Key Points:
- Nomenclature for clinical depressive conditions
- Assessment for dangerousness

**Algorithm A: Assessment and Diagnosis**

1. **Screening for Depressive Disorder (PHQ-9)**
   - Over the last 2 weeks, have you been bothered by any of the following problems?
   - Little interest or pleasure in doing things?
   - Feeling down, depressed, or hopeless?
   - Trouble falling or staying asleep, or sleeping too much?
   - Feeling tired or having little energy?
   - Poor appetite or overeating?
   - Trouble concentrating on things, such as reading the newspaper or watching television?
   - Moving or speaking so slowly that other people could notice?
   - Feeling restless or fidgety?
   - Feeling sad, empty, or hopeless?
   - Thoughts of death or suicide?
   - Have you ever had a suicide attempt?
   - Have you had thoughts about taking your life?
   - Are you feeling hopeless about the future/present?
   - Have you had thoughts that you would be better off dead or hurting yourself in some way?

2. **Assessment for Risk of Suicide**
   - Assess whether the patient has an active plan and method/means of suicide.
   - Assess whether the patient has ever lost control and acted violently.
   - Assess whom the patient wishes to harm.
   - Have you ever had a suicide attempt?
   - Have you had thoughts about taking your life?
   - Are you feeling hopeless about the future/present?

3. **NOMENCLATURE FOR CLINICAL DEPRESSIVE CONDITIONS**
   - Major depressive disorder (MDD)
   - Minor depression
   - Dysthymia
   - Bipolar disorder
   - Acute stress disorder
   - Post-traumatic stress disorder (PTSD)

4. **Patient-Medication Questionnaire (PHQ-9)**
   - For patients with MDD, have you been bothered by any of the following problems in the last 2 weeks?
   - Interest or pleasure in doing things?
   - Feeling down, depressed, or hopeless?
   - Trouble falling or staying asleep, or sleeping too much?
   - Feeling tired or having little energy?
   - Poor appetite or overeating?
   - Trouble concentrating on things, such as reading the newspaper or watching television?
   - Feeling restless or fidgety?
   - Feeling sad, empty, or hopeless?
   - Thoughts of death or suicide?

5. **Pharmacologic Management of Major Depressive Disorder (MDD)**
   - Consider the following pharmacologic strategies:
     - Monoamine oxidase inhibitors (MAOIs)
     - Selective serotonin reuptake inhibitors (SSRIs)
     - Serotonin-norepinephrine reuptake inhibitors (SNRIs)
     - Atypical antipsychotics
     - Tricyclic antidepressants (TCAs)
     - Norepinephrine-dopamine reuptake inhibitors (NDRIs)
     - Lithium
     - Venlafaxine

6. **Diagnosis and Management of Complicated MDD**
   - Consider long-term maintenance to prevent reoccurrence.
   - Use PHQ-9 to assess treatment response.
   - Monitor and follow-up especially when beginning therapy and changing of medication.

7. **Shared decision in selection of treatment option**
   - Discuss the potential benefits and risks of each treatment option with the patient.
   - Consider patient preferences and preferences.

8. **Comorbid conditions**: Consider the presence of other conditions that may contribute to symptoms.
   - Cardiovascular diseases (CVDs)
   - Chronic pain
   - Sleep disorders
   - Substance use disorders (SUDs)
   - Neurologic conditions

9. **Suicide Prevention Strategies**
   - Follow legal mandates.
   - Refer/consult to specialty care as indicated.

10. **MDD III–IV Diagnostic Criteria for MDD**
    - Major depressive disorder: 5 or more symptoms for at least 2 weeks
    - Minor depression: 2 or more symptoms for at least 2 weeks
    - Dysthymia: 3 or 4 dysthymic symptoms
    - Bipolar disorder: Manic or hypomanic episodes

**Algorithm B: Algorithm for Management of MDD**

- Presumptive diagnosis or history of MDD
- Obtain symptom score using PHQ-9
- Assess for mania/hypomania
- If the patient’s response to both questions is “no”, the screen is negative.
- Follow-up in periodically

**症状评分类标准 (Symptom Severity Classification)**

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<thead>
<tr>
<th>Symptom</th>
<th>Score</th>
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<tr>
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**Pharmacologic Management of Major Depressive Disorder (MDD)**

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**Pathophysiologic Related to Depression**

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**Medication-Induced Depression**

