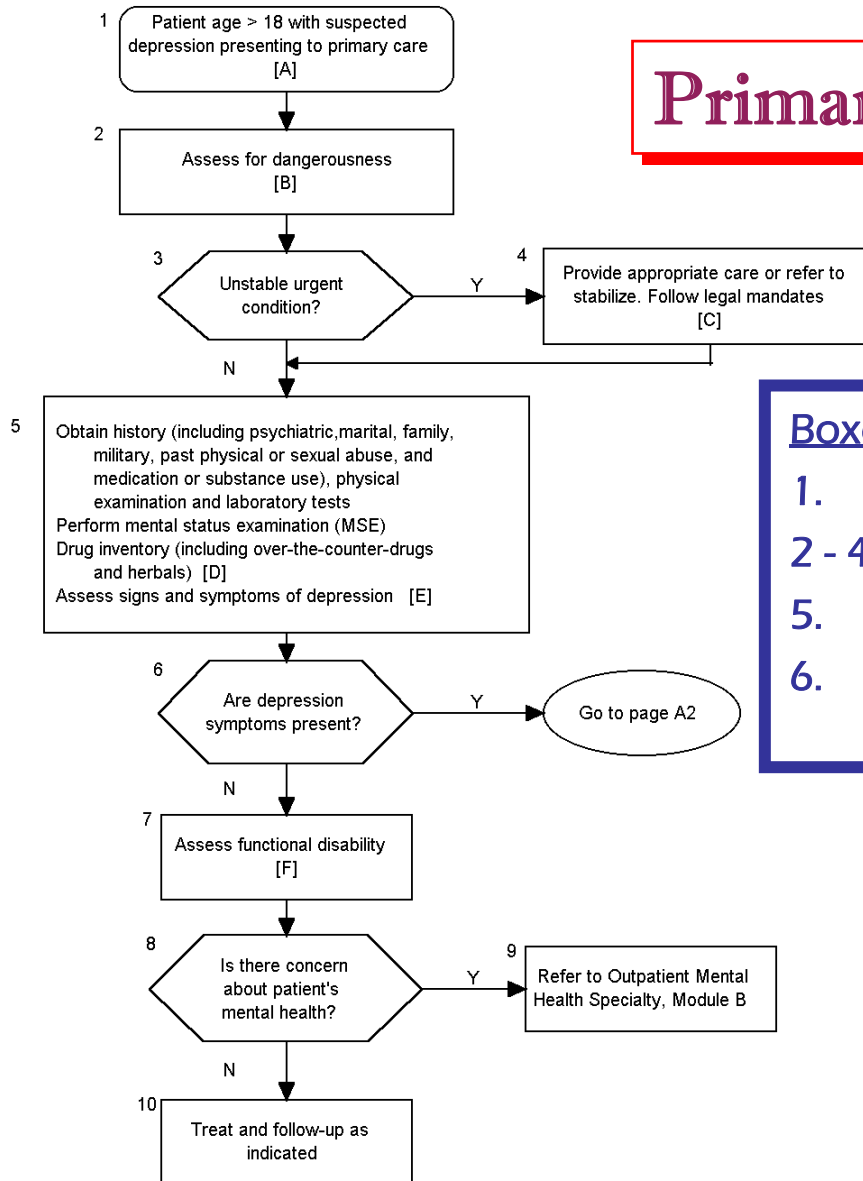
Primary Care Provider Info

- ★ **Algorithms**
- ★ **Depression Red Flags (urgent risk factors)**
- ★ **Cage-Aid (comorbid alcohol assessment)**
- ★ **SIG-E-CAPS (depression symptom assessment)**
- ★ **Suicide & violence assessment**
- ★ **Diagnostic criteria (MDD & Dysthymia)**
- ★ **Patient education guidance**
- ★ **Admission & referral criteria**
- ★ **Antidepressant table**

**Management of Major Depressive Disorder in Adults
in the Primary Care Setting
Initial Assessment**

A1

Primary Care Module



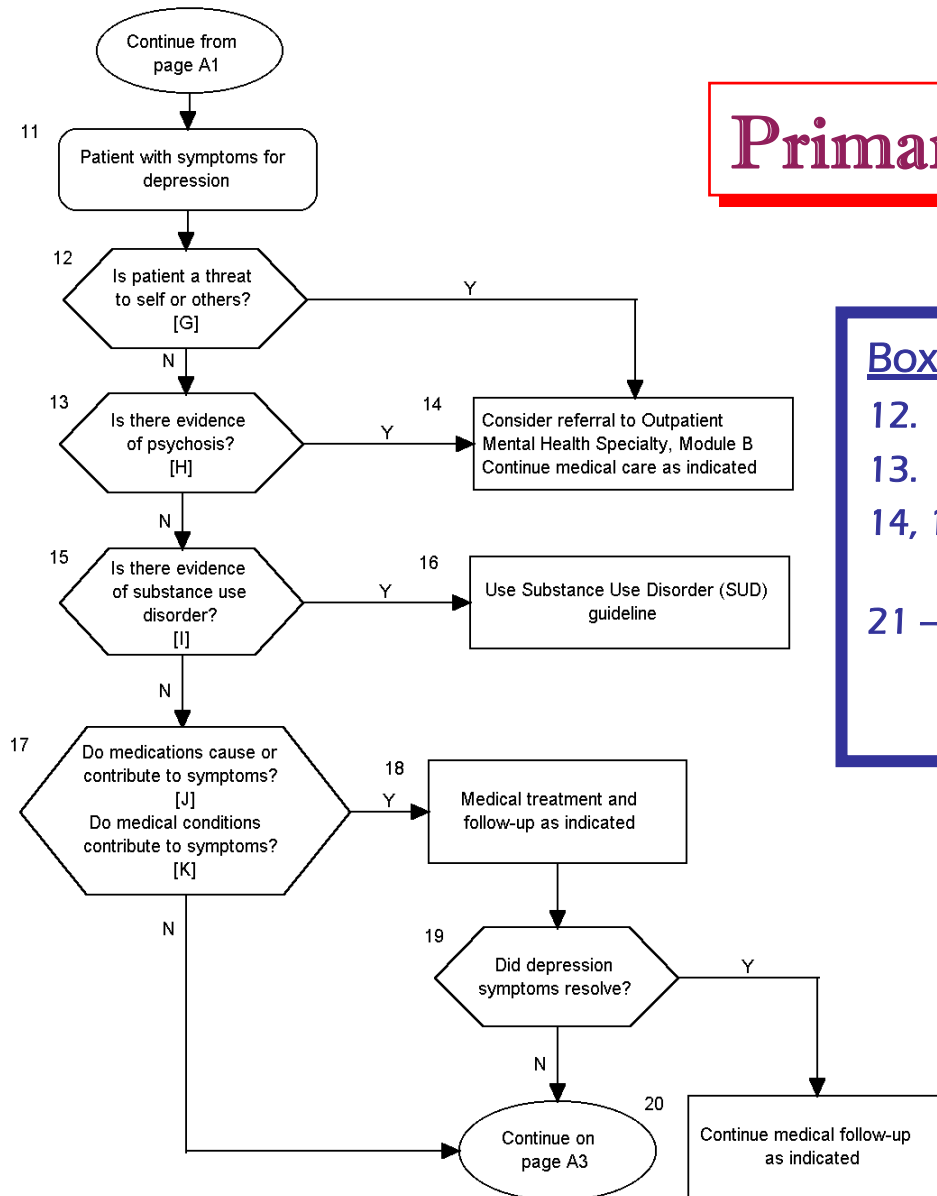
Boxes Strategy

- 1. Screening
- 2 - 4. Emergencies
- 5. General assessment
- 6. Depression symptoms?

