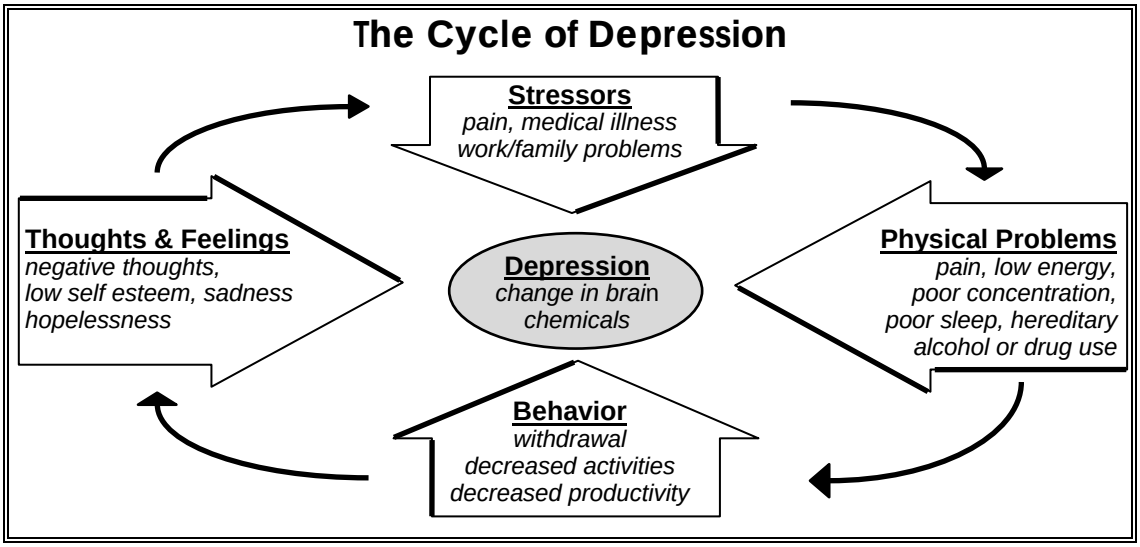
Community Partners in Care

QUICK REFERENCE CARDS



Seven Key Challenges in Managing Depression

		Reference in Manual
1.	**Make a diagnosis**.	Chapter 1, Step 5
2.	**Educate and recruit** the patient as a partner.	Chapter 2, Step 2
3.	**Start with the best possible treatment**. Avoid minor tranquilizers. Use antidepressants or psychotherapy.	Chapter 2, Step 1
4.	**Use an adequate dose**.	Chapter 2, Step 1
5.	**Treat long enough**. (Patients often take 4 to 8 weeks to respond.)	Chapter 2, Step 4
6.	**Follow outcomes and adjust treatment** as needed. Consider consultation if patient is not improving.	Chapter 2, Step 4
7.	**Prevent relapse**. (50% risk after one episode, 70% after two episodes and 90% after three episodes.)	Chapter 2, Steps 5 & 7

SIGNS AND SYMPTOMS OF DEPRESSION

- **Depressed mood and/or loss of interest or pleasure**

  Sadness, tearfulness, guilt, pessimism, sense of failure, self-dislike, dissatisfaction, irritability, social withdrawal, self-harm, apathy, lack of pleasurable activities.

- **Physical/vegetative *symptoms***

  T*rouble sleeping or sleeping too much (includes early morning awakening), trouble concentrating, decreased energy, decreased sexual interest, loss of appetite, overeating, digestive problems, constipation, bowel irregularities, aches and pains*

- **Physical/vegetative *signs***

  Disheveled appearance, difficulty sitting still, restlessness, slowed speech, movements and reactions.

CONDITIONS CHARACTERIZED BY DEPRESSIVE SYMPTOMS

Diagnostic Criteria for Major Depression (DSM-IV)<

Major depression is present when the patient has had **5 of the 9** symptoms listed below for at least two weeks. **One of the symptoms must be either item 1 or 2.**

1. Depressed mood

OR

2. Loss of interest or pleasure

3. Significant change in weight or appetite

4. Insomnia or hypersomnia

5. Psychomotor agitation or retardation

6. Fatigue or loss of energy

7. Feelings of worthlessness or guilt

8. Impaired concentration or ability to make decisions

9. Thoughts of suicide or self-harm

< **Minor depression** is present when the patient has had **2 to 4** of the 9 symptoms listed above for at least two weeks (*with one of the symptoms being either item 1 or 2).* Minor depressives are educated and counseled about depression, then re-evaluated in 1 to 3 months, but do not require medication or full-course psychotherapy unless complicating features are present.

