



**STANFORD**  
**PATIENT EDUCATION**  
**RESEARCH CENTER**

**Center for Epidemiologic Studies Depression Scale (CES-D)**

Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the **past week**: (*circle one number on each line*)

During the past week...	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	All of the time (5-7days)
1. I was bothered by things that usually don't bother me.....0	1	2	3	
2. I did not feel like eating; my appetite was poor.....0	1	2	3	
3. I felt that I could not shake off the blues even with help from my family.....0	1	2	3	
4. I felt that I was just as good as other people.....0	1	2	3	
5. I had trouble keeping my mind on what I was doing .....0	1	2	3	
6. I felt depressed .....0	1	2	3	
7. I felt that everything I did was an effort .....0	1	2	3	
8. I felt hopeful about the future .....0	1	2	3	
9. I thought my life had been a failure.....0	1	2	3	
10. I felt fearful .....0	1	2	3	
11. My sleep was restless.....0	1	2	3	
12. I was happy.....0	1	2	3	
13. I talked less than usual .....0	1	2	3	
14. I felt lonely.....0	1	2	3	
15. People were unfriendly .....0	1	2	3	

<b>During the past week...</b>	<b>Rarely or none of the time</b> (less than 1 day)	<b>Some or a little of the time</b> (1-2 days)	<b>Occasionally or a moderate amount of time</b> (3-4 days)	<b>All of the time</b> (5-7days)
16. I enjoyed life .....	0	1	2	3
17. I had crying spells .....	0	1	2	3
18. I felt sad .....	0	1	2	3
19. I felt that people disliked me .....	0	1	2	3
20. I could not "get going" .....	0	1	2	3

## Scoring

<b>Item Weights</b>	<b>Rarely or none of the time</b> (less than 1 day)	<b>Some of a little of the time</b> (1-2 days)	<b>Occasionally or a moderate amount of the time</b> (3-4 days)	<b>All of the time</b> (5-7 days)
Items 4, 8, 12, & 16	3	2	1	0
All other items:	0	1	2	3

Score is the sum of the 20 item weights. If more than 4 items are missing, do not score the scale. A score of 16 or greater is considered depressed.

## Characteristics

Tested on 175 subjects.

No. of items	Observed Range	Mean	Standard Deviation	Internal Consistency Reliability	Test-Retest Reliability
20	1-53	16.2	10.9	.91	NA

## Source of Psychometric Data

Stanford Arthritis Self-Management Study, 1996. Unpublished.

## Comments

We are no longer using the CES-D in multiethnic studies because we have found that the norms for various ethnic groups differ. This scale is available in Spanish.

## References

Radloff LS, The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1, 1977, pp.385-401.

*This scale is free to use without permission*

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## **Checklist of Clinical Situations in Which Screening for a Major Depressive Episode Should Be Considered**

- Chronic pain or other somatoform illness
- Endocrinologic illness (eg, diabetes, thyroid)
- Post myocardial infarction
- Post stroke
- Presence of malignancy
- Presence of other serious, chronic, or life-threatening illness (advanced diabetes, advanced COPD)
- Substance abuse
- Complaints of depressed mood, decreased interest, suicidal ideation
- Chronic insomnia
- Chronic fatigue
- Recent trauma
- Chronic unemployment
- Recent loss of job



<b>Vital Signs</b> BP ____		P__ T__	Wt. __lb	Ht. __in
<b>Eyes</b>	<input type="checkbox"/> nl conjunctiva & lids	<b>MS Gait</b>	<input type="checkbox"/> nl gait & station	
Pupils	<input type="checkbox"/> pupils symmetrical, reactive	Nails	<input type="checkbox"/> no clubbing, cyanosis	
Fundus	<input type="checkbox"/> nl discs & pos elements	Check nl, circ abn	ROM	Strength
			Tone	Abnormals
			<input type="checkbox"/>	<input type="checkbox"/>
<b>ENT-External</b>	<input type="checkbox"/> no scars, lesions, masses	<b>Skin</b>	<input type="checkbox"/> nl to inspection & palpation	
Otoscopic	<input type="checkbox"/> nl canals & tympanic membranes	<b>Neurologic</b>	<input type="checkbox"/> nl alertness, attentive	
Hearing	<input type="checkbox"/> nl to _____	Cranial nerves	<input type="checkbox"/> w/o gross deficit	
Intranasal	<input type="checkbox"/> nl mucosa, septum, turbinate	Coordination	<input type="checkbox"/> nl rapid alternating movement	
Ant. Oral	<input type="checkbox"/> nl lips, teeth, gums	DTR's	<input type="checkbox"/> symmetrical, __ (scale: 0-4+)	
Oropharynx	<input type="checkbox"/> nl tongue, palate, pharynx	Sensation	<input type="checkbox"/> nl touch, proprioception	
<b>Neck palp.</b>	<input type="checkbox"/> symmetrical without masses			<b>MMSE</b>
Thyroid	<input type="checkbox"/> no enlargement or tenderness			
<b>Resp. effort</b>	<input type="checkbox"/> nl without retractions	<b>Psych Orient'n</b>	<input type="checkbox"/> nl to day, mo, yr, time, location	___/10
Chest percuss.	<input type="checkbox"/> no dullness or hyperresonance	Registration	<input type="checkbox"/> register 3 items	___/3
Chest palp.	<input type="checkbox"/> no fremitus	Attn/Calc	<input type="checkbox"/> serial subtraction, world bckwd	___/5
Auscultation	<input type="checkbox"/> nl bilateral breath sounds w/o rales	Recall	<input type="checkbox"/> recall 3 items	___/3
<b>Heart palp.</b>	<input type="checkbox"/> nl location, size	Language	<input type="checkbox"/> nl nam'g, repit'n, compr'n, read'g, rit'g	___/8
Cardiac ausc.	<input type="checkbox"/> no murmur, gallop, or rub	Visuospatial	<input type="checkbox"/> copy design, clock	___/1
Carotids	<input type="checkbox"/> nl intensity w/o bruit	Knowledge	<input type="checkbox"/> current/past presidents	totals ___/30
Pedal pulses	<input type="checkbox"/> nl posterior tibial & dorsalis pedis	Mood	<input type="checkbox"/> nl GDS	GDS Score ___/15
<b>Breasts</b>	<input type="checkbox"/> nl inspection & palpation	<b>GDS (circle positives)</b>		
<b>Abdomen</b>	<input type="checkbox"/> no masses or tenderness	Satisfied	Afraid	Wonderful
L/S	<input type="checkbox"/> no liver/spleen	Dropped	Happy	Worthless
Hernia	<input type="checkbox"/> no hernia identified	Empty	Helpless	Energy
Anus/rectal	<input type="checkbox"/> no abnormality or masses	Bored	Stay home	Hopeless
GU male	<input type="checkbox"/> nl to inspection & palpation	Spirits	Memory	Others better
Prostate	<input type="checkbox"/> nl size w/o nodularity	Better off dead?		
GU female	<input type="checkbox"/> external genitalia nl w/o lesions	Considered harming yourself?		
Int. inspection	<input type="checkbox"/> nl bladder, urethra, & vagina	<b>Speech</b>	<input type="checkbox"/> nl rate, volume	
Cervix	<input type="checkbox"/> nl appearance w/o discharge	Thought cont.	<input type="checkbox"/> logical, coherent	
Uterus	<input type="checkbox"/> nl size, position, w/o tenderness	Psychosis	<input type="checkbox"/> no hallucinations, delusions	
Adnexa	<input type="checkbox"/> no masses or tenderness	Judgement	<input type="checkbox"/> nl	
<b>Lymphatic</b>	<input type="checkbox"/> nl neck & axillae	Behavior	<input type="checkbox"/> cooperative, appropriate	
Lymph other	<input type="checkbox"/>			
<b>Additional Description of positive findings:</b>				

## Diagnostic Assessment

## Recommendations

### Educational Materials

- Depression
- How Do I Know If I'm Depressed?
- Evaluation of Depression
- Treatment of Depression
- Drug Treatment of Depression
- Mental Health Specialists
- Taking Care of Yourself
- What If I Don't Feel Better?

