



# Primary Care Diagnosis and Management of Adults with Depression

The following guideline recommends screening for depression, assessing suicide risk, following diagnostic criteria, shared decision-making and treatment planning, monitoring and adjusting treatment.

Eligible Population	Recommendation and Level of Evidence	Frequency																																													
Adults 18 years or older, including pregnant and postpartum women	<p>Detection and Diagnosis: Screen for depression, using a validated screening tool (e.g. PHQ-2 or 9, Edinburgh Scale) with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. <b>[B]</b> Assess for comorbid conditions that might impact treatment (e.g., medical and medication-induced conditions, drug or alcohol abuse, bipolar disorder, anxiety disorders, psychosis). Assess if criteria are met using DSM-5 criteria <b>[A]</b>. Criteria A, B, C and D must be met.</p> <table border="1" data-bbox="362 585 2336 1006"> <thead> <tr> <th data-bbox="768 591 965 620">DSM-5 criteria</th> <th data-bbox="1467 591 1707 620">Major Depression</th> <th data-bbox="1859 591 2279 620">Persistent Depressive Disorder</th> </tr> </thead> <tbody> <tr> <td data-bbox="362 685 516 714">A. Symptoms</td> <td data-bbox="1410 642 1765 701">5 total for ≥ 2 weeks and must include symptom #1 or #2</td> <td data-bbox="1859 626 2279 716">3 total for ≥ 2 years. Must include symptom #1. Never &gt; 2 months symptom-free</td> </tr> <tr> <td data-bbox="388 720 622 749">1. Depressed mood</td> <td data-bbox="1582 720 1593 749">x</td> <td data-bbox="2067 720 2079 749">x</td> </tr> <tr> <td data-bbox="388 753 839 781">2. Marked diminished interest/pleasure</td> <td data-bbox="1582 753 1593 781">x</td> <td></td> </tr> <tr> <td data-bbox="388 786 1051 814">3. Significant weight gain/loss, appetite decrease/increase</td> <td data-bbox="1582 786 1593 814">x</td> <td data-bbox="2067 786 2079 814">x</td> </tr> <tr> <td data-bbox="388 819 679 847">4. Insomnia/hypersomnia</td> <td data-bbox="1582 819 1593 847">x</td> <td data-bbox="2067 819 2079 847">x</td> </tr> <tr> <td data-bbox="388 851 1039 880">5. Psychomotor agitation/retardation noticeable by others</td> <td data-bbox="1582 851 1593 880">x</td> <td></td> </tr> <tr> <td data-bbox="388 884 679 912">6. Fatigue/loss of energy</td> <td data-bbox="1582 884 1593 912">x</td> <td data-bbox="2067 884 2079 912">x</td> </tr> <tr> <td data-bbox="388 917 965 945">7. Feelings of worthlessness or inappropriate guilt</td> <td data-bbox="1582 917 1593 945">x</td> <td data-bbox="2067 917 2079 945">x</td> </tr> <tr> <td data-bbox="388 950 916 978">8. Diminished concentration or indecisiveness</td> <td data-bbox="1582 950 1593 978">x</td> <td data-bbox="2067 950 2079 978">x</td> </tr> <tr> <td data-bbox="388 982 965 1011">9. Recurrent thoughts of death or suicidal ideation</td> <td data-bbox="1582 982 1593 1011">x</td> <td></td> </tr> <tr> <td data-bbox="388 1015 594 1043">10. Hopelessness</td> <td></td> <td data-bbox="2067 1015 2079 1043">x</td> </tr> <tr> <td data-bbox="362 1048 1230 1076">B. Symptoms cause clinically significant distress or impairment in functioning</td> <td></td> <td></td> </tr> <tr> <td data-bbox="362 1081 1145 1109">C. Symptoms not attributed to a substance or other medical condition</td> <td></td> <td></td> </tr> <tr> <td data-bbox="362 1113 1193 1142">D. Lack of psychotic disorder or history of manic or hypomanic symptoms</td> <td></td> <td></td> </tr> </tbody> </table>	DSM-5 criteria	Major Depression	Persistent Depressive Disorder	A. Symptoms	5 total for ≥ 2 weeks and must include symptom #1 or #2	3 total for ≥ 2 years. Must include symptom #1. Never > 2 months symptom-free	1. Depressed mood	x	x	2. Marked diminished interest/pleasure	x		3. Significant weight gain/loss, appetite decrease/increase	x	x	4. Insomnia/hypersomnia	x	x	5. Psychomotor agitation/retardation noticeable by others	x		6. Fatigue/loss of energy	x	x	7. Feelings of worthlessness or inappropriate guilt	x	x	8. Diminished concentration or indecisiveness	x	x	9. Recurrent thoughts of death or suicidal ideation	x		10. Hopelessness		x	B. Symptoms cause clinically significant distress or impairment in functioning			C. Symptoms not attributed to a substance or other medical condition			D. Lack of psychotic disorder or history of manic or hypomanic symptoms			Annually. More often if high risk. 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 <sup>1</sup> .
