



Michigan Quality Improvement Consortium Guideline

Primary Care Diagnosis and Management of Adults with Depression

The following guideline recommends screening for depression, assessing suicide risk, following diagnostic criteria, shared decision-making and treatment planning, monitoring and adjusting treatment.

Eligible Population	Recommendation and Level of Evidence			Frequency																																													
Adults 18 years or older, including pregnant and postpartum women	<p>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. [B] Assess for other causes of symptoms, and comorbid conditions that might impact treatment (e.g., medical and medication-induced conditions, drug or alcohol abuse, bipolar disorder, anxiety disorders, psychosis). Assess the clinical, social and socioeconomic risk factors that may be uniquely associated with perinatal depression. Assess if criteria are met using DSM-5 criteria. [A] Criteria A, B, C and D must be met.</p> <table border="1" data-bbox="357 578 2339 1022"> <thead> <tr> <th data-bbox="357 578 1373 618">DSM-5 criteria</th> <th data-bbox="1373 578 1802 618">Major Depression</th> <th data-bbox="1802 578 2339 618">Persistent Depressive Disorder</th> </tr> </thead> <tbody> <tr> <td data-bbox="357 618 1373 657">A. Symptoms</td> <td data-bbox="1373 618 1802 657">5 total for ≥ 2 weeks and must include symptom #1 or #2</td> <td data-bbox="1802 618 2339 657">3 total for ≥ 2 years. Must include symptom #1. Never > 2 months symptom-free</td> </tr> <tr> <td data-bbox="357 657 1373 696">1. Depressed mood</td> <td data-bbox="1373 657 1802 696">x</td> <td data-bbox="1802 657 2339 696">x</td> </tr> <tr> <td data-bbox="357 696 1373 736">2. Marked diminished interest/pleasure</td> <td data-bbox="1373 696 1802 736">x</td> <td data-bbox="1802 696 2339 736"></td> </tr> <tr> <td data-bbox="357 736 1373 775">3. Significant weight gain/loss, appetite decrease/increase</td> <td data-bbox="1373 736 1802 775">x</td> <td data-bbox="1802 736 2339 775">x</td> </tr> <tr> <td data-bbox="357 775 1373 814">4. Insomnia/hypersomnia</td> <td data-bbox="1373 775 1802 814">x</td> <td data-bbox="1802 775 2339 814">x</td> </tr> <tr> <td data-bbox="357 814 1373 853">5. Psychomotor agitation/retardation noticeable by others</td> <td data-bbox="1373 814 1802 853">x</td> <td data-bbox="1802 814 2339 853"></td> </tr> <tr> <td data-bbox="357 853 1373 893">6. Fatigue/loss of energy</td> <td data-bbox="1373 853 1802 893">x</td> <td data-bbox="1802 853 2339 893">x</td> </tr> <tr> <td data-bbox="357 893 1373 932">7. Feelings of worthlessness or inappropriate guilt</td> <td data-bbox="1373 893 1802 932">x</td> <td data-bbox="1802 893 2339 932">x</td> </tr> <tr> <td data-bbox="357 932 1373 971">8. Diminished concentration or indecisiveness</td> <td data-bbox="1373 932 1802 971">x</td> <td data-bbox="1802 932 2339 971">x</td> </tr> <tr> <td data-bbox="357 971 1373 1011">9. Recurrent thoughts of death or suicidal ideation</td> <td data-bbox="1373 971 1802 1011">x</td> <td data-bbox="1802 971 2339 1011"></td> </tr> <tr> <td data-bbox="357 1011 1373 1050">10. Hopelessness</td> <td data-bbox="1373 1011 1802 1050"></td> <td data-bbox="1802 1011 2339 1050">x</td> </tr> <tr> <td data-bbox="357 1050 1373 1089">B. Symptoms cause clinically significant distress or impairment in functioning</td> <td data-bbox="1373 1050 1802 1089"></td> <td data-bbox="1802 1050 2339 1089"></td> </tr> <tr> <td data-bbox="357 1089 1373 1116">C. Symptoms not attributed to a substance or other medical condition</td> <td data-bbox="1373 1089 1802 1116"></td> <td data-bbox="1802 1089 2339 1116"></td> </tr> <tr> <td data-bbox="357 1116 1373 1142">D. Lack of psychotic disorder or history of manic or hypomanic symptoms</td> <td data-bbox="1373 1116 1802 1142"></td> <td data-bbox="1802 1116 2339 1142"></td> </tr> </tbody> </table>			DSM-5 criteria	Major Depression	Persistent Depressive Disorder	A. Symptoms	5 total for ≥ 2 weeks and must include symptom #1 or #2	3 total for ≥ 2 years. Must include symptom #1. Never > 2 months symptom-free	1. Depressed mood	x	x	2. Marked diminished interest/pleasure	x		3. Significant weight gain/loss, appetite decrease/increase	x	x	4. Insomnia/hypersomnia	x	x	5. Psychomotor agitation/retardation noticeable by others	x		6. Fatigue/loss of energy	x	x	7. Feelings of worthlessness or inappropriate guilt	x	x	8. Diminished concentration or indecisiveness	x	x	9. Recurrent thoughts of death or suicidal ideation	x		10. Hopelessness		x	B. Symptoms cause clinically significant distress or impairment in functioning			C. Symptoms not attributed to a substance or other medical condition			D. Lack of psychotic disorder or history of manic or hypomanic symptoms			<p>Annually. More often if high risk.</p> <p><u>Pregnant and postpartum women</u> At the first prenatal care visit; on post-partum visits (within 3-8 weeks of discharge) and if symptoms or signs raise suspicion using the Edinburgh Postnatal Depression Scale¹.</p>
DSM-5 criteria	Major Depression	Persistent Depressive Disorder																																															