Management of Major Depressive Disorder in Adults
in the Primary Care Setting
Establish Diagnosis

A2

Primary Care Module

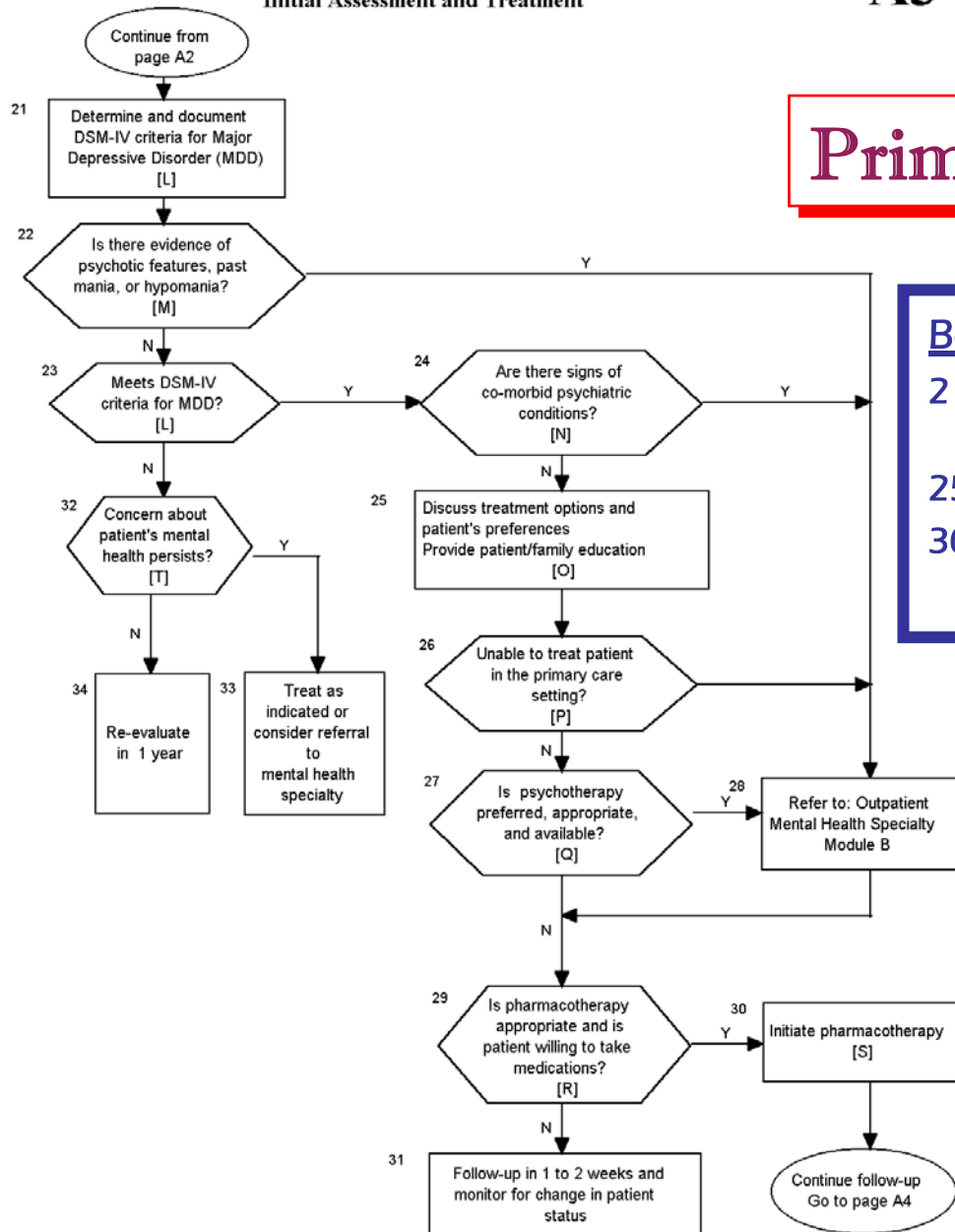


Boxes	Strategy
12.	Danger
13.	Psychosis
14, 17.	Alternative causes - substances, physical illness, meds
21 - 24.	Psychiatric causes - mania, MDD, comorbidities

Management of Major Depressive Disorder in Adults
in the Primary Care Setting
Initial Assessment and Treatment

A3

Primary Care Module

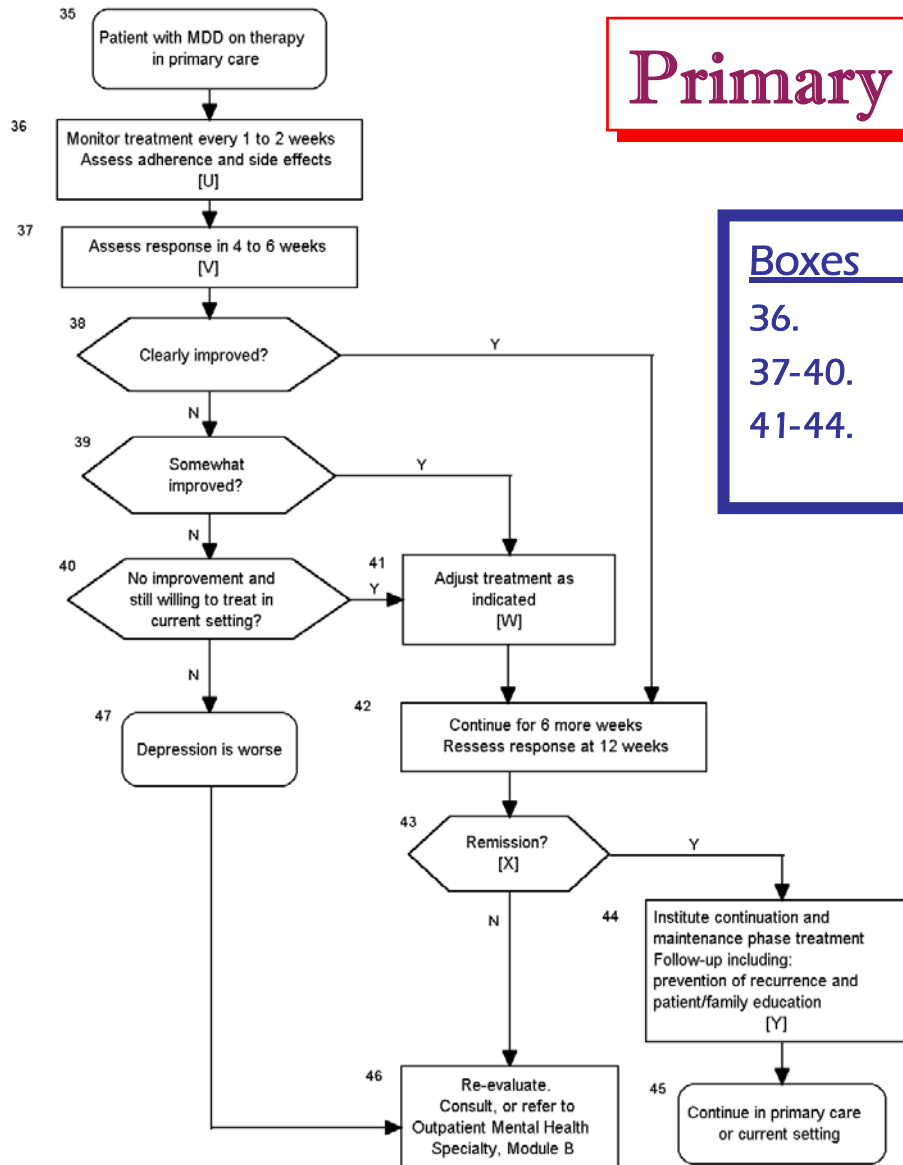


Boxes	Strategy
21 – 24.	Psychiatric causes – mania, MDD, comorbidities
25-29.	Review options, triage
30.	Initiate pharmacotherapy

Management of Major Depressive Disorder in Adults
in the Primary Care Setting
Follow-up Treatment

A4

Primary Care Module



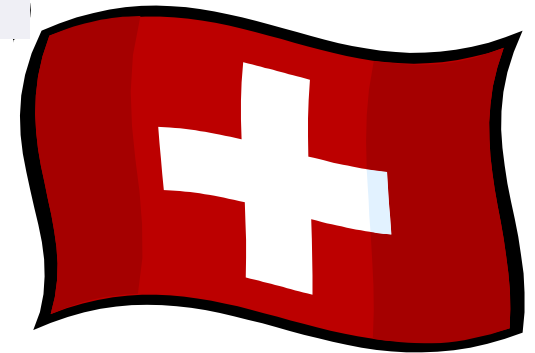
Boxes	Strategy
36.	Follow-up Q 1-2 weeks
37-40.	Reassess at 4 -6 weeks
41-44.	Adjust, 12 week reassess

Tools:

Primary Care Provider Info

- ★ **Algorithms**
- ★ **Depression Red Flags (urgent risk factors)**
- ★ **Cage-Aid (comorbid alcohol assessment)**
- ★ **SIG-E-CAPS (depression symptom assessment)**
- ★ **Suicide & violence assessment**
- ★ **Diagnostic criteria (MDD & Dysthymia)**
- ★ **Patient education guidance**
- ★ **Admission & referral criteria**
- ★ **Antidepressant table**

