

## Treatment Plan

Antidepressant medication and/or psychotherapy may be effective, depending on the severity of symptoms. For antidepressant medications, compliance with a therapeutic dose is more important than the specific drug selected. Note: The risk of suicide is elevated in the first few weeks of treatment. Patients need to be followed/monitored frequently.

Effective medications include, but are not limited to:

	Antidepressants*	Benzodiazepines	Mood Stabilizers**	Bupirone
Depression	yes	no	Bipolar Disorder	no
Panic Disorder	yes	yes	no	no
Generalized Anxiety Disorder (GAD)	some	yes	no	yes

\* Selective serotonin reuptake inhibitors (SSRIs), dual agents, tricyclic antidepressants (TCAs), monoamine oxidase inhibitors (MAOIs), and others. \*\* Lithium, valproic acid, and others.

### Adequate Dose

An adequate dose achieves total symptom remission. This requires measurement of symptom severity at critical decision points during and at the end of treatment. The dose of antidepressant medication that leads to satisfactory acute therapeutic response should be maintained during long-term treatment in order to prevent relapse and recurrence of depression.

Episode	Duration
First	Up to 1 year (4 to 9 months after complete remission, gradually taper over several weeks)
Second	4 to 5 years
Second with complicating factors	Indefinitely
Third or subsequent	Indefinitely

## Key Messages to Patients

- 1 If you are feeling suicidal call your doctor or go to the emergency room.
- 2 Most people need to be on medication at least 6 months in order to prevent a relapse or recurrence of depression.
- 3 Improvement in symptoms may take 1 to 8 weeks.
- 4 Take medication as prescribed. Side effects can be managed by changes in dose or dosage schedule.
- 5 **Do not stop taking medication without calling your doctor.**
- 6 Continue with therapy if you are referred to a mental health practitioner.
- 7 Alcohol and illegal drugs can worsen your depression and anxiety.

Adapted from: Major depression, panic disorder and generalized anxiety disorder in adults in primary care (1999). Bloomington (MN): Institute for Clinical Systems Improvement (ICSI). Available online at <http://www.icsi.org/guide/Anx.pdf>; and Practice guideline for the treatment of I patients with major depressive disorder (2000). Am J Psychiatry 2000 Apr;157(4 Suppl):1-45. Also available online from the APA at [http://www.psych.org/clin\\_res/Depression2e.book.cfm](http://www.psych.org/clin_res/Depression2e.book.cfm).

# Depression in Primary Care

## A Guide for Physicians

## History

- ▣ Family history of depression (unipolar or bipolar) and/or alcoholism
- ▣ History of anxiety disorder and/or depression
- ▣ Recent loss
- ▣ Chronic illness

## Physical Signs/Symptoms

- ▣ Multiple visits or calls (>5/year)
- ▣ Multiple unexplained symptoms
- ▣ Sleep disturbance
- ▣ Multiple worries or distress
- ▣ Work or relationship dysfunction
- ▣ Fatigue
- ▣ Panic attacks

## Interview Questions

- 1 Are you often sad, down, blue or teary?
- 2 Do you have your usual interest in activities you used to enjoy? Do you still enjoy those activities?
- 3 How are you functioning overall (at home, work, social interactions)?

## When to Refer to a Mental Health Provider

- ▣ Severe symptoms and impairment
- ▣ Diagnostic question
- ▣ Co-morbid psychiatric condition
- ▣ Chemical dependency
- ▣ Clinician discomfort with case
- ▣ Initial treatment does not result in a successful outcome (e.g., 2 months with a single antidepressant, 3 months if two agents are tried)
- ▣ Patient requests more specialized treatment
- ▣ Family history of bipolar disorder

## Emergencies

Arrange surveillance/observation and involve a mental health practitioner the same day for:

- ▣ Suicidal thoughts and/or plans that make the clinician uncertain of the patient's safety
- ▣ Homicidal thoughts and/or plans that make the clinician uncertain about the safety of others
- ▣ Loss of touch with reality (psychosis)
- ▣ Significant or prolonged inability to work and care for self/family

## Suicide Risk Factors

- ▣ Internal emotional pain
- ▣ External stress
- ▣ Agitation
- ▣ Sense of hopelessness
- ▣ Owns a gun
- ▣ Family history of suicide
- ▣ Substance abuse
- ▣ Social isolation
- ▣ Major loss (job, spouse, death in family)
- ▣ Delusions
- ▣ Being in the first few weeks of antidepressant treatment (especially children and adolescents)

## Assessing Suicidal Tendencies

- 1 Do you feel that life is worth living?
- 2 Do you wish you were dead?
- 3 Have you thought about ending your life?
- 4 If yes, have you gone so far as to think about how you would do so?
- 5 Do you have access to a way to carry out your plan?
- 6 What keeps you from harming yourself?

