## Major Depression Guideline for Initial Outpatient Treatment of Adults Perform a diagnostic evaluation to include a full HPI (including "Why Now?"), previous psychiatric tx. Medical history, current and past medications, family history, substance use, etc. Clinical conforms to current DSM criteria for MDD Assess for most appropriate LOC, accounting for safety/risk issues Acute Phase: The goal of tx. is Recovery = absence of symptoms and a return to full function. No Yes Screen for SUD. Rule out Consider other diagnoses, e.g.: DSM Criteria Met? 1st F/U visit within 21 days medical conditions dysthymia, bipolar, Substance use, etc. At least 3 F/U visits within 84 days Communicate findings and treatment plan Medication Management: to referring clinician. Past or family HX of response Psychotherapy: Side Effect Profile Cognitive Behavioral, Interpersonal, supportive, problem solving, social skills, Generic vs. Brand behavioral & psychodynamic therapies Maximize dose, if tolerated Adherence education Evaluate response & reassess progress with meds & psychotherapy at least monthly. If moderate improvement is not present within 8 weeks, review med adherence, need for med change, psychotherapy change. Consider these actions: After 8-12 weeks of limited response, a new medication Recovery or trial is indicated significant Review diagnosis response? Evaluate for substance use co-morbidity Begin augmentation/ combination medication strategy \* Consider ECT Referral for 2<sup>nd</sup> opinion Maintenance Phase: Continue Medication at optimal dose. 1st episode - 6 months If second generation antipsychotic is started obtain baseline 2<sup>nd</sup> episode – 2 to 3 years lipid and blood glucose levels and retest in 3 months. Test yearly if long term use is indicated. 3rd episode – indefinitely Post Maintenance Phase: Decision is whether to resume full dose, or less. Taper Med? Maintain medication. Observe carefully for Sx recurrence. If taper is successful and further visits are not indicated, Educate Management visits every 2-3 months. If stability remains, consider referral to PCP for continued patient & family re: relapse risk & return of Sx. Consider handouts to reinforce learning medication management and communicate with PCP Communicate current status to PCP or referring physician Sources: American Psychiatric Association Practice Guideline for Major Depressive Disorder In Adults: Santaguida P, MacQueen G, Keshavarz H, Levine M, Beyene J, Raina P.

Sources: American Psychiatric Association Practice Guideline for Major Depressive Disorder In Adults: Santaguida P, MacQueen G,Keshavarz H, Levine M, Beyene J, Raina P. Treatment for Depression After Unsatisfactory Response to SSRIs. Comparative EffectivenessReview No. 62. (Prepared by McMaster University Evidence-based Practice Center) Agency for Healthcare Research and Quality; April 2012.

www.ahrq.gov/clinic/epcix.htm.: Nonpharmacologic Interventions for Treatment-Resistant Depression in Adults, Comparative Effectiveness Review, No. 33, prepared by the RTI International—University of North Carolina Evidence-based Practice Center, AHRQ, September 2011.

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