Red Flags



- ★ **Does patient need emergency treatment?**
 - Suicidal or violent thoughts**
 - Inability to care for self**
 - Psychosis or mania**
 - Unstable medical illness**
 - Delirium**
- ★ **Is active chemical abuse or dependency present?**
- ★ **Is there a history of noncompliance or abuse of medications?**
- ★ **Is there a strong suggestion of a personality disorder?**

Tools:

Depression Care Forms

- ★ **Patient Self-Assessment (Prime-MD PHQ)**
- ★ **Primary Care Provider Assessment**
- ★ **Primary Care Referral**
- ★ **Mental Health Feedback**

Form 717-R

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Depression Self-Assessment

1. Meds & OTC

2. Alcohol

3. Prime-MD PHQ

DEPRESSION OUTPATIENT DOCUMENTATION		DATE of VISIT:		
<small>For use of this form see MEDCOM Circular 40-13</small>		<input type="checkbox"/> INITIAL	<input type="checkbox"/> FOLLOW-UP	
SECTION I - VITAL SIGNS / VISIT INFORMATION (To be Completed by Ancillary Support Staff)				
Reason for Visit to Primary Care Provider: _____				
AGE: _____ TEMP: _____ PULSE: _____ RESP: _____ B/P: _____ HT: _____ WT: _____				
Do you use tobacco products? <input type="checkbox"/> No If yes, what type and how often? _____				
Are you interested in quitting? <input type="checkbox"/> No <input type="checkbox"/> Yes Tobacco cessation literature provided? <input type="checkbox"/> Yes <input type="checkbox"/> N/A				
Are you in pain? <input type="checkbox"/> No If yes, severity of pain on a scale of 1-10? _____ Location: _____				
Is your visit today deployment related? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe				
Allergies _____			<i>Staff Signature</i> _____	
SECTION II - DEPRESSION SELF-ASSESSMENT (To Be Completed by Patient)				
Do you use alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you use drugs other than prescribed or over the counter? <input type="checkbox"/> Yes <input type="checkbox"/> No				
List all current medications (amount, dose, how often)? _____				
List all herbal remedies or supplements: _____				
PRIME-MD PATIENT HEALTH QUESTIONNAIRE:				
1. Over the last 2 weeks, how often have you been bothered by any of the following problems?				
<u>Circle the number that best describes your situation:</u>	Not At All	Several Days	More Than Half the Day	Nearly Every Day
a. Little interest or pleasure in doing things.	0	1	2	3
b. Feeling down, depressed or hopeless.	0	1	2	3
c. Trouble falling or staying asleep, or sleeping too much.	0	1	2	3
d. Feeling tired or little energy.	0	1	2	3
e. Poor appetite or overeating.	0	1	2	3
f. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.	0	1	2	3
g. Trouble concentrating on things, such as reading the newspaper or watching TV.	0	1	2	3
h. 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
i. Thoughts that you may be better off dead or of hurting yourself in some way.	0	1	2	3
2. If you checked off any problems on the questionnaire, 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?				
<input type="checkbox"/> Not Difficult at All <input type="checkbox"/> Somewhat Difficult <input type="checkbox"/> Very Difficult <input type="checkbox"/> Extremely Difficult				
<small>Adapted from PRIME-MD Patient Health Questionnaire (PHQ) * Trademark of Pfizer Inc</small>				
PATIENT'S IDENTIFICATION <i>(For typed or written entries give: Name – last first, middle; grade; date; hospital or medical facility)</i> _____ <div style="text-align: right;"><i>(Patient's Signature)</i></div>				
PRIME-MD TOTAL SCORE: _____				
<u>Staff Instructions:</u> Add all numeric responses and place total in the space provided.				

SECTION III – MEDICAL ASSESSMENT / DIAGNOSIS / TREATMENT PLAN / EDUCATION <i>(To be completed by Provider)</i>	
PART A – MEDICAL HISTORY / PHYSICAL ASSESSMENT	
(Include a brief medical history, personal and family history, treatment of mental illness, possible organic causes of depression, physical findings, etc)	
PRIME-MD SCORE: _____ CAGE SCORE: _____	
PART B – MENTAL STATUS ASSESSMENT	
Document as indicated, or <input checked="" type="checkbox"/> if N/A	Examples
APPEARANCE: _____	<input type="checkbox"/> (appearance to age, dress, hygiene, grooming)
SPEECH: _____	<input type="checkbox"/> (volume, rate, clarity)
MOOD / AFFECT: _____	<input type="checkbox"/> (euthymic, anxious, flat, tearful, blunted, etc)
SENSORIUM: _____	<input type="checkbox"/> (time, person, place, situation)
THOUGHT COHERENCE: _____	<input type="checkbox"/> (logical, goal directed, tangential, loose associations)
DELUSIONS / HALLUCINATIONS: _____	<input type="checkbox"/> (paranoid, grandiose) / (auditory, visual, tactile)
HYPERACTIVITY: _____	<input type="checkbox"/> (excitable, little or no sleep, spending sprees, talkative)
RECENT STRESSORS: _____	<input type="checkbox"/> (death, birth, divorce, finances, unemployment, illness)
SUICIDE: _____	<input type="checkbox"/> (ideation, intent w plan, means, pt/family history of)
HOMICIDE: _____	<input type="checkbox"/> (ideation, intent w plan, means, past history of violence)
RESPONSE to INTERVIEW: _____	<input type="checkbox"/> (cooperative, frightened, distrustful, hostile, etc)
PART C – DIAGNOSIS / RISK FACTORS	
RED FLAG RISK FACTORS: Check All That Apply: <input type="checkbox"/> Danger to Self <input type="checkbox"/> Danger to Others	
<input type="checkbox"/> Psychosis <input type="checkbox"/> Delirium <input type="checkbox"/> Personality D/O <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Manic Symptoms	
<input type="checkbox"/> Other mental disorder causing significant impairment of social, familial, vocational or educational functioning	
DSM-IV DIAGNOSIS: <input type="checkbox"/> Deferred <input type="checkbox"/> Major Depressive D/O <input type="checkbox"/> Depressive D/O NOS	
<input type="checkbox"/> Mood D/O due to: _____ <input type="checkbox"/> Mood D/O NOS <input type="checkbox"/> Dysthymic D/O	
_____Indicate the General Medical Condition	
<input type="checkbox"/> Adjustment D/O with Depressed Mood <input type="checkbox"/> Other: _____	
PART D – TREATMENT PLAN	
1. MEDICATION: _____	
2. MONITORING PLAN: _____	
3. REFERRAL: <input type="checkbox"/> Self Care <input type="checkbox"/> Nutrition <input type="checkbox"/> Tobacco Cessation <input type="checkbox"/> Pastoral <input type="checkbox"/> Substance Abuse Program	
<input type="checkbox"/> Behavioral Health Clinic <input type="checkbox"/> Case Mgt Services <input type="checkbox"/> Other: _____	
4. CLINIC FOLLOW-UP: <input type="checkbox"/> None <input type="checkbox"/> 48/72 Hours <input type="checkbox"/> One Week <input type="checkbox"/> Two Weeks <input type="checkbox"/> Other: _____	
5. INSTRUCTIONS: _____	
REVIEWED with PT: <input type="checkbox"/> Yes <input type="checkbox"/> No RESPONSE to PLAN: _____	
PART E – PATIENT / FAMILY EDUCATION / INSTRUCTIONS	
1. MEDICATION: <input type="checkbox"/> Instruction/Precautions <input type="checkbox"/> Literature <input type="checkbox"/> Other: _____	
2. DISEASE MANAGEMENT: <input type="checkbox"/> Depression Brochure <input type="checkbox"/> Depression Video <input type="checkbox"/> Self-Mgt Guidelines Folder	
<input type="checkbox"/> Tobacco Cessation Literature <input type="checkbox"/> Safety Plan <input type="checkbox"/> Other: _____	
3. CONTINUITY of CARE: <input type="checkbox"/> PCM F/U Appointment Info <input type="checkbox"/> Activity <input type="checkbox"/> Diet <input type="checkbox"/> Referral Appointment	
4. Other: _____	
<i>Primary Care Manager Signature / Date</i>	

Form 717-R

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Depression Clinician Assessment

1. Medical Hx
2. Structured MS & E
3. Diagnosis
4. Red Flag Risk Factors
5. Interdisciplinary Treatment Plan
6. Patient & Family Education/Instructions

Form 723 -R

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Primary Care Referral to Mental Health