## ***DSM-IV* Criteria for Major Depressive Disorder**

Major Depressive Disorder is characterized by the presence of the majority of these symptoms:

- Depressed mood most of the day, nearly every day, as indicated by either subjective report (eg, feels sad or empty) or observation made by others (eg, appears tearful). (In children and adolescents, this may be characterized as an irritable mood.)
- Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day
- Significant weight loss when not dieting or weight gain (eg, a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day.
- Insomnia or hypersomnia nearly every day
- Psychomotor agitation or retardation nearly every day
- Fatigue or loss of energy nearly every day
- Feelings of worthlessness or excessive or inappropriate guilt nearly every day
- Diminished ability to think or concentrate, or indecisiveness, nearly every day
- Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

Source:

American Psychiatric Association. *Diagnostic and statistical manual of mental disorders*. 4th edition. Washington, DC: American Psychiatric Association, 1994.



**INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (SELF-REPORT)  
(IDS-SR)**

NAME: \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

Please circle the one response to each item that best describes you for the past seven days.

1. Falling Asleep:

- 0 I never take longer than 30 minutes to fall asleep.
- 1 I take at least 30 minutes to fall asleep, less than half the time.
- 2 I take at least 30 minutes to fall asleep, more than half the time.
- 3 I take more than 60 minutes to fall asleep, more than half the time.

2. Sleep During the Night:

- 0 I do not wake up at night.
- 1 I have a restless, light sleep with a few brief awakenings each night.
- 2 I wake up at least once a night, but I go back to sleep easily.
- 3 I awaken more than once a night and stay awake for 20 minutes or more, more than half the time.

3. Waking Up Too Early:

- 0 Most of the time, I awaken no more than 30 minutes before I need to get up.
- 1 More than half the time, I awaken more than 30 minutes before I need to get up.
- 2 I almost always awaken at least one hour or so before I need to, but I go back to sleep eventually.
- 3 I awaken at least one hour before I need to, and can't go back to sleep.

4. Sleeping Too Much:

- 0 I sleep no longer than 7-8 hours/night, without napping during the day.
- 1 I sleep no longer than 10 hours in a 24-hour period including naps.
- 2 I sleep no longer than 12 hours in a 24-hour period including naps.
- 3 I sleep longer than 12 hours in a 24-hour period including naps.

5. Feeling Sad:

- 0 I do not feel sad
- 1 I feel sad less than half the time.
- 2 I feel sad more than half the time.
- 3 I feel sad nearly all of the time.

6. Feeling Irritable:

- 0 I do not feel irritable.
- 1 I feel irritable less than half the time.
- 2 I feel irritable more than half the time.
- 3 I feel extremely irritable nearly all of the time.

7. Feeling Anxious or Tense:

- 0 I do not feel anxious or tense.
- 1 I feel anxious (tense) less than half the time.
- 2 I feel anxious (tense) more than half the time.
- 3 I feel extremely anxious (tense) nearly all of the time.

8. Response of Your Mood to Good or Desired Events:

- 0 My mood brightens to a normal level which lasts for several hours when good events occur.
- 1 My mood brightens but I do not feel like my normal self when good events occur.
- 2 My mood brightens only somewhat to a rather limited range of desired events.
- 3 My mood does not brighten at all, even when very good or desired events occur in my life.

9. Mood in Relation to the Time of Day:

- 0 There is no regular relationship between my mood and the time of day.
- 1 My mood often relates to the time of day because of environmental events (e.g., being alone, working).
- 2 In general, my mood is more related to the time of day than to environmental events.
- 3 My mood is clearly and predictably better or worse at a particular time each day.

9A. Is your mood typically worse in the morning, afternoon or night? (circle one)

9B. Is your mood variation attributed to the environment? (yes or no) (circle one)

10. The Quality of Your Mood:

- 0 The mood (internal feelings) that I experience is very much a normal mood.
- 1 My mood is sad, but this sadness is pretty much like the sad mood I would feel if someone close to me died or left.
- 2 My mood is sad, but this sadness has a rather different quality to it than the sadness I would feel if someone close to me died or left.
- 3 My mood is sad, but this sadness is different from the type of sadness associated with grief or loss.

**Please complete either 11 or 12 (not both)**

11. Decreased Appetite:

- 0 There is no change in my usual appetite.
- 1 I eat somewhat less often or lesser amounts of food than usual.
- 2 I eat much less than usual and only with personal effort.
- 3 I rarely eat within a 24-hour period, and only with extreme personal effort or when others persuade me to eat.

12. Increased Appetite:

- 0 There is no change from my usual appetite.
- 1 I feel a need to eat more frequently than usual.
- 2 I regularly eat more often and/or greater amounts of food than usual.
- 3 I feel driven to overeat both at mealtime and between meals.

**Please complete either 13 or 14 (not both)**

13. Decreased Weight (Within the Last Two Weeks):

- 0 I have not had a change in my weight.
- 1 I feel as if I've had a slight weight loss.
- 2 I have lost 2 pounds or more.
- 3 I have lost 5 pounds or more.

14. Increased Weight (Within the Last Two Weeks):

- 0 I have not had a change in my weight.
- 1 I feel as if I've had a slight weight gain.
- 2 I have gained 2 pounds or more.
- 3 I have gained 5 pounds or more.

15. Concentration/Decision Making:

- 0 There is no change in my usual capacity to concentrate or make decisions.
- 1 I occasionally feel indecisive or find that my attention wanders.
- 2 Most of the time, I struggle to focus my attention or to make decisions.
- 3 I cannot concentrate well enough to read or cannot make even minor decisions.

16. View of Myself:

- 0 I see myself as equally worthwhile and deserving as other people.
- 1 I am more self-blaming than usual.
- 2 I largely believe that I cause problems for others.
- 3 I think almost constantly about major and minor defects in myself.

17. View of My Future:

- 0 I have an optimistic view of my future.
- 1 I am occasionally pessimistic about my future, but for the most part I believe things will get better.
- 2 I'm pretty certain that my immediate future (1-2 months) does not hold much promise of good things for me.
- 3 I see no hope of anything good happening to me anytime in the future.

18. Thoughts of Death or Suicide:

- 0 I do not think of suicide or death.
- 1 I feel that life is empty or wonder if it's worth living.
- 2 I think of suicide or death several times a week for several minutes.
- 3 I think of suicide or death several times a day in some detail, or I have made specific plans for suicide or have actually tried to take my life.

