Major depression evaluation and treatment algorithm



PUBLIC HEALTH DIVISION Office of Delivery Systems Innovation

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Make an accurate diagnosis of major depression

- Establish a good therapeutic relationship
- Get feedback by asking questions such as "Did you feel heard today?"
- ▶ Engage in shared decision making about treatment modalities
- ▶ Discuss prior treatments and experiences of the patient

Exclude differential diagnoses.

- Non-psychiatric diseases (examples: neurologic conditions, thyroid conditions, sleep apnea)
- ▶ Other psychiatric conditions (examples: bipolar disorder, adjustment disorder, dementia)
- Perform a mental state examination and risk assessment.
- ▶ Perform a cognitive assessment (example: Abbreviated Mental Test (AMT).
- > Perform a relevant physical examination (this depends on the symptomatology and suspicion of non-psychiatric disease).
- Assess the suicide risk.
- Assess the use of substances.

Discussing multiple treatment modalities

There is consensus that using multiple modalities of treatment simultaneously (combining psychotherapy with antidepressant use and exercise) is more effective than using one modality alone. However, medications are usually reserved for when the potential benefits outweigh the risks.

Lifestyle

- Exercise
- Time outdoors
- ▶ Limit screen time (can limit in devices or with carrier)
- Sufficient sleep and consistent sleep wake times
- Healthy diet
- Hydration
- Connections with family and friends
- ▶ Reduce or eliminate caffeine
- Reduce or eliminate alcohol and drugs (including marijuana)
- Set a routine
- Set goals
- Meditate or pray
- ▶ Commit to noticing the good things that happen each day
- Help someone
- Practice self-compassion

Psychotherapies

Evidence shows the following therapies can be equally effective as medication therapy for major depression*:

- Cognitive behavioral therapy (CBT)
- ▶ Dialectical behavioral therapy (DBT) good for psychotic features, or comorbid borderline personality disorder (BPD).

*DeRubeis, R, et al; Cognitive Therapy vs Medications in the Treatment of Moderate to Severe Depression; Archives of General Psychiatry; April 2005; 62(4):409-416

In one study, three factors were identified to respond to CBT better than medication*:

- 1. Being married or living together
- 2. Unemployment
- 3. Recently having a greater number of life events

*DeRubeis, R, et al; The Personalized Advantage Index: Translating Research on Prediction into Individualized Treatment Recommendations. A Demonstration; PLoS One; 2014 Jan 8; 9(1)

Medication

- Ensure informed consent for medical treatment.
- Discuss possible side effects including sexual impacts.
- Discuss possible withdrawal symptoms if applicable.
- Discuss timing of expected medication impact. Avoid the use of medication for timelimited diagnoses such as, adjustment disorder with depressed mood or other selflimited external stressors.
- See medication algorithm for specific medication recommendations.

Of the 17 items in the Hamilton Depression Rating Scale (HDRS), five appear to improve more with medication than CBT*:

- 1. Depressed mood
- 2. Feelings of guilt

4. Psychiatric anxiety

- 3. Suicidal thoughts
- 5. General somatic symptoms

*Boschloo, L, et al; The Symptom-Specific Efficacy of Antidepressant Medication vs. Cognitive Behavioral Therapy in the Treatment of Depression: Results from an individual Patient Data Meta-Analysis; World Psychiatry 2019; 18:183-191