1. Referral Reason
2. Med Problems
3. Depression
assessment
4. Structured MSE
5. Current therapies

BEHAVIORAL HEALTH REFERRAL / RESPONSE DOCUMENTATION For use of this form see MEDCOM Circular xxx	DATE OF REQUEST	
SECTION I - PRIMARY CARE CLINIC REFERRAL to BEHAVIORAL HEALTH		
PART A - REASON for REFERRAL		
Evaluation and Treatment: (Check all that apply)	Advice for Treatment: (Check all that apply)	
<input type="checkbox"/> Medication	<input type="checkbox"/> Capacity for Management in the Primary Care Setting	
<input type="checkbox"/> Psychological Testing	<input type="checkbox"/> Initial Medication Recommendation	
<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Medication Failure	
<input type="checkbox"/> Group Therapy	<input type="checkbox"/> Side Effects from Current Medication	
<input type="checkbox"/> Family Therapy	<input type="checkbox"/> Life-style Modification Plan	
<input type="checkbox"/> Marital Counseling	<input type="checkbox"/> Resource Identification	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	
PART B - MEDICAL PROBLEMS and DEPRESSION ASSESSMENT		
Relevant Medical Findings:		
Allergies: _____ Support System: _____		
Depression Assessment: (Check all that apply)		
<input type="checkbox"/> Feeling Down, Empty, Hopeless	<input type="checkbox"/> Sleep Disturbance (___ hrs/night)	<input type="checkbox"/> Weight Loss (___ lbs in ___ weeks)
<input type="checkbox"/> Loss of Interest or Pleasure	<input type="checkbox"/> Decreased Appetite	<input type="checkbox"/> Weight Gain (___ lbs in ___ weeks)
<input type="checkbox"/> Worthlessness, Guilt	<input type="checkbox"/> Increased Appetite	<input type="checkbox"/> Past Use of Psychotropic Medication
<input type="checkbox"/> Poor Concentration	<input type="checkbox"/> Danger to Self/Others	<input type="checkbox"/> Past History of Depression
<input type="checkbox"/> Poor Energy	<input type="checkbox"/> Drug Misuse/Abuse	<input type="checkbox"/> Past Psychiatric Hospitalization
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Periods of Hyperactivity/Excitability	<input type="checkbox"/> Other: _____
Diagnosis: _____	PRIME-MD SCORE: _____	CAGE-AID SCORE: _____
PART C - MENTAL STATUS ASSESSMENT		
Document as indicated, or <input checked="" type="checkbox"/> if N/A		Examples
Appearance: _____	<input type="checkbox"/>	(appearance to age, dress, hygiene, grooming)
Speech: _____	<input type="checkbox"/>	(volume, rate, clarity)
Response to Interview: _____	<input type="checkbox"/>	(cooperative, frightened, distrustful, hostile, etc)
Mood / Affect: _____	<input type="checkbox"/>	(euthymic, anxious, flat, tearful, blunted, etc)
Sensorium: _____	<input type="checkbox"/>	(time, person, place, situation)
Thought Coherence: _____	<input type="checkbox"/>	(logical, goal directed, tangential, loose associations)
Delusions / Hallucinations: _____	<input type="checkbox"/>	(paranoid, grandiose) / (auditory, visual, tactile)
Suicide / Homicide: _____	<input type="checkbox"/>	(ideation, intent w plan, means, pt/family history)
Intelligence: _____	<input type="checkbox"/>	(below average, average, above average)
PART D - CURRENT MEDICAL TREATMENT		
All Current Medications/Herbals/Supplements (amount & dose): _____		
Current interventions: _____		
Other: _____		
PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)		Signature of Primary Care Manager / Date
		Clinic: _____
		Telephone: _____

SECTION II - BEHAVIORAL HEALTH RESPONSE

PART A - DIAGNOSTIC IMPRESSION

PART B - TREATMENT PLAN

<p>MEDICATION: (Check and describe all that apply)</p> <p><input type="checkbox"/> Antidepressant Medications:</p> <p><input type="checkbox"/> Other Medications:</p>	<p>INTERVENTION: (Check and describe all that apply)</p> <p><input type="checkbox"/> Psychological Testing</p> <p><input type="checkbox"/> Cognitive Behavioral Therapy</p> <p><input type="checkbox"/> Interpersonal Psychotherapy</p> <p><input type="checkbox"/> Brief Dynamic Psychotherapy</p> <p><input type="checkbox"/> Group Therapy</p> <p><input type="checkbox"/> Family Therapy</p> <p><input type="checkbox"/> Marital Counseling</p> <p><input type="checkbox"/> Other: _____</p> <p>Frequency: _____</p> <p>Anticipated Length of Treatment: _____</p>
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PART C - PATIENT EDUCATION

Patient Response to Plan: _____

Medication Information: _____ Disease Management Information: _____

Appointment Schedule: _____ Other: _____

PART D - CONTINUATION of CARE RECOMMENDATIONS

RECOMMENDATIONS TO PCM:

PCM Clinic Follow-up Appointments: _____

Indications for Referral Back to Behavioral Health: _____

Medication Adjustment: _____

Laboratory Studies: _____ Other: _____

<p>PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle, grade, date, hospital or medical facility)</p> 	<p align="center">_____ <i>Signature of Behavioral Health Specialist / Date</i></p> <p>Clinic: _____</p> <p>Telephone: _____</p>
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NOTE: At Conclusion or Discontinuation of Therapy Please Notify the Patient's PCM.

Form 723 -R

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- ### *Mental Health Provider Response*

 1. Diagnostic impression
 2. Recommended meds
 3. Recommended therapies
 4. Patient education
 5. Primary care recommendations

Tools:

Patient Education Materials

★ **Clinic posters**

★ **Depression videotapes**

★ **Self-management brochure**

★ **Patient & family information brochure**

Patient Posters

**DIABETES.
HEART DISEASE.
ASTHMA
DEPRESSION.**

When left untreated,
all of these illnesses can be deadly.

If you're feeling depressed, ask your
Primary Care Manager for a
depression screening.

**It could save
your life.**

Depression
Treat it as if your
life depended on it.



**DIABETES.
HEART DISEASE.
ASTHMA
DEPRESSION.**

**What do these
illnesses have
in common?**

Untreated, they can be
deadly. Depression is a
disease, not a weakness,
and can lead to suicide.

Fortunately, depression
can be treated and lives
saved when symptoms are
recognized and medical
help is sought.

Depression
Treat it as if your
life depended on it.



"Just snap out of it"

Snapping out of depression is as likely as talking yourself out of a heart attack. Depression is a serious illness that needs medical attention. Left untreated, depression can lead to suicide.

Fortunately, depression can be treated and lives saved when symptoms are recognized.

Some Symptoms include:

- † Little Interest or Pleasure in Activities
- † Hard to Think or Concentrate
- † Feeling Worthless
- † Trouble Making Decisions
- † Feeling Restless or Nervous
- † Changes in Eating and/or Sleeping Patterns
- † Fatigue or No Energy
- † Thoughts of Death or Suicide

If you or someone you know has these symptoms for more than two weeks, ask your primary care provider for a depression screening.

Depression
Treat it as if your
life depended on it.

Patient Posters

Sometimes, it's not just
a **bad** day.

Everyone has a bad day now and then. When that bad day lasts for weeks, it's time to see your primary care provider.

Like asthma, heart disease, or diabetes, **depression** can be a serious illness.

Left untreated, it can lead to suicide.

Depression
Treat it as if your
life depended on it.

 save



Patient Posters

Little Interest or
Pleasure in Activities?

Thoughts
of
Suicide?

Fatigue or No Energy?
Feeling Worthless?

Too Little or Too
Much Sleep?

Recent Weight
Loss or Gain?

Feeling Bad
About Yourself?

Thoughts
of Death?

Feeling Restless
or Nervous?

Hard to Think or
Concentrate?

Trouble
Making
Decisions?

Depression
Treat it as if your
life depended on it.

If You Are Experiencing Any of These Symptoms,
Talk To Your Primary Care Manager.

It's not simply mind over matter.

can't be talked out of asthma,
disease, diabetes or **depression**.

Depression is a serious illness that
needs medical treatment.

If you're feeling depressed, ask your
primary care provider for a depression
screening.