CONDITIONS CHARACTERIZED BY DEPRESSIVE SYMPTOMS *(continued)*

Diagnostic Criteria for *Dysthymia/Chronic Depression* (DSM-IV)

1. Patients with Dysthymia/Chronic Depression are in a depressed mood:
   - *for most of the day*
   - *for more days than not*
   - *for at least 2 years*
   - *with lapses lasting not more than 2 months*

2. During periods of depression*, the patient has had two or more of these symptoms:
   - *loss of self-esteem*
   - *feelings of hopelessness*
   - *low energy or fatigue*
   - *insomnia or hypersomnia*
   - *poor concentration or difficulty making decisions*
   - *poor appetite or overeating*

TREATMENT: Dysthymia/Chronic depression can be treated the same as major depression, except that the patient may require a full dose of medication for at least *2 years* *(maintenance therapy).*

* Not including episodes of mania or depression relating to substance abuse. Can coexist with episodes *of major depression*.

CONDITIONS CHARACTERIZED BY DEPRESSIVE SYMPTOMS *(continued)*

Diagnostic Criteria for *Adjustment Disorders* (DSM-IV)

- *Patients with Adjustment Disorders do not meet criteria for major depression, dysthymia, bereavement or other major affective mental disorders.*
- *The patient has developed emotional symptoms out of proportion to what might be expected, or is experiencing worsened social or occupational functioning in response to (an) identifiable stressor(s).*
- *The symptoms must arise within 3 months of the onset of the stressor(s).*

TREATMENT: Patients can be treated with supportive counseling and stress reduction. Re-evaluate in 1 and 3 months.

CONDITIONS CHARACTERIZED BY DEPRESSIVE SYMPTOMS *(continued)*

Diagnostic Criteria for *Bereavement* (DSM-IV)

- *The patient's symptoms are associated with the loss of a loved one that has occurred during the past two months.*
- *The patient may or may not meet the symptom criteria for Major Depression.*

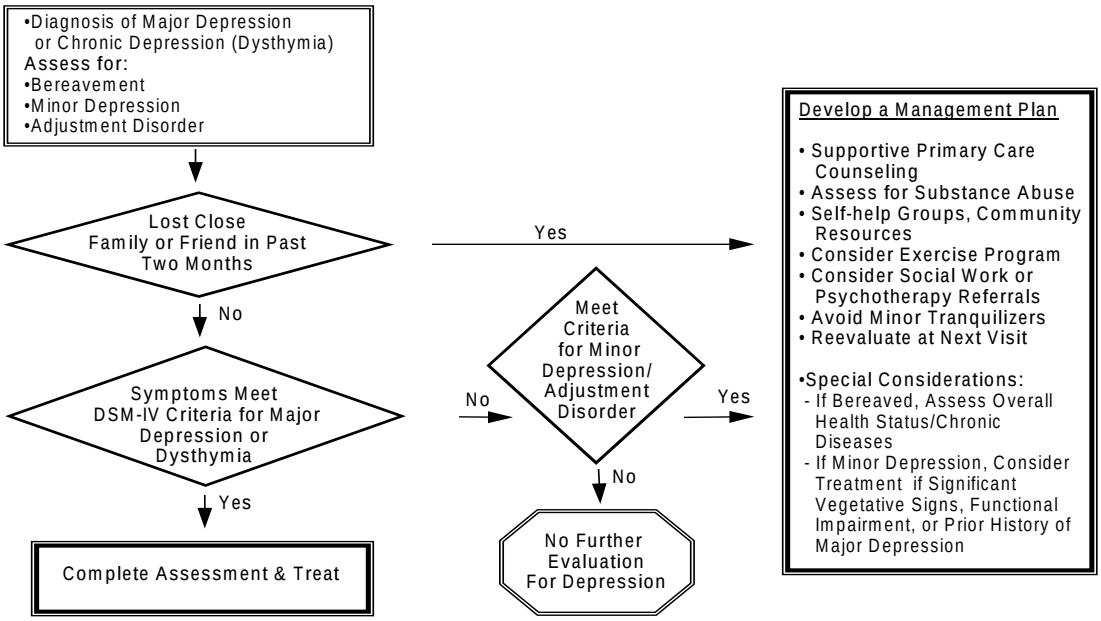
TREATMENT: Patients usually should <u>not</u> be treated with medications or full-course psychotherapy unless they are severely vegetative, suicidal or psychotic. Patients *should* be treated with supportive counseling and close medical follow-up. Re-evaluate for treatment in 1-3 months.

