

Diagnosis and Management of Major Depressive Disorder (MDD)

For full Guideline please go to website: <http://www.bcguidelines.ca>

- Depression is often under-diagnosed and may present with non-specific physical symptoms.
- Of people who become depressed, about half will develop either a chronic or relapsing course, with each new episode tending to occur sooner, last longer, and become more severe and difficult to treat.
- Tailor goals to the individual, depending on comorbidities, chronicity, and treatment resistance.

Care	Strategy	Target and Goals
Identify at-risk patients during routine visits	2-question screen for patient's previous month: <ul style="list-style-type: none"> • Have you lost interest or pleasure in the things you usually like to do? • Have you felt sad, low, down, or hopeless? 	Early detection of MDD
Diagnose and assess severity	<ul style="list-style-type: none"> • SIGECAPS mnemonic for symptom criteria and differential diagnosis. (See reverse) • PHQ-9 to establish baseline. (See reverse) • Interview family and friends if possible. 	<ul style="list-style-type: none"> • Review medications and medical conditions that may cause depression. • Chart SIGECAPS and PHQ-9 results.
Support self-management	Assess and discuss self-management goals, challenges, and progress; provide education including community resources.	Informed patient actively involved in care decisions with recording system established.
Assess suicide risk	Assess at each visit, including consultation with family and friends as appropriate.	Identification of those at high risk, e.g., First Nations, male, advanced age, prior attempts.
Provide care post-discharge	See within 7 days of discharge.	Record of follow-up visit.
Select acute treatment	<ul style="list-style-type: none"> • Provide first-line antidepressant (see reverse for wording to enhance compliance) and provide/refer to first-line psychotherapy. • Consider patient preferences and resource availability when selecting treatment. 	Treatment that is: <ul style="list-style-type: none"> • Evidence-based • Appropriate intensity and duration • Matched to patient's preferences • Provided without delay
Monitor acute treatment	<ul style="list-style-type: none"> • In planned follow-up visits, monitor response, side effects, and compliance. • Assess symptoms using PHQ-9 each visit. 	<ul style="list-style-type: none"> • 3+ visits in first 12 weeks of drug therapy. • 1+ visit in first 12 weeks of psychotherapy. • Goal is full remission (PHQ-9 < 5).
Manage poor/incomplete response	Modify treatment plan if no response to antidepressants after 3 to 4 weeks.	Modified treatment plan and psychiatric referral as needed. Long-term follow-up considered.
Provide maintenance treatment	<ul style="list-style-type: none"> • Encourage ongoing therapy post-remission. • Discuss relapse factors, symptoms, and prevention. • Plan gradual cessation of antidepressants for those eligible. 	<ul style="list-style-type: none"> • Post-remission, use of antidepressants for 6 months (2+ years if risk factors are present). • Follow-up visits during maintenance. • PHQ-9 at least annually. • Goal is prevention of relapse.
Explore social network	Discuss need to establish ongoing support.	Recognition of early warning signs/crises.

Meeting Care Objectives

Physicians are encouraged to:

1. Identify all patients with depression in the practice.
2. Participate in local and provincial registries where possible.
3. Use a flow sheet for each patient with depression.
4. Use a recall system to ensure regular visits.
5. Review patient records to ensure care objectives are being met.

Risk Factors for Longer-Term (2 + years) Antidepressant Maintenance

- chronic episodes (> 2 years duration)
- severe episodes (suicidality, psychosis)
- resistant or hard-to-treat episodes
- frequent episodes (2 episodes in past 2 years)
- recurrent episodes (3 or more lifetime episodes)
- age > 65 years

SIGECAPS Mnemonic for Symptom Criteria for Major Depressive Episode

Must have depressed mood (or loss of interest) and at least 4 other symptoms, most of the time, most days, for at least 2 weeks.

- S – sleep disturbance (insomnia, hypersomnia)
- I – interest reduced (reduced pleasure or enjoyment)
- G – guilt and self-blame
- E – energy loss and fatigue
- C – concentration problems
- A – appetite changes (low appetite/weight loss or increased appetite/weight gain)
- P – psychomotor changes (retardation, agitation)
- S – suicidal thoughts

Simple Messages to Promote Antidepressant Adherence

1. Antidepressants are not addictive.
2. Take your antidepressants daily.
3. It may take 2 to 4 weeks to start noticing improvement.
4. Do not stop antidepressants without talking to your physician, even if feeling better.
5. Mild side effects are common, but are usually temporary.
6. Call your physician with any questions.

Patient Health Questionnaire (PHQ-9)

1. Over the last 2 weeks, how often have you been bothered by any of the following problems ? (Please ✓ relevant boxes)

	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
a) Little interest or pleasure in doing things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Feeling down, depressed, or hopeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Trouble falling/staying asleep, sleeping too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Feeling tired or having little energy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Poor appetite or overeating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Feeling bad about yourself, or that you are a failure, or have let yourself or your family down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Trouble concentrating on things, such as reading the newspaper or watching TV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 more than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Thoughts that you would be better off dead or of hurting yourself in some way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If you checked off any problem on this questionnaire so far, 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?

- Not difficult at all (0)
 Somewhat difficult (1)
 Very difficult (2)
 Extremely difficult (3)

TOTAL SCORE: (For total score, add numbers in brackets above)

Guide for Interpreting PHQ-9 Scores	
Score	Action
0-4	The score suggests the patient may not need depression treatment
5-14	Mild major depressive disorder. Physician uses clinical judgment about treatment, based on patient's duration of symptoms and functional impairment.
15-19	Moderate major depressive disorder. Warrants treatment for depression, using antidepressant, psychotherapy or a combination of treatment.
20 or higher	Severe major depressive disorder. Warrants treatment with antidepressant, with or without psychotherapy; follow frequently.