**Depression could save
your life.**

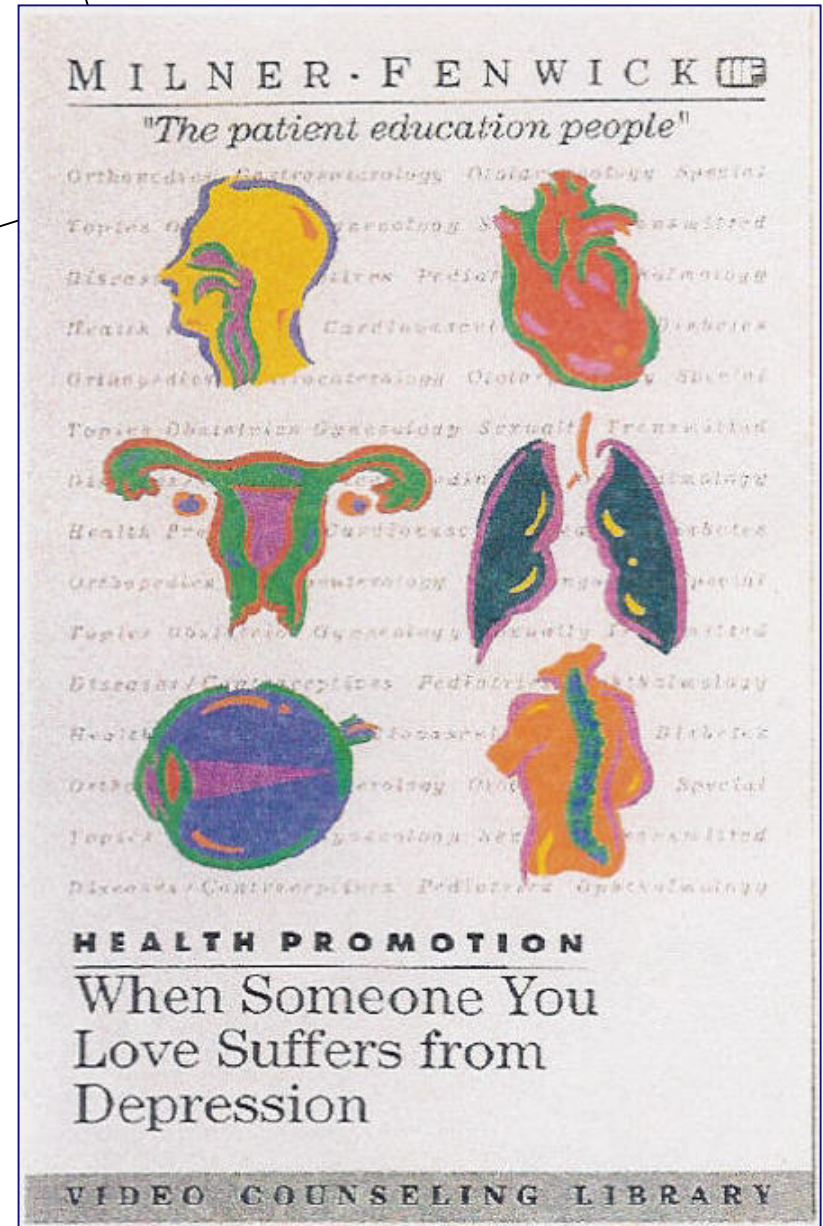
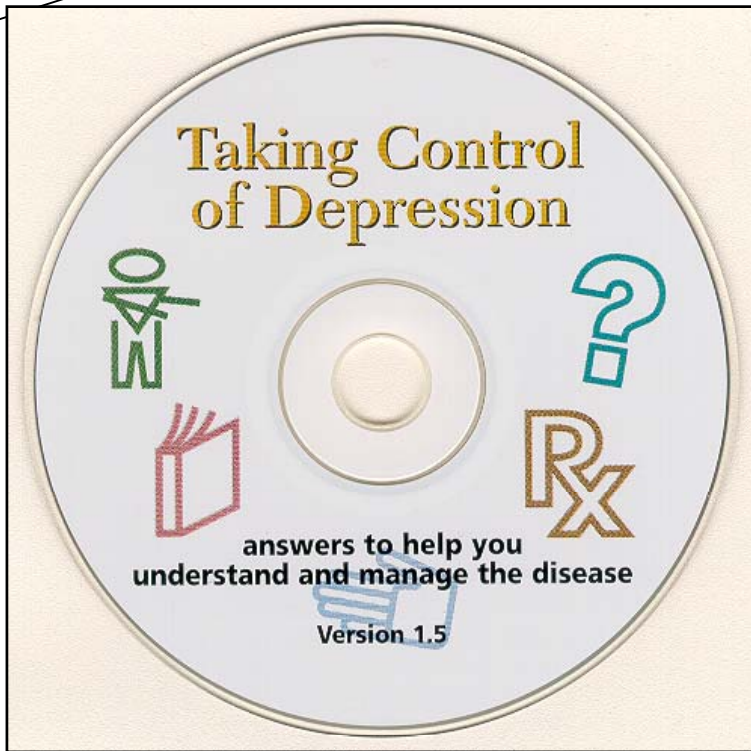
Depression
Treat it as if your
life depended on it.



save.



Depression Video and CD-ROM



Patient & Family Education Brochure

Available in Spanish

Little Interest or
Pleasure in Activities?

Thoughts
of
Suicide?

Too
Little or
Too
Much
Sleep?

Fatigue or No Energy?

Feeling Worthless?

Recent Weight
Loss or Gain?

Depression

Treat it as if your
life depended on it.

Feeling Bad
About Yourself?

Thoughts
of Death?

Trouble
Making
Decisions?

Feeling Restless
or Nervous?

Hard to Think or
Concentrate?

**If You Are Experiencing Any of These Symptoms,
Talk To Your Primary Care Manager.**



SAVE.

WHAT YOU and YOUR FAMILY SHOULD KNOW ABOUT DEPRESSION

- **What is Major Depression?** - A medical illness, characterized by depression that is believed due to biochemical changes in brain function.
- **Myths** - Major depression is not a trivial disorder, will not go away on its own and is not the result of personal weakness, laziness or lack of will power.
- **Incidence** - Depression is one of the most common illnesses treated by health care professionals, affecting one out of every 20 people sometime in their lifetime.
- **Risk Factors** - Females, people with a first degree relative with depression, people with a history of drug or alcohol abuse or people with a history of anxiety or eating disorders have an increased incidence of depression.
- **Treatment Response** - Depression is very responsive to treatment through antidepressant medication, psychotherapy or a combination. People do get better.
- **Medications** - All antidepressant medications take several weeks to produce their full effect.
- **Medication Safety** - Antidepressants are safe when taken as prescribed and are not addicting.
- **Medication Side Effects** - Discuss medication side effects or other problems with your primary care manager. Most problems can be resolved.
- **Don't** - Drink alcohol, self-medicate, blame yourself or make major life decisions or changes during treatment.
- **Do** - Get plenty of rest, exercise, eat regularly, socialize.
- **Outpatient vs Inpatient Care** - Most depressions are successfully treated in the primary care manager's office. Inpatient hospitalization is generally reserved for patients who have delusions or hallucinations or are a danger to themselves or others.
- **Consultation/Referral** - Sometimes a second opinion is required because a combination of treatments might work best, or the depression is severe or lasts a long time or the first treatment did not work well.
- **Treatment Compliance** - Medication must be taken as directed, including dosage, frequency and length of time prescribed. Follow-up appointments with your primary care manager, mental health specialist or others need to be kept as scheduled.
- **Suicide** - Thoughts of death often accompany depression. Always discuss this symptom with your primary care provider. If your provider is not available, tell a trusted friend or relative who can get you immediate emergency professional help.
- **Communication** - Ask questions about treatment. Verbalize any concerns. Discuss with your primary care manager your feelings, activity, sleep and eating patterns, as well as unusual symptoms or physical problems.
- **Recurrence** - Depression is often recurrent. Maintenance antidepressants are sometimes indicated.

VA/DoD Depression Clinical Practice Guideline
April 2002



Complete a new booklet before each appointment. Review with your Primary Care Manager.

Date/Time of Today's Appointment: _____ Date/Time of Last Appointment: _____

My Primary Care Manager is: _____ at the _____ Clinic

Telephone: _____ Date/Time of Next Appointment: _____

Since my last visit with my Primary Care Manager I have had the following symptoms: (Check all that apply)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Depressed Mood | <input type="checkbox"/> Feelings of Guilt | <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Little Interest/Pleasure | <input type="checkbox"/> Crying Spells | <input type="checkbox"/> Weight Gain | <input type="checkbox"/> Sleeping Too Much |
| <input type="checkbox"/> Feelings of Worthlessness | <input type="checkbox"/> Indecisiveness | <input type="checkbox"/> Hopelessness | <input type="checkbox"/> Homicidal Ideation |
| <input type="checkbox"/> Fatigue/Loss of Energy | <input type="checkbox"/> Poor Concentration | <input type="checkbox"/> Suicidal Ideas | <input type="checkbox"/> Suicidal Plans |
| <input type="checkbox"/> Other Symptoms: _____ | | | |

Health Care Concerns: I want to discuss the following concerns with my Primary Care Manager:

Medication Information:

My antidepressant medication is: _____ mg, taken at these times: _____

Side Effects I am experiencing are: _____

Other medications I am taking: _____

Educational Resources: I will read or view the following to help me learn more about depression:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> CD-ROM "Taking Control of Depression" | <input type="checkbox"/> VA/DoD Depression Brochure | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Medication Information Handout | <input type="checkbox"/> Depression Video | <input type="checkbox"/> Other: _____ |

Referral Services: I will keep the following appointments, if scheduled. Write in appointment date and time.