19. General Interest:

- 0 There is no change from usual in how interested I am in other people or activities.
- 1 I notice that I am less interested in people or activities.
- 2 I find I have interest in only one or two of my formerly pursued activities.
- 3 I have virtually no interest in formerly pursued activities.

20. Energy Level:

- 0 There is no change in my usual level of energy.
- 1 I get tired more easily than usual.
- 2 I have to make a big effort to start or finish my usual daily activities (for example, shopping, homework, cooking or going to work).
- 3 I really cannot carry out most of my usual daily activities because I just don't have the energy.

21. Capacity for Pleasure or Enjoyment (excluding sex):

- 0 I enjoy pleasurable activities just as much as usual.
- 1 I do not feel my usual sense of enjoyment from pleasurable activities.
- 2 I rarely get a feeling of pleasure from any activity.
- 3 I am unable to get any pleasure or enjoyment from anything.

22. Interest in Sex (Please Rate Interest, not Activity):

- 0 I'm just as interested in sex as usual.
- 1 My interest in sex is somewhat less than usual or I do not get the same pleasure from sex as I used to.
- 2 I have little desire for or rarely derive pleasure from sex.
- 3 I have absolutely no interest in or derive no pleasure from sex.

23. Feeling slowed down:

- 0 I think, speak, and move at my usual rate of speed.
- 1 I find that my thinking is slowed down or my voice sounds dull or flat.
- 2 It takes me several seconds to respond to most questions and I'm sure my thinking is slowed.
- 3 I am often unable to respond to questions without extreme effort.

24. Feeling restless:

- 0 I do not feel restless.
- 1 I'm often fidgety, wring my hands, or need to shift how I am sitting.
- 2 I have impulses to move about and am quite restless.
- 3 At times, I am unable to stay seated and need to pace around.

25. Aches and pains:

- 0 I don't have any feeling of heaviness in my arms or legs and don't have any aches or pains.
- 1 Sometimes I get headaches or pains in my stomach, back or joints but these pains are only sometime present and they don't stop me from doing what I need to do.
- 2 I have these sorts of pains most of the time.
- 3 These pains are so bad they force me to stop what I am doing.

26. Other bodily symptoms:

- 0 I don't have any of these symptoms: heart pounding fast, blurred vision, sweating, hot and cold flashes, chest pain, heart turning over in my chest, ringing in my ears, or shaking.
- 1 I have some of these symptoms but they are mild and are present only sometimes.
- 2 I have several of these symptoms and they bother me quite a bit.
- 3 I have several of these symptoms and when they occur I have to stop doing whatever I am doing.

27. Panic/Phobic symptoms:

- 0 I have no spells of panic or specific fears (phobia) (such as animals or heights).
- 1 I have mild panic episodes or fears that do not usually change my behavior or stop me from functioning.
- 2 I have significant panic episodes or fears that force me to change my behavior but do not stop me from functioning.
- 3 I have panic episodes at least once a week or severe fears that stop me from carrying on my daily activities.

28. Constipation/diarrhea:

- 0 There is no change in my usual bowel habits.
- 1 I have intermittent constipation or diarrhea which is mild.
- 2 I have diarrhea or constipation most of the time but it does not interfere with my day-to-day functioning.
- 3 I have constipation or diarrhea for which I take medicine or which interferes with my day-to-day activities.

29. Interpersonal Sensitivity:

- 0 I have not felt easily rejected, slighted, criticized or hurt by others at all.
- 1 I have occasionally felt rejected, slighted, criticized or hurt by others.
- 2 I have often felt rejected, slighted, criticized or hurt by others, but these feelings have had only slight effects on my relationships or work.
- 3 I have often felt rejected, slighted, criticized or hurt by others and these feelings have impaired my relationships and work.

30. Leaden Paralysis/Physical Energy:

- 0 I have not experienced the physical sensation of feeling weighted down and without physical energy.
- 1 I have occasionally experienced periods of feeling physically weighted down and without physical energy, but without a negative effect on work, school, or activity level.
- 2 I feel physically weighted down (without physical energy) more than half the time.
- 3 I feel physically weighted down (without physical energy) most of the time, several hours per day, several days per week.

Which 3 items (questions) were the easiest to understand? \_\_\_\_\_

Thank you

Range 0-84      Score: \_\_\_\_\_

# Montgomery-Åsberg Depression Rating Scale (MADRS)

The rating should be based on a clinical interview moving from broadly phrased questions about symptoms to more detailed ones which allow a precise rating of severity. The rater must decide whether the rating lies on the defined scale steps (0, 2, 4, 6) or between them (1, 3, 5) and then report the appropriate number. The items should be rated with regards to how the patient has done over the past week.

## 1. Apparent sadness

Representing despondency, gloom and despair (more than just ordinary transient low spirits), reflected in speech, facial expression, and posture. Rate by depth and inability to brighten up.

- 0 = No sadness.
- 2 = Looks dispirited but does brighten up without difficulty.
- 4 = Appears sad and unhappy most of the time.
- 6 = Looks miserable all the time. Extremely despondent

## 2. Reported sadness

Representing reports of depressed mood, regardless of whether it is reflected in appearance or not. Includes low spirits, despondency or the feeling of being beyond help and without hope.

- 0 = Occasional sadness in keeping with the circumstances.
- 2 = Sad or low but brightens up without difficulty.
- 4 = Pervasive feelings of sadness or gloominess. The mood is still influenced by external circumstances.
- 6 = Continuous or unvarying sadness, misery or despondency.

## 3. Inner tension

Representing feelings of ill-defined discomfort, edginess, inner turmoil, mental tension mounting to either panic, dread or anguish. Rate according to intensity, frequency, duration and the extent of reassurance called for.

- 0 = Placid. Only fleeting inner tension.
- 2 = Occasional feelings of edginess and ill-defined discomfort.
- 4 = Continuous feelings of inner tension or intermittent panic which the patient can only master with some difficulty.
- 6 = Unrelenting dread or anguish. Overwhelming panic.

## 4. Reduced sleep

Representing the experience of reduced duration or depth of sleep compared to the subject's own normal pattern when well.

- 0 = Sleeps as normal.
- 2 = Slight difficulty dropping off to sleep or slightly reduced, light or fitful sleep.
- 4 = Moderate stiffness and resistance
- 6 = Sleep reduced or broken by at least 2 hours.

## 5. Reduced appetite

Representing the feeling of a loss of appetite compared with when-well. Rate by loss of desire for food or the need to force oneself to eat.

- 0 = Normal or increased appetite.
- 2 = Slightly reduced appetite.
- 4 = No appetite. Food is tasteless.
- 6 = Needs persuasion to eat at all.

## **6. Concentration difficulties**

Representing difficulties in collecting one's thoughts amounting to an incapacitating lack of concentration. Rate according to intensity, frequency, and degree of incapacity produced.

- 0 = No difficulties in concentrating.
- 2 = Occasional difficulties in collecting one's thoughts.
- 4 = Difficulties in concentrating and sustaining thought which reduced ability to read or hold a conversation.
- 6 = Unable to read or converse without great difficulty.

