DEPRESSION MANAGEMENT GUIDELINE USE
Full Dartmouth-Hitchcock Depression Management Adult, Ambulatory Clinical Practice Guideline:

Depression Management Adult, Ambulatory Clinical Practice Brief:

Patient Resources

- A D-H internet web-page will be built that summarizes information, self-help strategies, self-help groups, counseling resources, etc. for depression (below).
- Healthwise resources on D-H internet site: dozens of topics available
- Other web resources
  - Information
    - www.nimh.nih.gov/health/topics/depression/index.shtml
    - www.psychiatry.org/patients-families/depression
    - www.suicidepreventionlifeline.org
  - Finding a therapist
    - https://therapists.psychologytoday.com
  - CBT based self-management
    - http://www.moodjuice.scot.nhs.uk
    - https://moodgym.anu.edu.au/welcome
    - http://www.beatingtheblues.co.uk/patients/
- Apps
  - Pacifica- anxiety, stress and depression relief
  - MoodKit- CBT for depression, anxiety, anger management
- Books
  - The Cognitive Behavioral Workbook for Depression- William Knauss, EdD

Pathways & Guidelines: Clinical Practice Guideline and pathways are designed to assist clinicians by providing a framework for the evaluation and treatment of patients. This Clinical Practice Guideline outlines the preferred approach for most patients. It is not intended to replace a clinician’s judgment or to establish a protocol for all patients. It is understood that some patients will not fit the clinical condition contemplated by a guideline and that a guideline will rarely establish the only appropriate approach to a problem.

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**Depression Treatment in Adults Algorithm**

**Diagnosis of Depression**

**Acute Phase** (6-12 weeks)
- Contact (telephone or in person, by clinician and/or care manager) should occur 1 week after diagnosis and initiation of treatment, and then every 2-4 weeks until there is remission or response.

**Mild Severity** (PHQ-9 score 5-9 points)
- **SDM** to decide on: psychotherapy alone and/or behavioral activation

**Moderate Severity** (PHQ-9 score 10-19 points)
- **SDM** to decide on: psychotherapy alone (i.e., CBT or IPT), pharmacotherapy alone, or combination therapy (psychotherapy and medications)

**Severe Severity** (PHQ-9 score 20-27 points)
- **SDM** to decide on: pharmacotherapy or combination therapy or ECT

**Assess Initial Response using PHQ-9**
- At 4-6 weeks if pharmacotherapy (alone or in combination) or 6-12 weeks if psychotherapy alone

**Response?**
- Yes: Consider adjusting medications until remission is achieved. Continue medication 4-9 months beyond remission. Assess response every 1-3 months using PHQ-9.
- No: Adjust or Change Therapy
  - **Stepped Care Approach**
    - Consider:
      - Assessing therapy adherence
      - Adjusting medication dose
      - Increasing number of therapy sessions
      - Augmenting or changing therapy type
      - Referral to Behavioral Health

**Adjust or Change Therapy**

**Continuation Phase** (4-9 months)
- Contact (telephone or in person, by clinician and/or care manager) should occur every 1-3 months.

**No**
- Discontinue Treatment
  - Taper antidepressants over several weeks
  - Notify patient prior to final psychotherapy session

**Maintenance Phase** (1 year to lifetime)
- Continue pharmacotherapy and contact patient every 3-12 months if stable.
- High risk for recurrence?
  - Yes: Consider referral to Behavioral Health at any time, especially if:
    - Possibility of bipolar disorder
    - Psychiatric co-morbidity (i.e., substance abuse, anxiety, OCD, eating disorder)
    - Concern regarding the possibility of suicide and/or homicide
    - Psychosis with depression
    - No improvement with medications despite multiple dose adjustments and trials of different medication classes
    - Significant or prolonged inability to work and care for self and/or family
    - Diagnostic uncertainty

**Yes:**
- **Risk factors for recurrence:**
  - 3 or more major depressive episodes OR 2 prior episodes and any of the following factors:
    - Chronic major depressive disorder
    - Presence or residual symptoms
    - Ongoing psychological stressors
    - Early age at onset
    - Family history of mood disorders

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*Response:* a 50% or greater reduction in symptoms (as measured by the PHQ-9).

**Remission:** the absence of depressive symptoms, or the presence of minimal depressive symptoms (PHQ-9 score < 5 points)

***SDM:** Shared decision making