- | | |
|--|---|
| <input type="checkbox"/> Behavioral Health: _____ | <input type="checkbox"/> Chaplain/Minister: _____ |
| <input type="checkbox"/> Case Management Services: _____ | <input type="checkbox"/> Substance Abuse Program: _____ |

Other Referral: _____

Supportive Family or Friends: Fill in Name and Telephone Number:

Name: _____ Phone: _____ Name: _____ Phone: _____

Emergency Contacts: Fill in Telephone Number:

- | | | |
|--|---|--|
| <input type="checkbox"/> Emergency Dept: _____ | <input type="checkbox"/> Crisis Center: _____ | <input type="checkbox"/> Police/EMS: _____ |
|--|---|--|

I will contact a support friend or relative or call an emergency contact in the event I experience serious medication side effects, suicidal thoughts or plans or thoughts of harming others.

Instructions from My Primary Care Manager:

Signature of Patient / Date

Patient Self-Management Folder

Tools:

Primary Care Provider Info

- ★ **Algorithms**
- ★ **Depression Red Flags (urgent risk factors)**
- ★ **Cage-Aid (comorbid alcohol assessment)**
- ★ **SIG-E-CAPS (depression symptom assessment)**
- ★ **Suicide & violence assessment**
- ★ **Diagnostic criteria (MDD & Dysthymia)**
- ★ **Patient education guidance**
- ★ **Admission & referral criteria**
- ★ **Antidepressant Medication Table**

**VA / DOD DEPRESSION PRACTICE GUIDELINE PROVIDER CARE CARD
ANTIDEPRESSANT MEDICATION TABLE**

**CARD
A1**

Refer to pharmaceutical manufacturer's literature for full prescribing information

SEROTONIN SELECTIVE REUPTAKE INHIBITORS (SSRIs)

GENERIC	BRAND NAME	ADULT STARTING DOSE	MAX	EXCEPTION	SAFETY MARGIN	TOLERABILITY	EFFICACY	SIMPLICITY
Citalopram	Celexa	20 mg	60 mg	Reduce dose for the elderly & those with renal or hepatic failure	No serious systemic toxicity even after substantial overdose. Drug interactions may include tricyclic antidepressants, carbamazepine & warfarin.	Nausea, insomnia, sedation, headache, fatigue, dizziness, sexual dysfunction, anorexia, weight loss, sweating, GI distress, tremor, restlessness, agitation, anxiety.	Response rate = 2 - 4 wks	AM daily dosing. Can be started at an effective dose immediately.
Fluoxetine	Prozac	20 mg	80 mg					
Paroxetine	Paxil	20 mg	50 mg					
Sertraline	Zoloft	50 mg	200 mg					
<p align="center">First Line Antidepressant Medication</p> <p>Drugs of this class differ substantially in safety, tolerability and simplicity when used in patients on other medications. Can work in TCA (tricyclic antidepressant) nonresponders. Useful in several anxiety disorders. Taper gradually when discontinuing these medications.</p>								

SEROTONIN and NOREPINEPHRINE REUPTAKE INHIBITORS

GENERIC	BRAND NAME	ADULT STARTING DOSE	MAX	EXCEPTION	SAFETY MARGIN	TOLERABILITY	EFFICACY	SIMPLICITY
Venlafaxine IR	Effexor IR	75 mg	375 mg	Reduce dose for the elderly & those with renal or hepatic failure	No serious systemic toxicity. Downtaper slowly to prevent clinically significant withdrawal syndrome. Few drug interactions.	Take with food. Comparable to SSRIs at low dose. Nausea, dry mouth, insomnia, anxiety, somnolence, headache, dizziness, asthenia, abnormal ejaculation, sweating.	Response rate = 2 - 4 wks (4 - 7 days at ~300 mg/day)	BID or TID dosing with IR. Daily dosing with XR. Can be started at an effective dose (75 mg) immediately.
Venlafaxine XR	Effexor XR	75 mg	375 mg					
<p>Dual action drug that predominantly acts like a Serotonin Selective Reuptake inhibitor at low doses and adds the effect of a Norepinephrine Selective Reuptake inhibitor at high doses. Possible efficacy in cases not responsive to TCAs or SSRIs. Taper dose prior to discontinuation.</p>								

DOPAMINE and NOREPINEPHRINE REUPTAKE INHIBITORS

GENERIC	BRAND NAME	ADULT STARTING DOSE	MAX	EXCEPTION	SAFETY MARGIN	TOLERABILITY	EFFICACY	SIMPLICITY
Bupropion - IR	Wellbutrin - IR	200 mg	450 mg	Reduce dose for the elderly & those with renal or hepatic failure	Seizure risk at doses higher than max or with other drugs that increase seizure risk. Drug/drug interactions uncommon.	Rarely causes sexual dysfunction.	Response rate = 2 - 4 wks	BID or TID dosing. Increase dose gradually to decrease risk of seizures. Requires dose titration.
Bupropion - SR	Wellbutrin - SR	150 mg	400 mg					
<p>Least likely antidepressant to result in a patient becoming manic. Do not use if there is a history of seizure disorder, head trauma, bulimia or anorexia. Can work in TCA non-responders.</p>								

NOREPINEPHRINE SELECTIVE REUPTAKE INHIBITORS

GENERIC	BRAND NAME	ADULT STARTING DOSE	MAX	EXCEPTION	SAFETY MARGIN	TOLERABILITY	EFFICACY	SIMPLICITY
Desipramine *	Norpramin *	75 - 200 mg	300 mg	Reduce dose for the elderly & those with renal or hepatic failure	Serious toxicity can result from OD. Reserve Maprotiline as a second-line agent due to risk of seizures at therapeutic & nontherapeutic doses.	Generally Good.	Response rate = 2 - 4 wks Therapeutic levels: Desipramine 125-300 ng/mL Nortriptyline 50-150 ng/mL	Can be given QD. Can start effective dose immediately. Monitor serum level after one week of treatment.
Nortriptyline *	Aventyl/Pamelor *	50 mg	150 mg					
Maprotiline **	Ludiomil **	75 mg	225 mg					
<p>Consider Desipramine or Nortriptyline first in the elderly if TCAs are necessary.</p>								

* Secondary Amine Tricyclic Antidepressants (SATCAs) ** Tetracyclic Antidepressant



**VA / DOD DEPRESSION PRACTICE GUIDELINE PROVIDER CARE CARD
ANTIDEPRESSANT MEDICATION TABLE**

CARD
A2

Refer to pharmaceutical manufacturer's literature for full prescribing information

SEROTONIN (5-H2A) RECEPTOR ANTAGONIST and WEAK SEROTONIN REUPTAKE INHIBITORS

GENERIC	BRAND NAME	ADULT STARTING DOSE	MAX	EXCEPTION	SAFETY MARGIN	TOLERABILITY	EFFICACY	SIMPLICITY
Nefazodone *	Serzone *	200 mg	600 mg	Reduce dose for the elderly & those with renal or hepatic failure	No serious systemic toxicity from OD. Can interact with agents that decrease arousal, impair cognitive performance and interact with adrenergic agents that regulate blood pressure.	Somnolence, dizziness, fatigue, dry mouth, nausea, headache, constipation, impaired vision. Unlikely to cause sexual dysfunction.	Response rate = 2 - 4 wks	BID dosing. Requires dose titration.
Trazodone	Desyrel	150 mg	600 mg					
Corrects sleep disturbance and reduces anxiety in about one week. * Caution - Nefazodone Specific- Monitor for signs & symptoms of liver dysfunction; consider LFT monitoring. Do not take with triazolam, alprazolam, pimoizide, astemizole, cisapride & terfenadine due to increased plasma levels. If on Digoxin, monitor levels.								

