

MercyCare Health Plans

Major Depression Disorder (MDD) Quick Reference Guide

Treatment Goal	Promote appropriate diagnosis, treatment, and follow-up care for adults with Major Depression Disorder		
Two Question Screen for MDD	Over the past 2 weeks, have you felt down, depressed or hopeless?	Over the past 2 weeks, have you felt little interest or pleasure in doing things?	If YES to either question: consider MDD diagnosis. (See Table 1)

Table 1

DSM IV Diagnostic Criteria for Major Depression	At least 5 of the following symptoms must be present most of the day, nearly every day, for at least 2 weeks and <u>at least one of the bolded symptoms must be present.</u>		
	<ul style="list-style-type: none"> ♦ Depressed mood ♦ Markedly diminished interest in usual activities ♦ Significant increase/loss of appetite/weight ♦ Insomnia/hypersomnia ♦ Difficulty with thinking, concentrating, or making decisions 	<ul style="list-style-type: none"> ♦ Fatigue or loss of energy ♦ Feelings of worthlessness or excessive guilt ♦ Recurrent thoughts of death or suicide ♦ Psychomotor agitation or retardation 	

Table 2

Antidepressant Treatment Phases				
Treatment Phase		Treatment Guidelines	Duration	Goal
Phase 1	Acute (ICD Code: 296.2)	On antidepressant for 3 months 3 Follow-up visits within 3 months after starting antidepressant <u>At 6 weeks*</u> , if partial or no response to medication; reassess diagnosis and medication treatment, increase dose, change medication, add psychotherapy or refer for psychiatric consultation (See Table 4)	Diagnosis to 3 months	Response to treatment and Remission of symptoms
Phase 2	Continuation (ICD Code: 296.2)	On antidepressant for 9 months -Maintain optimal antidepressant dose started in Acute Phase Visit frequency determined by patient's clinical condition and medication monitoring	9 months	Preserve remission
Phase 3 (1 st episode only)	1 st Episode Maintenance: (ICD Code: 296.2)	Discontinue antidepressant after 9 months, -Slowly taper Rx over several weeks -Follow-up visit to reassess for S&S of recurrence or Consider continuation after a 1 st episode if risk factor(s) as in Table 3 -Maintain optimal antidepressant dosage -Visit frequency decreased (medication monitoring every 2-3 months, psychotherapy monthly or more frequent)	Ongoing	Prevent recurrence
Phase 3 (All other episodes)	2 or more Episodes Maintenance: (ICD Code: 296.3)	Maintenance treatment if two or more episodes and: -Family history of Bipolar Disorder -History of recurrence w/in 1 year after antidepressant stopped -A family history of recurrent major depression -Onset of first episode before age 20 -2 severe, sudden, life threatening episodes w/in past 3 years Visit frequency decreased (medication monitoring every 2-3 months, psychotherapy monthly or more frequent) Maintain optimal antidepressant dosage	Ongoing	Prevent recurrence

Table 3

Risk Factors for Recurrence of MDD:	Provide Patient Education Regarding:
Persistence of dysthymic symptoms after recovery from MDD episode	When/how often to take the medicine
Presence of additional, nonaffective psychiatric diagnosis	Rx beneficial effects take at least 2-4 weeks
Presence of a chronic general medical disorder	Continue medication even after they start feeling better
Severity of episodes	Educate patient to consult with the doctor before discontinuing Rx
Residual symptoms between episodes	Discourage self-discontinuation of antidepressant medication
	Stay on medication for a minimum of 9 months
	To communicate with physician if problems arise (eg side effects/symptoms not improving)

Table 4

Psychotherapy Consultation or Referral	<ul style="list-style-type: none"> ➤ Consider for mild to moderate MDD in the Acute Phase ➤ Add psychotherapy if patient partially responds to medication
Behavioral Health Referral	<ul style="list-style-type: none"> ➤ Initial treatment does not meet goal ➤ Presence of other psychiatric co-morbidity (e.g. personality disorder, substance abuse) ➤ Consultation for treatment recommendations
Coordination of Care	<ul style="list-style-type: none"> ➤ MercyCare encourages communication and care coordination between medical and behavioral health ➤ Call a Behavioral Health Practitioner if you have questions regarding treatment or need for referral