## **7. Lassitude**

Representing difficulty in getting started or slowness in initiating and performing everyday activities.

- 0 = Hardly any difficulty in getting started. No sluggishness.
- 2 = Difficulties in starting activities.
- 4 = Difficulties in starting simple routine activities which are carried out with effort.
- 6 = Complete lassitude. Unable to do anything without help.

## **8. Inability to feel**

Representing the subjective experience of reduced interest in the surroundings, or activities that normally give pleasure. The ability to react with adequate emotion to circumstances or people is reduced.

- 0 = Normal interest in the surroundings and in other people.
- 2 = Reduced ability to enjoy usual interests.
- 4 = Loss of interest in the surroundings. Loss of feelings for friends and acquaintances.
- 6 = The experience of being emotionally paralysed, inability to feel anger, grief or pleasure and a complete or even painful failure to feel for close relatives and friends.

## **9. Pessimistic thoughts**

Representing thoughts of guilt, inferiority, self-reproach, sinfulness, remorse and ruin.

- 0 = No pessimistic thoughts.
- 2 = Fluctuating ideas of failure, self-reproach or self-depreciation.
- 4 = Persistent self-accusations, or definite but still rational ideas of guilt or sin. Increasingly pessimistic about the future.
- 6 = Delusions of ruin, remorse or irredeemable sin. Self-accusations which are absurd and unshakable.

## **10. Suicidal thoughts**

Representing the feeling that life is not worth living, that a natural death would be welcome, suicidal thoughts, and preparations for suicide. Suicide attempts should not in themselves influence the rating.

- 0 = Enjoys life or takes it as it comes.
- 2 = Weary of life. Only fleeting suicidal thoughts.
- 4 = Probably better off dead. Suicidal thoughts are common, and suicide is considered as a possible solution, but without specific plans or intention.
- 6 = Explicit plans for suicide when there is an opportunity. Active preparations for suicide.

## **QUICK INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (SELF-REPORT) (QIDS-SR 16)**

*Please circle the one response to each item that best describes you for the past seven days.*

1. Falling asleep:

- 0 I never take longer than 30 minutes to fall asleep.
- 1 I take at least 30 minutes to fall asleep, less than half the time.
- 2 I take at least 30 minutes to fall asleep, more than half the time.
- 3 I take more than 60 minutes to fall asleep, more than half the time.

2. Sleep during the night:

- 0 I do not wake up at night.
- 1 I have a restless, light sleep with a few brief awakenings each night.
- 2 I wake up at least once a night, but I go back to sleep easily.
- 3 I awaken more than once a night and stay awake for 20 minutes or more, more than half the time.

3. Waking up too early:

- 0 Most of the time, I awaken no more than 30 minutes before I need to get up.
- 1 More than half the time, I awaken more than 30 minutes before I need to get up.
- 2 I almost always awaken at least one hour or so before I need to, but I go back to sleep eventually.
- 3 I awaken at least one hour before I need to, and can't go back to sleep.

4. Sleeping too much:

- 0 I sleep no longer than 7–8 hours/night, without napping during the day.
- 1 I sleep no longer than 10 hours in a 24-hour period including naps.
- 2 I sleep no longer than 12 hours in a 24-hour period including naps.
- 3 I sleep longer than 12 hours in a 24-hour period including naps.

5. Feeling sad:

- 0 I do not feel sad.
- 1 I feel sad less than half the time.
- 2 I feel sad more than half the time.
- 3 I feel sad nearly all of the time.

6. Decreased appetite:

- 0 There is no change in my usual appetite.
- 1 I eat somewhat less often or lesser amounts of food than usual.
- 2 I eat much less than usual and only with personal effort.
- 3 I rarely eat within a 24-hour period, and only with extreme personal effort or when others persuade me to eat.

## **QUICK INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (SELF-REPORT) (QIDS-SR 16)**

*Please circle the one response to each item that best describes you for the past seven days.*

7. Increased appetite:

- 0 There is no change from my usual appetite.
- 1 I feel a need to eat more frequently than usual.
- 2 I regularly eat more often and/or greater amounts of food than usual.
- 3 I feel driven to overeat both at mealtime and between meals.

8. Decreased weight (within the last two weeks):

- 0 I have not had a change in my weight.
- 1 I feel as if I've had a slight weight loss.
- 2 I have lost 2 pounds or more.
- 3 I have lost 5 pounds or more.

9. Increased weight (within the last two weeks):

- 0 I have not had a change in my weight.
- 1 I feel as if I've had a slight weight gain.
- 2 I have gained 2 pounds or more.
- 3 I have gained 5 pounds or more.

10. Concentration/Decision making:

- 0 There is no change in my usual capacity to concentrate or make decisions.
- 1 I occasionally feel indecisive or find that my attention wanders.
- 2 Most of the time, I struggle to focus my attention or to make decisions.
- 3 I cannot concentrate well enough to read or cannot make even minor decisions.

11. View of myself:

- 0 I see myself as equally worthwhile and deserving as other people.
- 1 I am more self-blaming than usual.
- 2 I largely believe that I cause problems for others.
- 3 I think almost constantly about major and minor defects in myself.

12. Thoughts of death or suicide:

- 0 I do not think of suicide or death.
- 1 I feel that life is empty or wonder if it's worth living.
- 2 I think of suicide or death several times a week for several minutes.
- 3 I think of suicide or death several times a day in some detail, or I have made specific plans for suicide or have actually tried to take my life.

## **QUICK INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (SELF-REPORT) (QIDS-SR 16)**

*Please circle the one response to each item that best describes you for the past seven days.*

### 13. General interest:

- 0 There is no change from usual in how interested I am in other people or activities.
- 1 I notice that I am less interested in people or activities.
- 2 I find I have interest in only one or two of my formerly pursued activities.
- 3 I have virtually no interest in formerly pursued activities.

### 14. Energy level:

- 0 There is no change in my usual level of energy.
- 1 I get tired more easily than usual.
- 2 I have to make a big effort to start or finish my usual daily activities (for example, shopping, homework, cooking or going to work).
- 3 I really cannot carry out most of my usual daily activities because I just don't have the energy.

### 15. Feeling slowed down:

- 0 I think, speak, and move at my usual rate of speed.
- 1 I find that my thinking is slowed down or my voice sounds dull or flat.
- 2 It takes me several seconds to respond to most questions and I'm sure my thinking is slowed.
- 3 I am often unable to respond to questions without extreme effort.

### 16. Feeling restless:

- 0 I do not feel restless.
- 1 I'm often fidgety, wringing my hands, or need to shift how I am sitting.
- 2 I have impulses to move about and am quite restless.
- 3 At times, I am unable to stay seated and need to pace around.



**Scoring Instructions for the IDS-C<sub>30</sub>/IDS-SR<sub>30</sub>  
and QIDS-C<sub>16</sub>/QIDS-SR<sub>16</sub>**

**IDS-C<sub>30</sub>/IDS-SR<sub>30</sub>**

1. Score 28 of the 30 items.  
Score either item 11 or item 12, *not both*.  
Score either item 13 or item 14, *not both*.  
If both 11 and 12 (or 13 and 14) are completed by accident, score the highest of the two items.
2. Sum the item scores for a total score. Total score range 0-84.