MIXED REUPTAKE and NEURORECEPTOR ANTAGONISTS

GENERIC	BRAND NAME	ADULT STARTING DOSE	MAX	EXCEPTION	SAFETY MARGIN	TOLERABILITY	EFFICACY	SIMPLICITY
Amitriptyline*	Elavil, Endep *	50 - 100 mg	300 mg	Reduce dose for those with renal or hepatic failure	Serious toxicity can result from OD. Slow system clearance. Can cause multiple drug/drug interactions.	Sedation, increased anticholinergic effects, orthostatic hypotension, cardiac conduction disturbances, arrhythmia & wt gain, dizziness, sexual dysfunction.	Response rate = 2 - 4 wks Therapeutic Levels: Imipramine 200-350 ng/mL	Can be given QD. Monitor serum level after one week of treatment.
Imipramine *	Tofranil *	75 mg	300 mg					
Doxepin *	Sinequan *	75 mg	300 mg					
These antidepressants are not recommended for use in the elderly. Highest response rates. TATCAs useful in chronic pain, migraine headaches & insomnia. * Tertiary Amine Tricyclic Antidepressants (TATCAs).								

CAUTION: In rare cases initiating or titrating routine antidepressant medication can precipitate a manic episode in some individuals.

CAUTION: if patient is currently receiving an MAOI consult/refer to a behavioral health physician for medication prescribing.

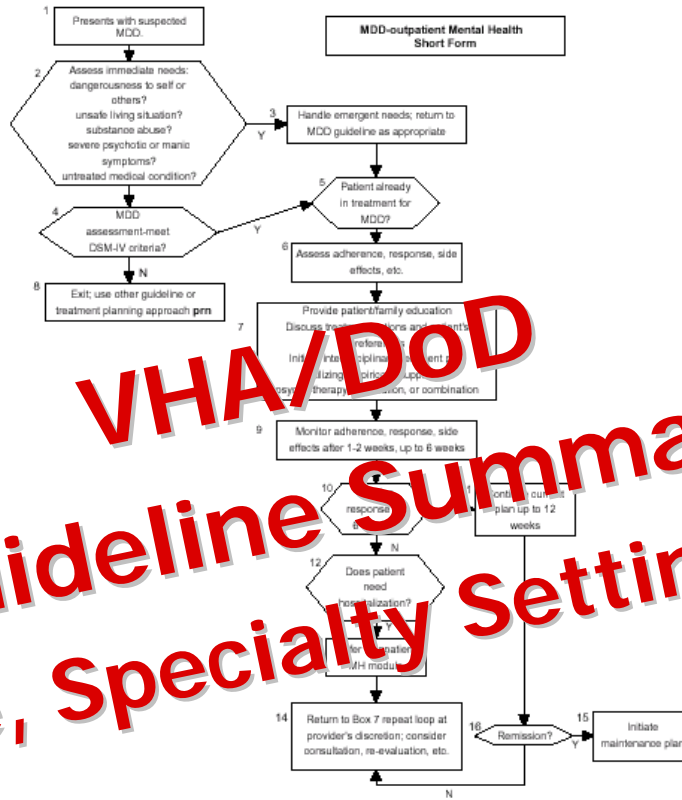
NOTE: Antidepressant Medication Information current as of February 2002. May become outdated.

MEDICATIONS THAT CAN CAUSE DEPRESSION

QUALITY of EVIDENCE	STRENGTH of RECOMMENDATION	DRUG / DRUG CLASS
I	B	Amphetamine withdrawal, Anabolic Steroids, Digitalis, Glucocorticoids
I	C	Cocaine withdrawal
II-1	C	Reserpine
II-2	A	Gonadotropin-releasing agonists, Pimoizide
II-2	B	Propranolol (Beta Blockers)
II-2	C	ACE Inhibitors, Antihyperlipidemics, Benzodiazepines, Cimetidine, Ranitidine, Clonidine, Cycloserine, Interferons, Levodopa, Methylidopa, Metoclopramide, Oral Contraceptives, Topiramate, Verapamil, (Calcium Channel Blockers)
Although there is little published information on alternative medicines causing depression, consideration should also be given to herbal, nutritional, vitamins and body building supplements, particularly when consumed in large doses.		

VHA/DoD Clinical Practice Guideline Management of Major Depressive Disorder (MDD) in Adults in Outpatient Mental Health Specialty Setting

Guideline Summary



Sponsored & produced by the VA Employee Education System in cooperation with the Offices of Quality & Performance and Patient Care Services and DoD.

VA access for guidelines: <http://www.oqp.med.va.gov/ppcpg.asp>

DoD access for guidelines: <http://www.cs.amedd.army.mil/Qmo>

August 2001



- Initially, see patients at least monthly. Evaluate suicidal ideation and therapy component.
- If on medication, assess/monitor medication response is contact monthly for 6 months or more episodes of major depression.
- If in psychotherapy, monitor maintenance plan to prevent relapse.

DSM

DSM-IV Code	DL
296.2x	D I S I S
296.3x	D I S I S

CRITERIA

can not, as indicated by either of two years.

without the symptoms of A or B

the first two years of the disturbance

de or a Hypomanic Episode and

of a chronic Psychotic D/O.

effects of a substance (drug of abuse).

impairment in social, occupational

is located

6 Full Remission

EFFICACY	SIMPLICITY
Response rate = 2 - 4 wks	Can be started at an effective dose immediately.

EFFICACY	SIMPLICITY
Response rate = 4 - 7 days at an effective dose (~300 mg/day)	BID or TID dosing with DR. Daily dosing with XR. Can be started at an effective dose (75 mg) immediately.

EFFICACY	SIMPLICITY
Response rate = 2 - 4 wks	BID dosing. Requires dose titration.

SIMPLICITY

BID / TID dosing. Requires dose titration.

SIMPLICITY

Can be given QD. Monitor serum level after one week of treatment.

SIMPLICITY

Can be given QD. Can start effective dose immediately. Monitor serum level after one week of treatment.

SIMPLICITY

Can be started at an effective dose immediately.

SIMPLICITY

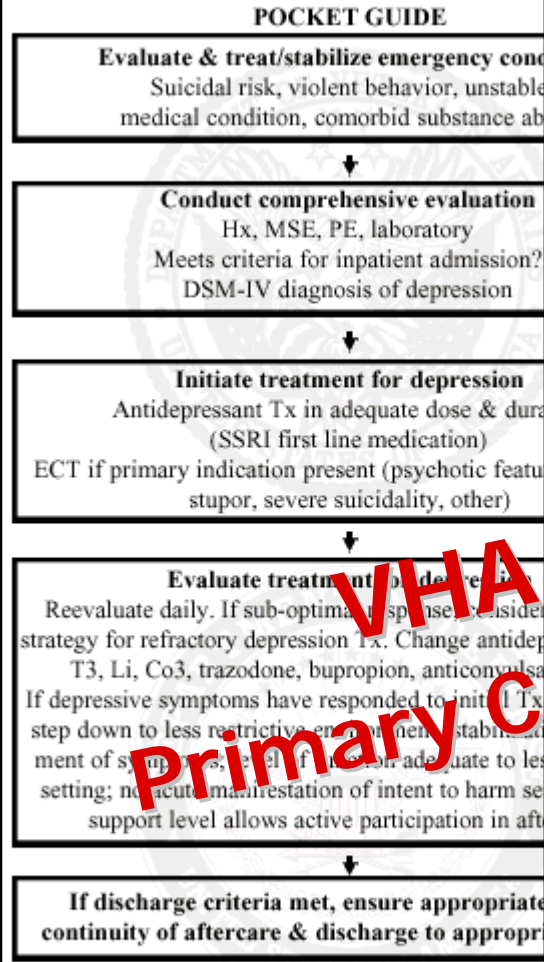
Can be started at an effective dose immediately.

SIMPLICITY


BID dosing. Requires dose titration.

