



Michigan Quality Improvement Consortium Clinical Practice Guideline Update Alert

Guideline: [Primary Care Diagnosis and Management of Adults with Depression](#)

Released: January 2020

This alert provides a summary of only the recommendations which were updated. Refer to the complete guideline for all recommendations and level of evidence.

Updated recommendations include:

Eligible Population

Adults 18 years or older, including pregnant and postpartum women

Detection and Diagnosis

- Assess for other causes of symptoms, and comorbid conditions that might impact treatment (e.g., medical and medication-induced conditions, drug or alcohol abuse, bipolar disorder, anxiety disorders, psychosis).

Frequency

- Screen annually. More often if high risk.
- Pregnant and postpartum women
At the first prenatal care visit; on post-partum visits (within 3-8 weeks of discharge) and if symptoms or signs raise suspicion using the Edinburgh Postnatal Depression Scale.

Individuals diagnosed with a depressive disorder

Treatment and follow-up:

- If initiating antidepressant medication, follow manufacturer's recommended doses. Avoid underdosing. If inadequate response after 2-4 weeks, increase dosage as tolerated not to exceed the highest recommended dose unless directed by a psychiatrist. If discontinuing antidepressant, be aware of need to taper some medications.
- Monitoring: If medication prescribed, continue treatment and monitoring for at least 9-12 months after acute symptoms resolve. Patients with recurrent major depression and/or persistent depressive disorder (≥ 2 years) usually require lifelong treatment.