**QIDS-C<sub>16</sub>/QIDS-SR<sub>16</sub>**

1. Enter the highest score on any 1 of the 4 sleep items (1-4) \_\_\_\_\_
2. Enter score on item 5 \_\_\_\_\_
3. Enter the highest score on any 1 of the appetite/weight items (6-9) \_\_\_\_\_
4. Enter score on item 10 \_\_\_\_\_
5. Enter score on item 11 \_\_\_\_\_
6. Enter score on item 12 \_\_\_\_\_
7. Enter score on item 13 \_\_\_\_\_
8. Enter score on item 14 \_\_\_\_\_
9. Enter the highest score on either of the 2 psychomotor items (15 and 16) \_\_\_\_\_
10. Sum the item scores for a total score. Total score range 0-27. \_\_\_\_\_

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## THE HAMILTON RATING SCALE FOR DEPRESSION

(to be administered by a health care professional)

Patient's Name \_\_\_\_\_

Date of Assessment \_\_\_\_\_

To rate the severity of depression in patients who are already diagnosed as depressed, administer this questionnaire. The higher the score, the more severe the depression.

**For each item, write the correct number on the line next to the item. (Only one response per item)**

- 
- \_\_\_\_\_ **1. DEPRESSED MOOD** (Sadness, hopeless, helpless, worthless)
- 0=** Absent
  - 1=** These feeling states indicated only on questioning
  - 2=** These feeling states spontaneously reported verbally
  - 3=** Communicates feeling states non-verbally—i.e., through facial expression, posture, voice, and tendency to weep
  - 4=** Patient reports VIRTUALLY ONLY these feeling states in his spontaneous verbal and non-verbal communication
- \_\_\_\_\_ **2. FEELINGS OF GUILT**
- 0=** Absent
  - 1=** Self reproach, feels he has let people down
  - 2=** Ideas of guilt or rumination over past errors or sinful deeds
  - 3=** Present illness is a punishment. Delusions of guilt
  - 4=** Hears accusatory or denunciatory voices and/or experiences threatening visual hallucinations
- \_\_\_\_\_ **3. SUICIDE**
- 0=** Absent
  - 1=** Feels life is not worth living
  - 2=** Wishes he were dead or any thoughts of possible death to self
  - 3=** Suicidal ideas or gesture
  - 4=** Attempts at suicide (any serious attempt rates 4)
- \_\_\_\_\_ **4. INSOMNIA EARLY**
- 0=** No difficulty falling asleep
  - 1=** Complains of occasional difficulty falling asleep—i.e., more than 1/2 hour
  - 2=** Complains of nightly difficulty falling asleep
- \_\_\_\_\_ **5. INSOMNIA MIDDLE**
- 0=** No difficulty
  - 1=** Patient complains of being restless and disturbed during the night
  - 2=** Waking during the night—any getting out of bed rates 2 (except for purposes of voiding)

---

**6. INSOMNIA LATE**

0= No difficulty

1= Waking in early hours of the morning but goes back to sleep

2= Unable to fall asleep again if he gets out of bed

**7. WORK AND ACTIVITIES**

0= No difficulty

1= Thoughts and feelings of incapacity, fatigue or weakness related to activities; work or hobbies

2= Loss of interest in activity; hobbies or work—either directly reported by patient, or indirect in listlessness, indecision and vacillation (feels he has to push self to work or activities)

3= Decrease in actual time spent in activities or decrease in productivity

4= Stopped working because of present illness

**8. RETARDATION: PSYCHOMOTOR** (Slowness of thought and speech; impaired ability to concentrate; decreased motor activity)

0= Normal speech and thought

1= Slight retardation at interview

2= Obvious retardation at interview

3= Interview difficult

4= Complete stupor

**9. AGITATION**

0= None

1= Fidgetiness

2= Playing with hands, hair, etc.

3= Moving about, can't sit still

4= Hand wringing, nail biting, hair-pulling, biting of lips

**10. ANXIETY (PSYCHOLOGICAL)**

0= No difficulty

1= Subjective tension and irritability

2= Worrying about minor matters

3= Apprehensive attitude apparent in face or speech

4= Fears expressed without questioning

**11. ANXIETY SOMATIC:** Physiological concomitants of anxiety, (i.e., effects of autonomic overactivity, "butterflies," indigestion, stomach cramps, belching, diarrhea, palpitations, hyperventilation, paresthesia, sweating, flushing, tremor, headache, urinary frequency). Avoid asking about possible medication side effects (i.e., dry mouth, constipation)

0= Absent

1= Mild

2= Moderate

3= Severe

4= Incapacitating

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**12. SOMATIC SYMPTOMS (GASTROINTESTINAL)**

\_\_\_\_\_ **0=** None

**1=** Loss of appetite but eating without encouragement from others. Food intake about normal

**2=** Difficulty eating without urging from others. Marked reduction of appetite and food intake

**13. SOMATIC SYMPTOMS GENERAL**

\_\_\_\_\_ **0=** None

**1=** Heaviness in limbs, back or head. Backaches, headache, muscle aches. Loss of energy and fatigability

**2=** Any clear-cut symptom rates 2

**14. GENITAL SYMPTOMS** (Symptoms such as: loss of libido; impaired sexual performance; menstrual disturbances)

\_\_\_\_\_ **0=** Absent

**1=** Mild

**2=** Severe

**15. HYPOCHONDRIASIS**

\_\_\_\_\_ **0=** Not present

**1=** Self-absorption (bodily)

**2=** Preoccupation with health

**3=** Frequent complaints, requests for help, etc.

**4=** Hypochondriacal delusions

**16. LOSS OF WEIGHT**

\_\_\_\_\_ **A.** When rating by history:

**0=** No weight loss

**1=** Probably weight loss associated with present illness

**2=** Definite (according to patient) weight loss

**3=** Not assessed

**17. INSIGHT**

\_\_\_\_\_ **0=** Acknowledges being depressed and ill

**1=** Acknowledges illness but attributes cause to bad food, climate, overwork, virus, need for rest, etc.

**2=** Denies being ill at all

**18. DIURNAL VARIATION**

\_\_\_\_\_ **A.** Note whether symptoms are worse in morning or evening. If NO diurnal variation, mark none

**0=** No variation

**1=** Worse in A.M.

**2=** Worse in P.M.

\_\_\_\_\_ **B.** When present, mark the severity of the variation. Mark "None" if NO variation

**0=** None

**1=** Mild

**2=** Severe

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**19. DEPERSONALIZATION AND DEREALIZATION** (Such as: Feelings of unreality;  
Nihilistic ideas)

- \_\_\_\_\_ **0**= Absent  
**1**= Mild  
**2**= Moderate  
**3**= Severe  
**4**= Incapacitating

**20. PARANOID SYMPTOMS**

- \_\_\_\_\_ **0**= None  
**1**= Suspicious  
**2**= Ideas of reference  
**3**= Delusions of reference and persecution

**21. OBSESSIVE AND COMPULSIVE SYMPTOMS**

- \_\_\_\_\_ **0**= Absent  
**1**= Mild  
**2**= Severe

Total Score \_\_\_\_\_

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## WHO (Five) Well-Being Index (1998 version)

Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks. Notice that higher numbers mean better well-being.

