

## **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

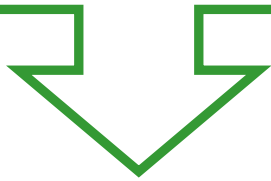
- Consider augmentation/combination/dose increase over switching when:
  - There has been a partial response to the current antidepressant
  - The current antidepressant is well-tolerated
  - There is a wish to avoid withdrawal symptoms
  - There is a desire to target side-effects of current antidepressant 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.

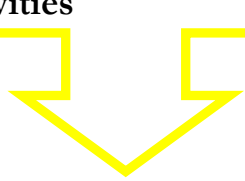


- You are:**
- Sleeping well
  - Eating well
  - Able to do your usual activities
  - Feeling OK



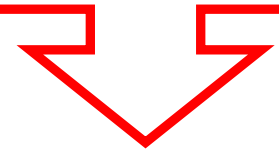
**Follow your treatment plan**

- You may be:**
- Not sleeping well or sleeping too much
  - Not eating enough or eating too much
  - Not able to do your usual activities



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

- 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



- 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				
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**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 or 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