**VHA/DoD
Guideline Summary
Primary Care, Specialty Setting & Inpatient**

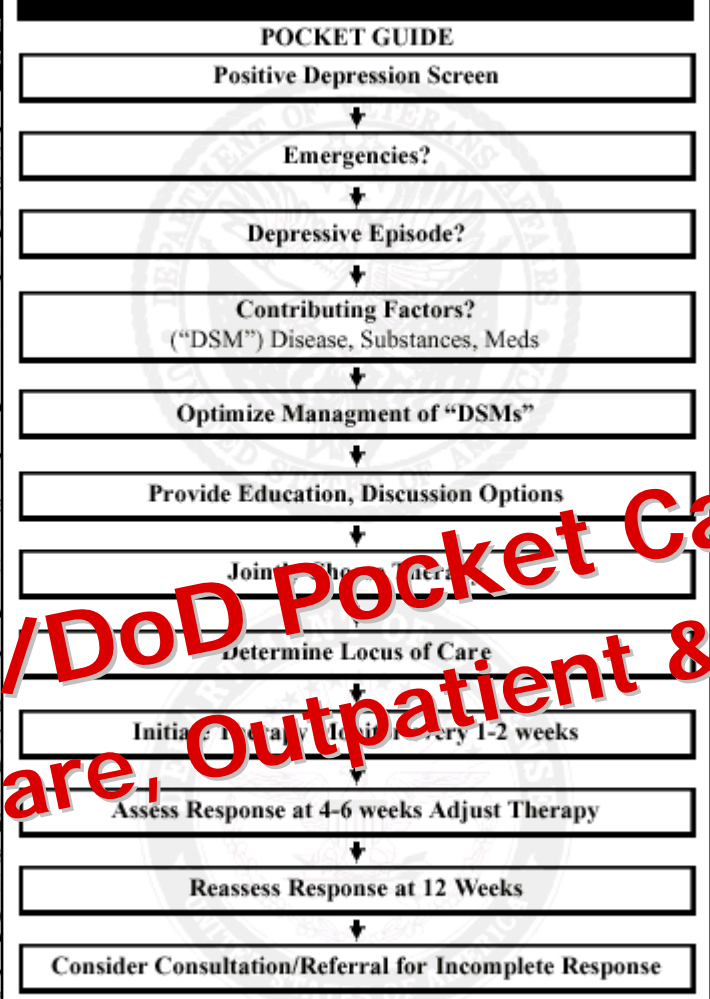
VA/DoD Clinical Practice Guideline for Management of Major Depressive Disorder in Adults: Inpatient




VA access to full guidelines: <http://www.oqp.med.va.gov/cpg/cpg.htm>
DoD access to full guidelines: <http://www.cs.amedd.army.mil/Qmo>
Sponsored & produced by the VA Employee Education System in cooperation with the Offices of Quality & Performance and Patient Care Services and DoD
November 2001



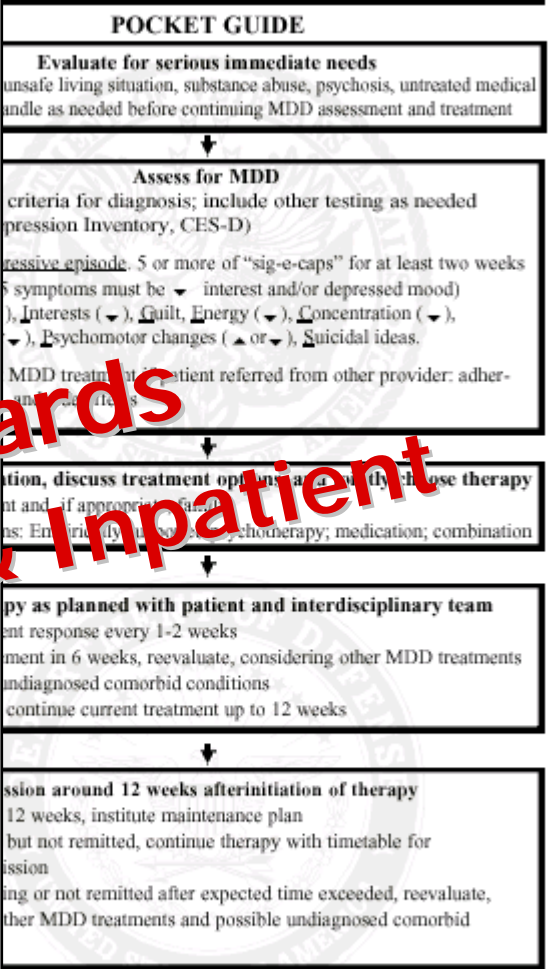
VA/DoD Clinical Practice Guideline for Management of Major Depressive Disorder in Adults: Primary Care




VA access to full guidelines: <http://www.oqp.med.va.gov/cpg/cpg.htm>
DoD access to full guidelines: <http://www.cs.amedd.army.mil/Qmo>
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Clinical Practice Guideline for Management of Major Depressive Disorder in Adults: Outpatient



VA access to full guidelines: <http://www.oqp.med.va.gov/cpg/cpg.htm>
DoD access to full guidelines: <http://www.cs.amedd.army.mil/Qmo>
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November 2001



VHA/DoD Pocket Cards
Primary Care, Outpatient & Inpatient

VHA/DoD Key Points Cards

Primary Care, Specialty & Inpatient

VA/DoD Clinical Practice Guideline for Management of Major Depressive Disorder in Adults: Inpatient Care

1. Evaluate and treat
 - Suicidal risk
 - Violent behavior
2. Conduct comprehensive history and physical
 - History, MSE
 - Meets criteria for MDD
 - DSM-IV diagnosis
3. Initiate treatment
 - Antidepressant (SSRI is considered first-line)
 - ECT if primary (psychotic features)

VA/DoD Clinical Practice Guideline Management of Major Depressive Disorder (MDD) in Adults: Outpatient Mental Health Specialty Setting

1. Evaluate for serious risk
 - Dangerousness, unsafe driving, or other condition - handle as needed

2. Assess for MDD

- Use DSM-IV criteria for MDD (e.g. Beck Depression Inventory)

Assess for depressive episode (1 or 2 of the 5 symptoms):
 Sleep (▲ or ▼), Interests (▼),
 Psychomotor changes (▲ or ▼)

Assess current MDD response, and side effects

VA/DoD Clinical Practice Guideline for Major Depressive Disorder in Adults: Primary Care

1. Screening – Routine in primary care. (“yes” to either Q below = positive screen)
 - YES/NO: During the past month, have you often been bothered by feeling down, depressed, or hopeless?
 - YES/NO: During the past month, have you often been bothered by little interest or pleasure in doing things?
2. Consider for emergent triage: Delirium, acute or marked psychosis, severe depression (e.g. catatonia, malnourishment), acute danger to self or others, or unstable acute medical conditions.
3. Assess for “red flags”. High index of suspicion for depression if...
 - unexplained symptoms, chronic illness, decreased function, hx of abuse/neglect, family hx, significant losses, other psychiatric problems
4. Assess for depressive episode. 5 or more of “sig-e-caps” for at least two weeks (1 or 2 of the 5 symptoms must be ▼ interest and/or depressed mood)
 - Sleep (▲ or ▼), Interests (▼), Guilt, Energy (▼), Concentration (▼), Appetite (▲ or ▼), Psychomotor changes (▲ or ▼), Suicidal ideas.

Pilot Sites

Depression Guideline

- ★ **Ireland Army Community Hospital
Fort Knox**
- ★ **Walter Reed Army Medical Center**
- ★ **DeWitt Army Community Hospital
Fort Belvoir**
- ★ **Tripler Army Medical Center**
- ★ **Madigan Army Medical Center (informal)**

Piloting Process

- ★ **Local administrative and clinical “champions”**
- ★ **Local implementation plan**
- ★ **Coordination calls**
- ★ **Site assessments at approximately 3 and 6 months**
- ★ **Tools are improved based on experience**
- ★ **Lessons learned are collated for general dissemination**

Lessons Learned

Depression Piloting

- ★ **Champion 'transitions' and institutional knowledge**
- ★ **Assessment form only necessary if patients screen positive**
- ★ **Forms under-utilized – automation will help**
- ★ **Referral form viewed as unnecessary**
- ★ **Need to bundle 'like' guidelines for implementation planning**
- ★ **Behavioral health satellite broadcast in Sep 02**

Concluding Review

- ★ Why a guideline for depression?
- ★ Main guideline elements
- ★ Guideline tools
- ★ Guideline piloting

Performance Measures

★ Detection

Percent of patients seen in a general medicine, or primary care clinic who were screened for depression during the previous twelve (12) months.

★ Assessment

Percent of patients diagnosed with a depressive disorder during the previous 12 months.

Performance Measures

★ Treatment

Percent of patients newly diagnosed with and treated for major depressive disorder past twelve (12) months who continue on prescribed medication for at least 90 days in the next 120 days or at had least eight (8) psychotherapy sessions in the next 180 days.

Performance Measures

★ Effectiveness

Percent of patients who were seen during the past 12 months with a diagnosis of major depression who have a systematic symptom assessment at 12 weeks following diagnosis or if in remission by week 12, a systematic symptom assessment at the time of the documented remission.

For More Information:

VHA and MEDCOM Website URLs:

★ **MEDCOM Depression Guidelines Main Page:**

www.qmo.amedd.army.mil/depress/depress.htm

★ **Toolkit and Supply Ordering Information:**

www.qmo.amedd.army.mil

★ **VHA Guidelines Home Page:**

www.oqp.med.va.gov/cpg/cpg.htm