Example: If you have felt cheerful and in good spirits more than half of the time during the last two weeks, put a tick in the box with the number 3 in the upper right corner.

	<i>Over the last two weeks</i>	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
<b>1</b>	<b>I have felt cheerful and in good spirits</b>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
<b>2</b>	<b>I have felt calm and relaxed</b>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
<b>3</b>	<b>I have felt active and vigorous</b>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
<b>4</b>	<b>I woke up feeling fresh and rested</b>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
<b>5</b>	<b>My daily life has been filled with things that interest me</b>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

### Scoring:

The raw score is calculated by totalling the figures of the five answers. The raw score ranges from 0 to 25, 0 representing worst possible and 25 representing best possible quality of life.

To obtain a percentage score ranging from 0 to 100, the raw score is multiplied by 4. A percentage score of 0 represents worst possible, whereas a score of 100 represents best possible quality of life.

#### Interpretation:

It is recommended to administer the Major Depression (ICD-10) Inventory if the raw score is below 13 or if the patient has answered 0 to 1 to any of the five items. A score below 13 indicates poor wellbeing and is an indication for testing for depression under ICD-10.

#### Monitoring change:

In order to monitor possible changes in wellbeing, the percentage score is used. A 10% difference indicates a significant change (ref. John Ware, 1995).



## WHO (Five) Well Being Index (1998 version) OMS (cinco) Índice de Bienestar (versión 1998)

Por favor, indique para cada una de las cinco afirmaciones cual define mejor como se ha sentido usted durante la últimas dos semanas. Observe que cifras mayores significan mayor bienestar.

**Ejemplo:** Si se ha sentido **alegre y de buen humor más de la mitad del tiempo durante las últimas dos semanas**, marque una cruz en el recuadro con el número 3 en la esquina superior derecha.

<i>Durante las últimas dos semanas:</i>	Todo el tiempo	La mayor parte del tiempo	Más de la mitad del tiempo	Menos de la mitad del tiempo	De vez en cuando	Nunca
1. Me he sentido alegre y de buen humor	5	4	3	2	1	0
2. Me he sentido tranquilo y relajado	5	4	3	2	1	0
3. Me he sentido activo y enérgico	5	4	3	2	1	0
4. Me he despertado fresco y descansado	5	4	3	2	1	0
5. Mi vida cotidiana ha estado llena de cosas que me interesan	5	4	3	2	1	0



**Instrucciones de puntuación.**

Para calcular la puntuación, sume las cifras en la esquina superior derecha de los recuadros que usted marcó y multiplique la suma por cuatro.

Usted habrá obtenido una puntuación entre 0 y 100. Mayor puntuación significa mayor bienestar.

**Interpretación:**

Se recomienda administrar "The Major Depression (ICD-10) Inventory" si la primera puntuación calculada es menor que 13 o si las respuestas del paciente oscilan entre 0 y 1 en cualquiera de las afirmaciones citadas. Una puntuación menor que 13 indica bajo bienestar y es un indicador para la aplicación del test de depresión (ICD-10).

**Cambios en el monitoreo:**

Para poder monitorear posibles cambios en el bienestar se usa la puntuación porcentual. Una diferencia de 10% indica un cambio significativo (ref. John Ware, 1996).

## **Achieve Remission in Adult Patients With Non-Psychotic Major Depressive Disorder: Algorithm**

- Initiate antidepressant at minimally-effective dose to optimize tolerability. Refer for cognitive-behavioral or interpersonal psychotherapy as available, especially for patients with severe MDD
- After 4 weeks: is patient responding to treatment (eg, does he or she have a 50% or greater improvement in symptoms?)
  - If yes, continue antidepressant therapy for additional 2 to 4 weeks at initial dose
  - If no or partial response, consider increasing the antidepressant dose, augmentation or combination therapy, particularly if current antidepressant is well-tolerated. Consider adding psychotherapy if not already initiated.
- Continue to monitor every 2 weeks
- Once patient has achieved remission, continue same treatment at identical doses for additional 6 to 9 months. Consider adding psychotherapy if not already initiated.
- If patient fails to respond to numerous treatment trials, perform diagnostic re-assessment. Consider somatic therapies (electroconvulsive therapy, repetitive transcranial magnetic stimulation, deep brain stimulation).

**Consider Referring Patient With A Major Depressive Episode to Specialty Care If:**

- The presence of severe suicidal ideation is determined
  - Plan to commit suicide
  - Means have been secured
  - Several risk factors (terminal illness, chronic illness, chronic pain, presence of substance or alcohol use disorder, presence of hopelessness, history of suicide attempt, patient reporting few or no reasons to live)
  - Few protective factors (patient reports several reasons to live, patient engaged in therapy)
- Presence of homicidal ideation
- Presence of psychotic symptoms
- Current or history of mania/hypomania.
- Presence of severe axis-I or axis-II/cluster B co-morbidity
- History of treatment failure to more than two antidepressants in the current episode
- Patient preference

## Checklist for When to Consider Switching/Augmenting Antidepressants

- Consider augmentation/combination/dose increase over switching when:
  - There has been a partial response to the current antidepressant
  - The current antidepressant is well-tolerated
  - There is a wish to avoid withdrawal symptoms
  - There is a desire to target side-effects of current antidepressant with an adjunctive agent
  - Patient preference
  
- Consider switching over augmentation/combination/dose increase when:
  - There is no response to the current antidepressant
  - There is a desire to simplify the pharmacologic regimen (cost, compliance)
  - There is a desire to avoid drug-drug interactions
  - Patient preference

# Depression Action Plan

Is your depression coming back?  
Know the signs. Make a plan.



You are:

- Sleeping well
- Eating well
- Able to do your usual activities
- Feeling OK

You may be:

- Not sleeping well or sleeping too much
- Not eating enough or eating too much
- Not able to do your usual activities

You may:

- Feel depressed or angry most of the time
- Not be able to:
  - do your work
  - take care of things at home
  - get along with others

Follow your treatment plan

- Call your doctor to set up a visit
- Follow your treatment plan

- Call your doctor or talk therapist now
- If you have a plan to hurt yourself or someone else AND think you might act on it CALL 911 or go to the Emergency Room now

Other Instructions:

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Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Talk Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_

## Depression Monitoring Flow Sheet #1

Patient name \_\_\_\_\_

DOB/age \_\_\_\_\_

Date of diagnosis \_\_\_\_\_

Date/type of contact				
----------------------	--	--	--	--

**Assessment of progress: Score 1 if symptoms are worse; Score 2 if there is no change in symptoms; Score if symptoms have improved**

Rating scale used/score				
Thoughts of death of suicidal ideation				
Patient impression of progress				
New stressors				
Other concerns of assessments				

**Assessment of Treatment**

Current medication				
Medication compliance?				
Patient impression of progress				
Medication side effects				
Psychotherapy?				
Provider initials				

## Depression Monitoring Flow Sheet #2

Patient name \_\_\_\_\_

DOB/age \_\_\_\_\_

Date of diagnosis \_\_\_\_\_

Scoring guide: 1 = poor/no change in symptoms  
 2 = OK/some improvement in symptoms  
 3 = good/much improved

Date/type of contact				
Mood				
Interest in activities				
Appetite				
Sleep				
Psychomotor agitation/lethargy				
Energy level				
Concentration				
Thoughts of death/suicide ideation				
Patient impression of progress				
Medication side effects				
Other concerns/assessments				
Provider initials				

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# PHQ-9 Flow Chart

Tracking tool for PHQ-9 monitoring of depression response to treatment.