Diagnostic Criteria for *Minor Depression* (DSM-IV)

- *The patient has had 2 to 4 of the 9 symptoms listed for major depression for at least two weeks (with one of the symptoms being either item 1 or 2).*

TREATMENT: Patients are educated and counseled about depression, then re-evaluated in 1 to 3 months, but do not require medication or full-course psychotherapy unless complicating features are present.

MAKING A DIAGNOSIS AMONG PEOPLE WITH DEPRESSIVE SYMPTOMS



General Information About Antidepressants

- These medications help restore a chemical imbalance in the brain.
- They are not addictive.
- The response is gradual and the medication will take 2 to 6 weeks to work.
- If side effects occur early on, they usually improve with time or they can be treated.
- Sleep and appetite may improve first. Mood, energy, and negative thinking may take a few weeks to improve.

How to Take Antidepressants

Ensure that patients:

- Take the medications daily.
- Keep track of side effects and discuss these with their physician.
- Continue taking the medication even if they feel better.
- **Don't stop the medication before talking to their physician.**
- Call their physician or health care provider if they have any questions.

MEDICATION AND DOSES

I. Serotonin Reuptake Inhibitors (SSRIs)

Common side effects (> 10 %) include: *insomnia, restlessness, agitation, sedation, fine tremor, GI distress, headache, dizziness, sexual dysfunction*.

Drug Name	*Unit doses available (in mg)*	*Therapeutic dosage range (mg)*	*Usual dose (mg)*	*Cost/month for usual dose*	*Starting dose in young patients (mg)*	*Starting dose in elderly patients (mg)*	*Comments*
* *Fluoxetine (Prozac)*	10, 20	10-60	20	$1-$4	20	10	Long half-life
* *Paroxetine (Paxil)*	10, 20, 30, 40	10-50	20-30	$1-$4	20	10	Dry mouth, constipation,
* *Citalopram (Celexa)*	20, 40	10-40	20	$1-$4	20	10	
Escitalopram (Lexapro)	5, 10, 20	10-20	10	$1-$4	10	5	Not generic
Sertraline (Zoloft)	50, 100	25-200	50-100	$1-$4	50	25	

** $1-$4/month - Los Angeles County Department of Health Services Formulary*
$4/month – available at Target, Walmart, Sam's Club, Costco, Kroger, Ralphs and other national chain generic prescription programs

MEDICATIONS AND DOSES *(continued)*

II. Secondary Amine Tricyclics (TCAs)

Common side effects (> 10 %) include:
arrhythmias (particularly with preexisting conduction defects), dry mouth, constipation, blurry vision, orthostatic hypotension, and weight gain

Drug Name	*Unit doses available (in mg)*	*Therapeutic dosage range (mg)*	*Usual dose (mg)*	*Cost/day for usual dose*	*Starting dose in young patients (mg)*	*Starting dose in elderly patients (mg)*	*Comments*
** Nortriptyline (e.g., Pamelor)*	10, 25, 50, 75	40-150 qhs	50-100 qhs	$1-$4	25 qhs	10 qhs	*Weakness/fatigue confusion, fine tremor, sedation*
Desipramine (e.g, Norpramin)	10, 25, 50, 75, 100, 150	75-300 qday	150-200 qday	$1-$4	50 qday	25 qday	*Tachycardia, insomnia, agitation*

** $1-$4/month - Los Angeles County Department of Health Services Formulary*
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Note: The side effects listed are in addition to side effects listed for all drugs in a class

MEDICATIONS AND DOSES *(CONTINUED)*

III. Other Antidepressants

Drug Name	*Unit doses available (in mg)*	*Therapeutic dosage range (mg)*	*Usual dose (mg)*	*Cost/day for usual dose*	*Starting dose in young patients (mg)*	*Starting dose in elderly patients (mg)*	*Comments*
Buproprion (Wellbutrin)	75,100 SR: 100, 150, 200 XL: 150, 300	75-150 bid-tid SR: 100-200 bid XL: 150-300 qday	75-150 bid-tid SR: 100-200 bid XL: 150-300 qday	$2.00 SR: $2.00 XL: $4.00	150 qd	37.5 bid SR: 100 qday XL: 150 qday	Insomnia, agitation, tremors, headache. Avoid in patients at risk for seizures and patients with bulimia. Minimal sexual side effects
Venlafaxine (Effexor)	25, 37.5, 50, 75, 100 XR: 37.5, 75, 150	12.5-150 bid XR: 37.5 – 225 qday	25-100 bid XR: 75-225 qday	$2.00 XR: $4.00	25 bid-tid XR: 75 qday	25 qday XR: 37.5 qday	Nausea, activation, sweating, headache hypertension at high doses