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**Indications for Refer to Mental Health**

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Psychoeducation and self-management (provide to all MDD patients)

- Treatment of complex patients

Somatic treatment

Algorithm B:

1. Evaluate symptoms and functional impairment
2. Adjust/modify treatment—consider:
   - Patient with presumptive diagnosis or history of MDD, meets DSM-IV
   - Modifying treatment strategy
   - Augmentation
   - Longer duration
3. Is there indication for referral to mental health specialty?
4. Schedule follow-up

TABLE B-1: Shared Decision & Treatment Plan

Treatment Strategy Options Include:

- Antidepressant monotherapy
- Combination of psychological therapy and antidepressants
- Antidepressant augmentation
- Treatment of comorbidities
- Genetic testing
- Antidepressant and additional

TABLE B-2: Psychopathology

- Depression
- Anxiety
- Somatoform
- Bipolar
- Personality
- Schizoaffective

TABLE B-3: Psychoeducation and Self-Management

- Nutritional
  - Balanced, varied diet
- Exercise
  - Aerobic endurance
- Sleep hygiene
- Tobacco use
- Caffeine use
- Excessive caffeine use may exacerbate some symptoms
- Tobacco use has been demonstrated to impact recovery of depression. Referral or treatment of nicotine dependence should be considered.
- Alcohol use
- Excessive alcohol use can impact recovery of depression; patients should be advised against alcohol use.
- Activities
- Strong evidence shows that exercise often has significant anti-depressant effects.
- Nutrition
- Bupropion
- Avoid: CrCl <20 ml/min
- SSRIs
- Avoid if CrCl <20 ml/min
- Citalopram
- Duloxetine
- Escitalopram
- Paroxetine
- Sertraline
- Bupropion IR
- Bupropion SR
- Bupropion XR
- Nortriptyline
- Desipramine
- Mirtazapine
- Venlafaxine
- Bupropion is not available on the VA National Formulary.
- SRIs
- SSRIs
- Bupropion
- Venlafaxine
- SSRIs: Citalopram, Escitalopram, Paroxetine, Sertraline
- Bupropion: IR, SR, XR
- Venlafaxine: SR, XR
- Avoid if CrCl <20 ml/min

TABLE B-4: First-Line Treatment Options

- Cognitive Behavioral Therapy (CBT)
- Psychodynamic Therapy (PT)
- Supportive Therapy (ST)
- Interpersonal Therapy (IPT)
- Family Therapy
- Explicative psychotherapy
- Spiritual counseling
- Mindfulness-based stress reduction
- Meditation or yoga
- Tai Chi
- Acupuncture
- Homeopathy
- Aromatherapy
- Biofeedback

TABLE B-7: Assess Treatment Response with PHQ-9*

Onset Response

- Minimal clinically significant: 30% improvement in PHQ-9 score
- Significant: 50% improvement in PHQ-9 score
- Complete remission: Recovery PHQ  score of 4 or less, maintained for at least 6 months

Cumulative time from initial treatment.

- 4 to 6 weeks
- 8 to 12 weeks
- 12 to 18 weeks
- 24 to 36 weeks

TABLE B-10: Consider Medication Side Effects

- Nausea/vomiting
- Diarrhea
- Constipation
- Erythromelalgia
- Dizziness
- Blurred vision
- Dry mouth
- Photosensitivity
- Sweating
- Hair loss
- Headache
- Sinus problems
- Hot flashes
- Cold intolerance
- Sexual dysfunction
- Dry eyes/skin
- Sweating
- Diaphoresis
- Tremor
- Weight gain
- Weight loss
- Urinary retention
- Decreased libido
- Increased appetite
- Incontinence
- Nasal congestion
- Sleep disturbance
- Fatigue
- Insomnia
- Sleep pauses
- Hypertension

TABLE B-11: Phases of Treatment of Major Depression

- Initial treatment
- Acute treatment
- Maintenance treatment
- Adjunctive treatment
- Treatment interval
- Prognosis

TABLE B-12: Treatment Response and Follow-up

- Non-response to initial treatment
- Acute/Partial response
- Minimal response
- Minimal clinically significant
- Initial treatment is not tolerated
- Increase dose and/or change antidepressant
- Treatment interval
- Treatment duration
- Chronic
- Relapse
- Treatment adherence
- Non-adherence
- Treatment response
- Treatment failure