\_\_\_\_\_  
Name

Symptom	Date	Date	Date	Date	Date	Date	Date	Date
Anhedonia								
Dysphoria								
Insomnia								
Tiredness								
Appetite								
Failure								
Concentration								
Slow/Restless								
Death/Suicide								
PHQ-9 Score								
Effect Question								

## Supportive Counseling Fact Sheet for Clinicians

Some patients benefit from supportive counseling with the clinician and/or knowledgeable support staff. Counseling is provided in brief sessions using these techniques:

- Active listening
- Advice-giving
- Adding perspective
- Confirmation of appropriateness of patient concerns

### Focus on Solutions

Empathize with the patient, while moving the dialogue towards the construction of clear, simple, specific behavioral change plans:

- Work
- Home
- Finances
- Health

### Focus on Coping Strategies

Coping strategies can be divided into problem-focused, which are directed at situations that can be changed, and emotion-focused, which are directed at situations that cannot be changed. After helping a patient recognize whether a situation can be changed or not, some helpful coping strategies that may be suggested to patients are listed below.

#### Problem-Focused

Gather facts

Use problem-solving techniques

Notice negative thoughts and replace them

#### Emotion-Focused

Participate in pleasurable activities

Participate in activities that boost

Participate in activities that relax

### Process for Developing/Monitoring Coping Strategies

1. Identify two to three coping strategies that may be helpful for the patient and clarify if the strategies will be consistent with their personality and lifestyle.
2. Create a list of these coping strategies, giving one to the patient and the other to keep in the medical record.
3. Have the patient keep track of both the problems and coping strategies that occur over the next week/couple of weeks. Have patient bring a summary to the next office visit.
4. Assess coping strategies the patient used, reinforcing strategies that are effective and making suggestions when improvements are needed.

## **Tips for Improving Patient Adherence to Antidepressant Therapy**

- Educate patients about antidepressants upon prescribing
  - How we think they work
  - Their efficacy and the goal of therapy
  - The time-course of antidepressant response versus the time-course of side-effects
  - Potential side-effects patients should anticipate
  - Eliciting for and dispelling myths (ie, addiction potential of antidepressants, etc)
  - Withdrawal effects upon abrupt discontinuation, especially if switching
- Instruct patients on a plan of action if they experience intolerably or worrisome adverse events, as well as a protocol for contacting you
- Follow patients frequently, especially when initiating a new therapy or increasing the dose
- Always elicit for common side-effects, including sexual dysfunction
- Target side-effects of therapy

## **Coping With Antidepressant Side Effects**

Antidepressants can cause unpleasant side effects. Many of these side effects last only a few weeks and then go away on their own. Even if a side effect doesn't go away, you can learn ways to manage it. Don't stop taking your antidepressant or reduce the dosage without first talking to your doctor or mental health provider. Suddenly stopping can cause withdrawal-like health problems. Always tell your health care provider about your side effects, because some can be serious. Listed below are some coping strategies for the most common side effects of antidepressants.

### **Nausea**

Nausea typically begins within a week of starting an antidepressant. It often goes away within a few weeks, when your body adjusts to the medication.

#### **Coping strategies**

- Take antidepressants with food
- Eat smaller, more frequent meals
- Suck on sugarless hard candy
- Drink plenty of fluids, such as unsweetened fruit juice, cool water or ginger ale that's lost its carbonation
- Try an antacid or bismuth subsalicylate (Pepto-Bismol)
- Talk to your doctor about a dosage change or a slow-release form of the medication

### **Increased appetite, weight gain**

You may gain weight because of fluid retention, lack of physical activity, or development of a better appetite when your depression symptoms decrease. Bupropion (Wellbutrin) and certain selective serotonin reuptake inhibitors (SSRIs) are generally less likely to cause a lot of weight gain.

#### **Coping strategies**

- Eat healthy foods, such as plenty of fruits, vegetables and whole grains
- Cut back on sweets, sugary drinks and fast foods
- Try to exercise at least 30 minutes a day
- Seek advice from a nutritionist or dietitian
- Talk to your doctor about switching medications

## **Sexual Side Effects**

Sexual side effects include decreased desire (libido), erectile dysfunction, delayed ejaculation and decreased orgasm. These can last throughout treatment. Selective serotonin reuptake inhibitors (SSRIs) are more likely to cause sexual side effects, particularly delayed orgasm or inability to achieve orgasm (anorgasmia). Tricyclic antidepressants (TCAs) are more likely to cause erectile dysfunction.

### **Coping strategies**

- Talk to your doctor about changing your dose.
- Consider a medication that requires only a once-a-day dose, and schedule sexual activity before taking that dose
- Talk to your doctor about adding or switching to an antidepressant that may counteract these effects, such as bupropion (Wellbutrin, Wellbutrin SR, Wellbutrin XL)
- Talk to your doctor about taking a medication intended to directly treat sexual dysfunction
- Talk to your doctor about a "drug holiday" — stopping medication for a day or so each week

## **Fatigue, drowsiness**

Fatigue and drowsiness are common, especially during early weeks of treatment with antidepressants.

### **Coping strategies**

- Take a brief nap during the day
- Get some mild exercise, such as walking
- Avoid driving or operating machinery until the fatigue passes
- Take the medication one to two hours before bedtime

## **Insomnia**

Insomnia can result because some antidepressants give you an energy boost. While that may sound appealing, it can also make it difficult to get to sleep or stay asleep — and you may be tired during the day.

### **Coping strategies**

- Take medication in the morning
- Avoid caffeinated food and drinks
- Get regular exercise at least four or five hours before bedtime
- Develop a relaxing bedtime routine
- Talk to your doctor about temporarily taking a sedating medication at bedtime

## **Dry Mouth**

Dry mouth is a common side effect of antidepressants, such as tricyclic antidepressants (TCAs) that have anticholinergic effects — they block the action of the neurotransmitter acetylcholine. That, in turn, disrupts functioning of the digestive tract and other organ systems, reducing mucus and saliva secretions.

### **Coping strategies**

- Sip water regularly
- Suck on ice chips
- Chew sugarless gum
- Suck on sugarless hard candy
- Breathe through your nose, not your mouth
- Brush your teeth twice a day
- Visit your dentist regularly to help prevent tooth decay
- Talk to your doctor about saliva substitutes

## **Blurred vision**

Blurred vision is a common side effect, but it usually goes away on its own within a couple of weeks. It's usually associated with antidepressants, such as tricyclic antidepressants (TCAs) that block the neurotransmitter acetylcholine, which can dry out your eyes and cause blurriness.

### **Coping strategies**

- Get an eye exam to rule out other causes of your eye problems
- Talk to your doctor about using special eyedrops to relieve dryness
- Talk to your doctor about a dose adjustment

## **Constipation**

Constipation is often associated with tricyclic antidepressants (TCAs) because they block the neurotransmitter acetylcholine. That, in turn, disrupts normal functioning of the digestive tract and other organ systems.

