TIP SHEET

Major depressive disorder

Blue Care Network encourages using step progression in the treatment of depression and the adherence to objective clinical measures to guide treatments. We know there is no quick fix to this disease, but with adherence to standard clinical practice there are generally moderately good outcomes.

Our clinical tips in this flyer are based on current American Psychiatric Association recommendations.

Begin with a thorough evaluation. Many medical problems can present with comorbid depressive symptoms. Diabetes, heart disease, chronic pain, endocrine disorders and sleep apnea are only a few of the many medical problems that share similar symptoms with major depression.

The mnemonic SIG E CAPS is a good starting tool for diagnosis. The acronym stands for S (suicidal ideation), I (lack of interest or initiative), G (excessive guilt), E (lack of energy), C (change in cognition), A (sad affect or apathy/appetite change), P (psychomotor agitation or slowing), S (somatization/sleep disturbance). Use of the PHQ-2 or 9 provides an objective measure of severe depression symptoms and can be repeated to measure progress to remission. Other useful tools include the Zung Depression Scale or the Beck Depression Inventory.

Initiate an antidepressant medication.* Prescribe a selective serotonin reuptake inhibitor, selective serotonin and norepinephrine reuptake inhibitor or an atypical (bupropion, mirtazapine) and titrate the medication to full Food and Drug Administration-approved dose or highest tolerated dose for a full four weeks.

Initiate a course of cognitive behavioral psychotherapy at the outset of treatment. Psychotherapy (also known as counseling, therapy, or 'talk therapy') can help a patient to think through events and consequences they have experienced and see them in new ways. Psychotherapy can also help patients learn new responses to circumstances and change the way they think about themselves and their value to themselves and others.

**Generics are preferred in our formularies and are usually available at the patient's lowest copayment.*

Recommend a diet and exercise regimen. Moderate exercise can help increase chemicals in your brain similar to the effect of medications. Usually, doing 30 to 45 minutes of aerobic exercise three to five times per week helps patients to think more clearly, sleep better at night, digest their food better and helps cardiac and lung function as a side benefit.

Diet is important to create the needed building blocks of chemicals in the brain that can improve mood. Certain foods contain nutritional building blocks necessary for maintaining proper chemical balance in the brain. A balanced diet is adequate, but adding two fatty fish-containing meals a week is even better. (Salmon, walleye, perch, bass and tilapia are examples.)

Reevaluate the patient at the four-week interval. At this time, re-administer the same objective scale along with a clinical examination. If there is no or only minimal change in depression symptoms, seriously consider increasing the dose/frequency of the current medication or consider changing to another class of antidepressant. Confirm they are taking it and going to therapy in addition to following the recommendation for diet and exercise.

Reevaluate the patient again after four weeks. If there is still no improvement, you might request a psychiatric consultation for diagnostic confirmation and possible use of augmentation agents. These agents might include such medications as lithium, thyroid hormone (t3) an atypical antipsychotic agent such as Seroquel or Abilify, or a psychostimulant. Each of these has literature to support their use but should be initiated by a specialist or at least in consultation with one.

Continue to reevaluate with objective scales. Doing this may help identify progress that would be missed using only subjective evaluations even by the most experienced provider.

Additional steps. There are additional steps in the algorithm that the specialist can progress to as indicated. Combinations of medications and somatic treatments, such as electroconvulsive therapy, transcranial magnetic stimulation, vagal nerve stimulation, Esketeamine nasal inhaled treatment, and deep brain stimulation (investigational) can be very beneficial for members but should be considered in conjunction with a specialist.

Full remission of symptoms is the goal and it's very important to keep working toward that goal until it is achieved. Once achieved, continue maintenance as decreasing or discontinuing treatment can lead to lack of response to future treatment if symptoms recur. That risk is very high as approximately 50% of people will experience this, and with a history of multiple depressive episodes greater than 70% of people will have a recurrence if treatment is stopped.

Educating the patient about the importance of staying on medications, diet and psychotherapy, along with the use of spiritual resources and mindfulness is a very important part of the relationship that providers have with their patients. Providing guidance and above all hope is a powerful intervention you have in your relationship with your patient.

References:

1) Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition American Psychiatric Publishing, Washington D.C. 2013

2) American Journal of Psychiatry; Practice Guidelines for the Treatment of Patients with Major Depressive Disorder, Third Edition, 2010

3) Public Sector Consultants. Closing the quality gap in Michigan: a prescription for mental health care. Lansing, MI: Public Sector Consultants; 2004. Available at: **http://www.pscinc.com/Publications/tabid/65/articleType/ArticleView/articleId/37/Closing-the-Quality-Gap-in-Michigan-A-Prescription-for-Mental-Health-Care.aspx, Appendix J**

4) *Archives of Gen Psychiatry.* 1991 Sep;48(9):851-5. Frank et al 1991