A. Symptoms	5 total for ≥ 2 weeks and must include symptom #1 or #2	3 total for ≥ 2 years. Must include symptom #1. Never > 2 months symptom-free																																															
1. Depressed mood	x	x																																															
2. Marked diminished interest/pleasure	x																																																
3. Significant weight gain/loss, appetite decrease/increase	x	x																																															
4. Insomnia/hypersomnia	x	x																																															
5. Psychomotor agitation/retardation noticeable by others	x																																																
6. Fatigue/loss of energy	x	x																																															
7. Feelings of worthlessness or inappropriate guilt	x	x																																															
8. Diminished concentration or indecisiveness	x	x																																															
9. Recurrent thoughts of death or suicidal ideation	x																																																
10. Hopelessness		x																																															
B. Symptoms cause clinically significant distress or impairment in functioning																																																	
C. Symptoms not attributed to a substance or other medical condition																																																	
D. Lack of psychotic disorder or history of manic or hypomanic symptoms																																																	
Individuals diagnosed with a depressive disorder	<p>Assess risk of suicide by direct questioning about suicidal ideation, and if present, suicidal planning, potential means, and personal/family history of suicidal attempts. [D] See established clinical tools for risk assessment and suicide prevention^{2,3}. If applicable, develop safety plan. ■ If patient at moderate to severe risk for suicide, transfer to emergency department or crisis intervention center.</p> <p>Treatment and follow-up: Educate and engage patient. Include self-management support and life-style modifications (e.g., behavioral activation, healthy sleep and diet, exercise, stress-management, social support, spiritual support, online resources). [C] Utilize shared decision-making in treatment planning. [A] Consider onset and severity of symptoms, impairment, past episodes, psychosocial stressors, medical and psychiatric comorbidities, patient preference, resource accessibility. For mild to moderate symptoms consider pharmacotherapy and/or evidence-based psychotherapy. [A] For severe symptoms consider both pharmacotherapy and evidence-based psychotherapy. [A] Monitor response to treatment using standardized scale (e.g., PHQ-9) at least every 4 months until remission is obtained. On PHQ-9, adequate response is 50% reduction in score, remission=total score <5. 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. [D] If initiating antidepressant medication, follow manufacturer's recommended doses. Avoid underdosing. If inadequate response after 2-4 weeks, increase dosage as tolerated not to exceed the highest recommended dose unless directed by a psychiatrist. If discontinuing antidepressant, be aware of need to taper some medications. If limited or no response to treatment, assess for non-adherence, inadequate dosing, diagnostic inaccuracy or comorbid conditions exacerbating symptoms. Consider: increased doses of medication or frequency of psychotherapy, switching treatments or augment treatment with other medications or psychotherapeutic interventions, consultation. Monitoring: If medication prescribed, continue treatment and monitoring for at least 9-12 months after acute symptoms resolve. [A] Patients with recurrent major depression and/or persistent depressive disorder (≥ 2 years) usually require lifelong treatment.</p>			<p>At each encounter addressing depression until patient is treated to remission.</p> <p>Schedule sufficient follow-up visits to assess response to treatment and titrate dose (typically every two weeks, monthly at a minimum). [D]</p>																																													

¹Edinburgh Postnatal Depression Scale

²Suicide Prevention for Primary Care Toolkit

³Suicide Assessment Five-step Evaluation and Triage

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 is based on several sources, including: Final Update Summary: Depression in Adults: Screening. U.S. Preventive Services Task Force, January 2016; Final Recommendation Statement: Perinatal Depression: Preventive Interventions: U.S. Preventive Services Task Force, February 2019; American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders Fifth Edition - DSM-5; Nonpharmacological Versus Pharmacological Treatments for Adult Patients with Major Depressive Disorder, AHRQ Publication No. 15(16)-EHC031-EF, AHRQ, December 2015; Trangle, M, et. al. Institute for Clinical Systems Improvement. Adult Depression in Primary Care. Updated March 2016; and Suicide Prevention Toolkit for Primary Care; Suicide Assessment Five-Step Evaluation and Triage - SAFE-T. Individual patient considerations and advances in medical science may supersede or modify these recommendations.