



Michigan Quality Improvement Consortium Guideline

*Management of Adults with Major Depression*

The following guideline recommends being alert to depressive symptoms and risk for suicide, following diagnostic criteria, when indicated using pharmacologic treatment in adequate dose and for appropriate duration, and when to refer to Behavioral Health Specialists.

Eligible Population	Key Components	Recommendation and Level of Evidence	Frequency
Adults 18 years or older with high risk for major depressive disorder	Detection and Diagnosis	<ul style="list-style-type: none"> <li>■ Assess if DSM-IV-TR criteria for major depression are met <b>[A]</b>: Must have a total of five symptoms for at least two weeks. One of the symptoms must be depressed mood or loss of interest:                             <ul style="list-style-type: none"> <li>◆ Depressed mood</li> <li>◆ Markedly diminished interest or pleasure in all or almost all activities</li> <li>◆ Significant weight loss or gain (&gt; 5% body weight), or increase or decrease in appetite</li> <li>◆ Insomnia/hypersomnia</li> <li>◆ Psychomotor agitation or retardation</li> <li>◆ Fatigue/loss of energy</li> <li>◆ Feeling of worthlessness or inappropriate guilt</li> <li>◆ Diminished concentration or indecisiveness</li> <li>◆ Recurrent thoughts of death or suicide (Recognition may be increased with the use of a validated screening tool, (e.g., PHQ-9, HANDS, CES-D Revised, Zung, PRIME-MD))</li> </ul> </li> <li>■ Assess whether patients have symptoms suggesting bipolar disorder <b>[C]</b></li> </ul>	At each evaluation where the patient's high-risk status, symptoms or signs raise suspicion of current or uncontrolled depression
Individuals diagnosed with significant mood symptoms, particularly those meeting criteria for major depression	Screening for Suicide Risk	Assess risk of suicide by direct questioning about suicidal ideation, and if present, suicidal planning, potential means, and personal/family history of suicidal attempts. <b>[D]</b>	At each encounter addressing depression until patient is treated to remission, is stable and has not expressed suicidal thinking in previous visits.
	Management of patients who are prescribed antidepressant medication	<ul style="list-style-type: none"> <li>■ Initiate antidepressant medication following manufacturer's recommended doses. <b>[A]</b></li> <li>■ Referral to, and coordination with, Behavioral Health Specialist when <b>[D]</b>:                             <ul style="list-style-type: none"> <li>◆ Identified or suspected risk of suicide</li> <li>◆ Additional counseling as desired</li> <li>◆ Primary physician not comfortable managing patient's depression</li> <li>◆ Diagnosis is uncertain or complicated by other psychiatric factors</li> <li>◆ Complex social situation</li> <li>◆ Management is complex, response to medication at therapeutic dosage is not optimal, or considering prescribing multiple agents</li> <li>◆ Psychotherapy and/or hospitalization required</li> </ul> </li> <li>■ Monitor medication frequently and adjust to a therapeutic level as assessed by clinical data not to exceed the highest recommended dose. <b>[D]</b> Medication should not be abruptly discontinued.</li> <li>■ If no response after 2 - 3 weeks on therapeutic dosage increase dosage as tolerated and begin new observation period. If no response after 2 - 3 weeks on maximal dosage then switch antidepressant. If partial response after 2 - 3 weeks on maximal dosage then switch antidepressant or augment with additional agent.</li> <li>■ For patients with recurrent major depression, continue medication for at least one year or longer at effective dosage. <b>[B]</b></li> </ul>	Medication for at least 9 - 12 months after acute symptoms resolve <b>[A]</b>  Schedule at least 3 follow-up office visits in first 12 weeks <b>[D]</b>

**Levels of Evidence for the most significant recommendations:** A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline lists core management steps for non-behavioral health specialists. It is based on several sources, including: Major Depression in Adults in Primary Care Health Care Guideline. Institute for Clinical Systems Improvement, 2007 ([www.icsi.org](http://www.icsi.org)). Individual patient considerations and advances in medical science may supersede or modify these recommendations.