

# Major Depressive Disorder Care Guide

April 2015



CALIFORNIA CORRECTIONAL  
HEALTH CARE SERVICES

## SUMMARY

### GOALS

- ✓ Ensure accuracy of diagnosis (r/o other causes of depression)
- ✓ Establish suicide risk
- ✓ Ensure safe and appropriate medication use
- ✓ Respond to patient care alerts (see patient registries)

### ALERTS

- Suicidal thoughts and behaviors
- Potential medication interactions
- Risk of serotonin syndrome
- Risk of discontinuation syndrome

### DIAGNOSTIC CRITERIA/EVALUATION

#### DEFINITION

Major Depressive Episode (first occurrence) or Major Depressive Disorder (MDD) (recurrent depression) are biologic illnesses of unknown cause.

#### SCREENING

- In patients who self report symptoms
- Patients in whom others report symptoms or suggestive behaviors.

#### Inquire if patient has/is:

- Little interest or pleasure in activities
- Feeling down, depressed, hopeless
- Feeling suicidal

Depression screening in a patient with significant medical condition:

- Ask about excessive guilt regarding things done and not done.
- Ask whether patient looks forward to anything in the future (even if it is dying pain-free).
- Ask whether patient enjoys a pleasant experience or good news

Refer to mental health if any “yes” answers to above.

**Possibly suicidal: observe patient until mental health evaluation.**

#### Observe for atypical symptoms of depression

- Somatic complaints (esp. in the elderly)
- Anxiety
- Substance Abuse
- Conversion Disorders
- Irritability/Anger
- Primary sleep difficulties
- Attention Deficit symptoms
- Complaints of memory disturbance

**DIAGNOSIS** (Using DSM diagnostic criteria, see page 2) requires ruling out other potential causes of depression. These include:

- Other psychiatric disorders
- Medications causing depression
- Medical diseases
- Substance abuse

## PRIMARY CARE PROVIDER ASSESSMENT

- Evaluate for medical conditions or medications which may mimic or worsen MDD
- Assess patient for medical conditions which may cause depression (e.g., thyroid disease, cancer, DM, CVA, CAD, chronic pain) (see page 7). Patients with medical conditions often present with many neurovegetative symptoms of major depression.
- If the patient looks forward to the future and still enjoys certain things, he/she does not have a major depression, even if the patient is not sleeping, can't focus or concentrate, is chronically fatigued, and has had major weight changes.
- Assess patient's medications for causes or contributors to depression (See page 8).

## MENTAL HEALTH PROVIDER ASSESSMENT

- Evaluate for suicide risk.
- Evaluate for mental health condition mimicking MDD (bipolar disorder, substance abuse) or contributors by interview, health record review, past history, observations, review of physical exam (see page 6).
- Use DSM IVTR or DSM V diagnostic criteria (page 2) to diagnose MDD.

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## TREATMENT OPTIONS

### NONPHARMACOLOGIC

- Psychotherapy
  - Cognitive Behavioral Therapy (CBT) skills exercises
  - Dialectical Behavioral Therapy (DBT)
  - Interpersonal psychotherapy (IPT)
- Group Therapy
- Self Help Activities
  - Exercise
  - Relaxation Techniques
- Sleep hygiene
- Hospitalization (for severe depression)
- Other Interventions (for refractory cases discuss other treatment options with mental health leadership)

### PHARMACOLOGIC

#### First line Antidepressants

fluoxetine, sertraline, citalopram, paroxetine

#### Second line Antidepressants

mirtazapine, venlafaxine XR

#### Other Antidepressants

escitalopram, duloxetine, trazodone, vilazodone, tricyclic antidepressants (TCAs), monoamine oxidase inhibitors

#### Potential Augmenting Agents

lithium, liothyronine (T3), second generation antipsychotic (SGA) (olanzapine, risperidone, aripiprazole)

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## MONITORING

### Baseline\*

Medication Consents Yes: EKG if > 40 y/o (tricyclics only) Yes: Blood Pressure (venlafaxine only) Yes: Pregnancy test (F <50 y/o) Yes: Thyroid function (TSH or T4) Yes

### 3 months

Blood Pressure (venlafaxine only) Yes: Pregnancy test (F <50 y/o) Yes

### Annual\*\*

Medication Consents Yes: EKG if > 40 y/o (tricyclics only) Yes: Blood Pressure (venlafaxine only) Yes:

Pregnancy test (F <50 y/o) Yes

Every 5 years

Thyroid function (TSH or T4) Yes

\*Baseline = 90 days before and up to 14 days after medication starts

\*\*Annual = 12 months from baseline measurement date

### **DIAGNOSING DEPRESSION DSM-V CRITERIA FOR MAJOR DEPRESSIVE DISORDER (MDD)**

1. Depressed mood or a loss of interest or pleasure in daily activities for more than two weeks.
2. Mood represents a change from baseline.
3. Impaired function: social, occupational, or educational.
4. Specific symptoms, at least 5 of the following have been present *nearly every day*:
  - a. Depressed mood or irritable most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful).
  - b. Decreased interest or pleasure in most activities, most of each day, as indicated by either subjective account or observation made by others.
  - c. Significant weight change (5%) or change in appetite
  - d. Change in sleep: Insomnia or hypersomnia.
  - e. Change in activity: Psychomotor agitation or retardation.
  - f. Fatigue or loss of energy.
  - g. Guilt/worthlessness: Feelings of worthlessness or excessive or inappropriate guilt (not merely self-reproach or guilt about being sick).
  - h. Concentration: diminished ability to think or concentrate, or more indecisiveness.
  - i. Suicidality: Recurrent thoughts of death or suicide, or has suicide plan.

### **OTHER CRITERIA FOR DIAGNOSIS OF MDD**

- Symptoms do not meet criteria for a Mixed Episode (bipolar disorder with simultaneous MDD and manic features).
- Symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- Symptoms are not due to direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).
- The symptoms are not better accounted for by Bereavement, (i.e., after the loss of a loved one), the symptoms persist for longer than 2 months, or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation.

Note: Do not include symptoms that are clearly due to a general medical condition, mood-incongruent delusions or hallucinations.