MEDICATIONS AND DOSES *(CONTINUED)*

IV. Other antidepressants

Drug Name	*Unit doses available (in mg)*	*Therapeutic dosage range (mg)*	*Usual dose (mg)*	*Cost/day for usual dose*	*Starting dose in young patients (mg)*	*Starting dose in elderly patients (mg)*	*Comments*
Duloxetine (Cymbalta)	20, 30, 60	40-60 qday	40-60 qday	$4.00	40 qday	30 qday	Nausea, dry mouth, constipation, decreased appetite, fatigue, sweating, sexual dysfunction Enteric coated – DO NOT break tablets! Not generic
Mirtazapine (Remeron)	15, 30	15-45 qhs	15-30 qhs	$2.00	15 qhs	7.5 qhs	Sedation, weight gain, minimal sexual side effects

TROUBLESHOOTING: WHAT TO DO IF YOUR PATIENT DOESN'T GET BETTER

Common problem	Possible Solution
1. Wrong diagnosis	• Reconsider diagnosis and differential diagnosis • Consider psychiatric consultation
2. Insufficient dose	Increase dose
3. Insufficient length of treatment (Remember: it may take 4-8 weeks for patients to respond to treatment.)	Support and encourage patient to stay on medication for a full trial (6-8 weeks) at a therapeutic dose.
4. Problems with adherence	• Try to understand the patient's perspective and concerns • Address barriers to adherence and problem-solve together • Consider serum drug levels with tricyclic antidepressants

TROUBLESHOOTING *(continued)*

Common problem	Possible Solution
5. Side effects (Remember: side effects may be physiological or psychological)	• **Wait and reassure patient** - the body often gets used to them • Reduce dose • Treat side effect(s) • Change medication
6. Other complicating factors **a.** psychosocial stressors / barriers **b.** medical problems / medications **c.** psychological barriers (low self esteem, guilt, unwillingness to let go of "sick" role) **d**. active substance abuse **e**. other psychiatric problems	• Address problems directly • Consider psychiatric consultation • Consider adding psychotherapy
7. Treatment is not effective despite adequate trial of medication at adequate dose.	**Psychiatric consultation** for difficult to treat depression

ASSESS PHASE FOR PATIENTS WITH MAJOR DEPRESSION

Phase (determined by primary care clinician)	**Follow-up**	**Next Visit**	**Handouts[🖫]/Treatment**
Acute • has not completed any treatment within the last 2 months *OR* • still has depressive symptoms (e.g. PHQ-9 score >5)	Call next week	2 weeks	• Personal Plan for Medications • Personal Plan for Psychotherapy • Other Personal Plans as appropriate
Continuation • has been treated recently *AND* • still has depressive symptoms (e.g. PHQ-9 score >5)	Call next week	3 months	• Personal Plan for Relapse Prevention • Other Personal Plans as appropriate
Maintenance • has completed acute phase medications *AND* 6 months of continuation phase medications *OR* • has completed psychotherapy *AND* has had two or more prior episodes depression	Call in 1 month	3 months	• Personal Plan for Relapse Prevention • Other Personal Plans as appropriate • Consider continuing antidepressants • Consider starting/restarting anti-depressants if patient is relapsing

[🖫]All *Personal Plans* are available in the Clinician Guide

When to Refer Patient for a Mental Health Consultation

Consider mental health consultation if patient has any of the following symptoms or conditions:

- **Thoughts or impulses of suicide or previous suicide attempts.**
- **Psychotic symptoms:** delusions (false beliefs) or hallucinations.
- **Manic symptoms:** elevated mood; irritability; increased energy, talkativeness, or activity; decreased sleep; poor judgment (engaging in risky behaviors).
- **Intolerance** to SSRIs or TCAs or other antidepressants**.**
- **Incomplete response** to an adequate trial of one or two of the study medications.
- **Tendency to abuse alcohol**.
- **A recent past history** of severe psychiatric problems or hospitalizations.
- **Persistent severe psychosocial problems**, (e.g., marital problems).