



Michigan Quality Improvement Consortium Clinical Practice Guideline Update Alert

Guideline: [Primary Care Diagnosis and Management of Adults with Depression](#)

Released: January 2018

This alert provides a summary of updated recommendations only. Refer to the complete guideline for all recommendations and level of evidence.

Updated recommendations include:

Eligible Population:

Adults 18 years or older, including pregnant and postpartum women

Detection and Diagnosis:

Screen for depression, using a validated screening tool (e.g., PHQ-2 or 9, Edinburgh Scale) with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.

Frequency:

Annually. More often if high risk.

At the first prenatal care visit; on postpartum visits (within 3-8 weeks of discharge) and if symptoms or signs raise suspicion using the Edinburgh Postnatal Depression Scale.

Individuals diagnosed with a depressive disorder

Screening Frequency:

At each encounter addressing depression until patient is treated to remission.

Treatment and follow-up:

- Consider referral to behavioral health specialist when additional counseling is desired, primary physician is not comfortable managing patient's depression, diagnostic uncertainty, complex symptoms or social situation, pregnancy, response to medication at therapeutic dose is not optimal, considering prescribing multiple agents, or more extensive interventions are warranted.
- If initiating antidepressant medication, follow manufacturer's recommended doses. If no response after 2-4 weeks, increase dosage as tolerated not to exceed the highest recommended dose. If discontinuing antidepressant, be aware of need to taper some medications.

Monitoring:

- If medication prescribed, continue monitoring for at least 9-12 months after acute symptoms resolve.
- Patients with recurrent major depression and/or persistent depressive disorder (≥ 2 years) usually require lifelong treatment.