### **Coping strategies**

- Drink six to eight glasses of water daily.
- Eat high-fiber foods, such as fresh fruits and vegetables, brans and whole grains.
- Get regular exercise.
- Take fiber supplements.
- Consider taking stool softeners if other measures don't work.

## **Dizziness**

Dizziness is more common with tricyclic antidepressants (TCAs) and monoamine oxidase inhibitors (MAOIs). These medications can cause low blood pressure, resulting in dizziness. This side effect is more common in older people.

### **Coping strategies**

- Rise slowly from sitting or standing positions.
- Use handrails, canes or other sturdy items for support.
- Avoid driving or operating machinery.
- Avoid caffeine, tobacco and alcohol.
- Drink plenty of fluids.
- Take medication at bedtime.

## **Agitation, restlessness, anxiety**

Agitation, restlessness and anxiety can result from the stimulating effect that some antidepressants have. Although having more energy may sound appealing, it may mean you can't relax or sit still even if you want to. Be alert for racing or impulsive thoughts along with high energy. If these develop, talk to your doctor right away because they may be signs of mood instability or another serious disorder.

### **Coping strategies**

- Get vigorous exercise, such as jogging, biking or aerobics.
- Practice deep-breathing exercises and muscle relaxation.
- Consult your doctor about temporarily taking a relaxing medication



# How Do I Know If I'm Depressed?

## ***What Does Depression Feel Like?***

In the past month, have you had little interest or pleasure in doing things? Are you feeling down, sad, or hopeless?

If the answer to either question is “yes,” you may suffer from depression. Depression is a feeling of sadness that lasts for many weeks and does not go away. It interferes with your daily activities and may keep you from eating, sleeping, or enjoying yourself. You may also feel more tired than usual and have difficulty concentrating or remembering.

Depression is not just "feeling blue" or "down in the dumps." It is not just being sad or feeling grief after a loss. Depression is a medical disorder — just like diabetes, high blood pressure, or heart disease — that day after day affects your thoughts, feelings, physical health, and behaviors.

## ***What Causes Depression?***

Depression is usually caused by low levels of special brain chemicals that change the way the brain sends messages. These brain chemicals can change as we get older, but they can also change after a time of stress, after a medical illness, or after taking certain medications.

Like many medical disorders, depression has an effective treatment that can relieve the bad feelings and thoughts. Treatment is available from your family doctor.

## ***When Should I Seek Help?***

If you think you or someone you know might have depression, seek help quickly. The longer treatment is delayed, the more difficult depression is to treat. Remember, depression is not caused by personal weakness, laziness, or lack of will power. It is a medical illness that can be treated.

# Patient Satisfaction Survey

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous. Thank you for your time.

Please rate our services (5-Almost Always, 1-Almost Never)

<b>Your Primary Care Provider</b>					
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Gives you good advice and treatment	5	4	3	2	1
Takes your symptoms and care seriously	5	4	3	2	1
Is knowledgeable about depression	5	4	3	2	1
Answers your questions	5	4	3	2	1
Provides you with educational materials and other resources about depression	5	4	3	2	1
<b>Other Providers in Our Practice that Help with Your Care</b>					
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Gives you good advice and treatment	5	4	3	2	1
Takes your symptoms and care seriously	5	4	3	2	1
Is knowledgeable about depression	5	4	3	2	1
Answers your questions	5	4	3	2	1
Provides you with educational materials and other resources about depression	5	4	3	2	1
<b>Please let us know in what areas we could improve:</b>					

## **Quick Facts About Psychological Counseling**

- In psychological counseling, patients with depression work with a qualified mental health care specialist who listens to them, talks, and helps them correct overly negative thinking about improve their relationships with others
- Psychological counseling for depression does not mean talking about your childhood

## **Treating Depression With Psychological Counseling**

Psychological counseling has been shown to be just as effective as antidepressant medication in treating many patients with depression. Psychological counseling can be done individually (only you and a mental health specialist), in a group (a mental health specialist, you, and other people with similar problems), or it can be family or marriage therapy where a mental health specialist, you and your spouse or family members participate. More than half of the people with mild to moderate depression respond well to psychological counseling. While the length of time that persons are involved in counseling differs, people with depression can typically expect to attend a weekly hour-long counseling session for 8-20 weeks. If your depression is not noticeably improved after 6-12 weeks of counseling, this usually means that you need to try a different treatment for your depression. Psychological counseling by itself is not recommended as the only treatment for persons whose depression is more severe. Medication is needed for this type of depression, and it can be taken in combination with psychological counseling.

## **What Can You Do to Help Your Clinician Most Effectively Treat Your Depression With Psychological Counseling?**

- Keep all of your appointments with the mental health specialist
- Be honest and open, and ask questions
- Work cooperatively with the mental health specialist (eg, complete tasks assigned to you as part of the therapy)
- Keep appointments with your primary care clinician and tell him/her how the therapy is working (eg, whether your depression is getting better or worse)

# Self-Care Action Plan

## Setting goals and taking steps to reach them

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Choose something you want to do, not something you think you should do.

Set a goal you think you can meet.

Think about the small steps you can take to help you reach your goal.

My goal is \_\_\_\_\_

I will make the following small change as I work toward my goal: \_\_\_\_\_

The things that could make it difficult to reach my goal are:

My plan for overcoming these difficulties includes:

Support/resources I will need to achieve my goal include:

(For example: Is there a friend, family member, counselor or clergy member who might help you track success in meeting your goal?)

How important is it that I reach this goal? \_\_\_\_\_

(0 = not at all important; 10 = extremely important)

How confident am I that I can achieve this goal? \_\_\_\_\_

(0 = not at all confident; 10 = totally confident)

**Some types of activities to consider as you choose your goals:**

Exercise

Socialize

Eat Well

Relax



## **Organizational Changes**

The strategy of organizational change according to the AHRQ's report, Closing the Quality Gap<sup>1</sup>, includes at least one of the following:

- 1) Disease management or case management
- 2) Team or personnel changes
- 3) Communications, case discussions, and the exchange of treatment information between distant health professionals
- 4) Total Quality Management or Continuous Quality Improvement techniques

### **Suggestions and Resources for Implementation:**

- Assign one healthcare provider in your office to handle all patients with MDD. Many practices have tried this strategy for other chronic diseases, like diabetes. Since one provider is responsible for that specific disease state, keeping up with the latest information and standardizing the management of that disease can become more focused.
- In conjunction with pharmacotherapy, psychotherapy is a first-line defense for depression. Consider connecting with a psychotherapist for referrals and for questions. A search engine for psychotherapists in your area is available online at <http://www.apahelpcenter.org/>.
- For more challenging cases or for questions about specific cases, being connected to a psychiatrist in your area can make asking those questions and making those referrals that much easier.

## **Strategies for Assisting Patients With Medication Management**

- Telephonic nurse case management to track visits and medication compliance
- Potential home visits for patients having difficulty coming into the office
- Web-based and telephone-based reminder systems that help patients remember their medication regimens
- Having behavioral health practitioners on-site during certain hours of the week
- Others that local medical practices may have identified that work well for their patients