

# Madigan Army Medical Center

## Referral Guidelines

### Adult Major Depressive Disorder

#### Diagnosis/Definition

- Depression is a mood state that lies on a continuum from normal lowering of mood that affects everyone occasionally to a severe disorder.
- It is the most common psychiatric problem in Primary Care.
- Symptoms of a Major Depressive Episode include depressed mood or loss of interest and pleasure plus some of the following: worthlessness, poor concentration, fatigue, thoughts of suicide, and changes in appetite, sleep and activity level.

#### Initial Diagnosis and Management

- Interview for signs/symptoms of major depression according to the DSM-IV. As adjunct to interview, use a questionnaire to aid diagnosis (PRIME MD PHQ-9) (Scoring Card).
- Document historical features: duration of symptoms, recent life experiences, alcohol and substance abuse, and family history of suicide or depression, previous psychiatric history, manic symptoms, suicidal/homicidal ideation or attempts.
- History and physical examination to exclude medical causes.
- Mental status exam to include appearance, sensorium, affect, cognitive function, speech, thought content and process, perceptual disturbances, judgment, insight, risk of harm to others or self.
- Laboratory screening: TSH, CBC, and liver function tests as indicated
- Therapy
- Medication: SSRIs are the first-line antidepressants. Common side effects include nausea, loose stools, insomnia, anxiety, restlessness, tremor and sexual dysfunction (see antidepressant drug list).
- Caution: some of those diagnosed with a major depressive disorder can actually be bipolar and the SSRI can trigger hypomania.
- Titrate maintenance dose as tolerated. Monitor acute treatment every 2-3 weeks for 12 weeks.
- Assess response in 4-6 weeks with screening tool and interview.
- Good response/remission-continue for 6 weeks. Then, if no relapse, continue 6-12 months.
- Partial response-continue treatment (may adjust dose) for 4-6 more weeks.
- No response-ensure correct diagnosis. Consider another treatment or referral.
- Counseling through Behavioral Health Services or Ministry and Pastoral Care.

#### Ongoing Management

- Monitor and titrate medication based on interview and screening tool results.
- Monitor patient for adverse medication effects.
- Depressive symptoms abated or improved with better functioning and life satisfaction. - Patient is not a suicide risk and has no ideas/intentions/plans. - Self-help strategies are used by patient to help cope with life.

#### Outcome Objectives

- Depressive symptoms abated or improved with better functioning and life satisfaction.
- Patient is not a suicide risk and has no ideas/intentions/plans.
- Self-help strategies are used by patient to help cope with life.
- Indications for Specialty Care Referral
- Serious risk of suicide (definite intentions, plans or previous history). Call 968-2700/3172.
- Patient does not respond after two medication trials.
- Uncertain diagnosis - The PCM feels more support is needed.
- Psychotherapy is available, with or without medications, especially for mild depression.

### **Criteria for Return to Primary Care**

Completion of psychotherapy, stabilization of medication management and resolution of depressive episode.

Please also see Depression Clinical Standard.

Last Review for this Guideline: **April 2010**  
Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division  
Clinical Practice and Referral Guidelines Administrator