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Individuals diagnosed with a depressive disorder	<p>Assess risk of suicide by direct questioning about suicidal ideation, and if present, suicidal planning, potential means, and personal/family history of suicidal attempts. <b>[D]</b> See established clinical tools for risk assessment and suicide prevention<sup>2,3</sup>. <b>■ If patient at moderate to severe risk for suicide, refer to emergency department or crisis intervention center. Develop safety plan.</b></p> <p>Treatment and follow-up: Educate and engage patient. Include self-management support and life-style modifications (e.g., behavioral activation, healthy sleep and diet, exercise, stress-management, social support, spiritual support, online resources) <b>[C]</b>. Utilize shared decision-making in treatment planning <b>[A]</b>. Consider onset and severity of symptoms, impairment, past episodes, psychosocial stressors, medical and psychiatric comorbidities, patient preference, resource accessibility. For mild to moderate symptoms consider pharmacotherapy and/or evidence-based psychotherapy <b>[A]</b>. For severe symptoms consider both pharmacotherapy and evidence-based psychotherapy <b>[A]</b>. Monitor response to treatment using standardized scale (e.g., PHQ-9) at least every 4 months until remission is obtained. On PHQ-9, adequate response is 50% reduction in score, remission=total score &lt;5. Consider referral to behavioral health specialist when additional counseling is desired, primary physician is not comfortable managing patient's depression, diagnostic uncertainty, complex symptoms or social situation, pregnancy, response to medication at therapeutic dose is not optimal, considering prescribing multiple agents, or more extensive interventions are warranted <b>[D]</b>. If initiating antidepressant medication, follow manufacturer's recommended doses. If no 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. If limited or no response to treatment, assess for non-adherence, inadequate dosing, diagnostic inaccuracy or comorbid conditions exacerbating symptoms. Consider: increased doses of medication or frequency of psychotherapy, switching treatments or augment treatment with other medications or psychotherapeutic interventions, consultation. Monitoring: If medication prescribed, continue monitoring for at least 9-12 months after acute symptoms resolve. <b>[A]</b> Patients with recurrent major depression and/or persistent depressive disorder (≥ 2 years) usually require lifelong treatment.</p>	At each encounter addressing depression until patient is treated to remission.  Schedule sufficient follow-up visits to assess response to treatment and titrate dose (typically every two weeks, monthly at a minimum). <b>[D]</b>																																													

<sup>1</sup>Edinburgh Postnatal Depression Scale

<sup>2</sup>Suicide Prevention for Primary Care Toolkit

<sup>3</sup>Suicide Assessment Five-step Evaluation and Triage

Levels of Evidence for the most significant recommendations: A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline is based on several sources, including: Final Update Summary: Depression in Adults: Screening. U.S. Preventive Services Task Force, January 2016; American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders Fifth Edition - DSM-5; Nonpharmacological Versus Pharmacological Treatments for Adult Patients with Major Depressive Disorder, AHRQ Publication No. 15(16)-EHC031-EF, AHRQ, December 2015; Adult Depression in Primary Care health care guideline. Institute for Clinical Systems Improvement, updated September 2013; Suicide Prevention Toolkit for Primary Care; Suicide Assessment Five-Step Evaluation and Triage - SAFE-T. Individual patient considerations and advances in medical science may supersede or modify these recommendations.