



# 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   |                  |                                |             |   |   |                   |   |   |  |   |  |   |   |   |                         |   |   |   |   |  |                           |   |   |   |   |   |   |   |   |   |   |  |                  |  |   |  |  |  |  |  |  |   |  |  |  |
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| Adults 18 years or older, including pregnant and postpartum women              | <p><b>Detection and Diagnosis:</b><br/>                     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>[B]</b><br/>                     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).<br/>                     Assess the clinical, social and socioeconomic risk factors that may be uniquely associated with perinatal depression.<br/>                     Assess if criteria are met using DSM-5 criteria. <b>[A]</b> Criteria A, B, C and D must be met.</p> <table border="1" data-bbox="365 570 2336 1015"> <thead> <tr> <th data-bbox="765 570 965 602">DSM-5 criteria</th> <th data-bbox="1467 570 1707 602">Major Depression</th> <th data-bbox="1859 570 2279 602">Persistent Depressive Disorder</th> </tr> </thead> <tbody> <tr> <td data-bbox="365 663 516 696">A. Symptoms</td> <td data-bbox="1402 620 1773 685">5 total for ≥ 2 weeks and must include symptom #1 or #2</td> <td data-bbox="1859 609 2279 696">3 total for ≥ 2 years. Must include symptom #1. Never &gt; 2 months symptom-free</td> </tr> <tr> <td data-bbox="388 696 616 729">1. Depressed mood</td> <td data-bbox="1573 707 1602 729">x</td> <td data-bbox="2059 707 2087 729">x</td> </tr> <tr> <td data-bbox="388 729 831 762">2. Marked diminished interest/pleasure</td> <td data-bbox="1573 740 1602 762">x</td> <td></td> </tr> <tr> <td data-bbox="388 762 1045 794">3. Significant weight gain/loss, appetite decrease/increase</td> <td data-bbox="1573 773 1602 794">x</td> <td data-bbox="2059 773 2087 794">x</td> </tr> <tr> <td data-bbox="388 794 674 827">4. Insomnia/hypersomnia</td> <td data-bbox="1573 805 1602 827">x</td> <td data-bbox="2059 805 2087 827">x</td> </tr> <tr> <td data-bbox="388 827 1031 860">5. Psychomotor agitation/retardation noticeable by others</td> <td data-bbox="1573 838 1602 860">x</td> <td></td> </tr> <tr> <td data-bbox="388 860 674 893">6. Fatigue/loss of energy</td> <td data-bbox="1573 882 1602 904">x</td> <td data-bbox="2059 882 2087 904">x</td> </tr> <tr> <td data-bbox="388 893 945 926">7. Feelings of worthlessness or inappropriate guilt</td> <td data-bbox="1573 904 1602 926">x</td> <td data-bbox="2059 904 2087 926">x</td> </tr> <tr> <td data-bbox="388 926 902 958">8. Diminished concentration or indecisiveness</td> <td data-bbox="1573 936 1602 958">x</td> <td data-bbox="2059 936 2087 958">x</td> </tr> <tr> <td data-bbox="388 958 945 991">9. Recurrent thoughts of death or suicidal ideation</td> <td data-bbox="1573 969 1602 991">x</td> <td></td> </tr> <tr> <td data-bbox="388 991 588 1024">10. Hopelessness</td> <td></td> <td data-bbox="2059 991 2087 1013">x</td> </tr> <tr> <td data-bbox="365 1024 1222 1057">B. Symptoms cause clinically significant distress or impairment in functioning</td> <td></td> <td></td> </tr> <tr> <td data-bbox="365 1057 1136 1089">C. Symptoms not attributed to a substance or other medical condition</td> <td></td> <td></td> </tr> <tr> <td data-bbox="365 1089 1188 1122">D. Lack of psychotic disorder or history of manic or hypomanic symptoms</td> <td></td> <td></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 |  |  | Annually. More often if high risk.<br><br><u>Pregnant and postpartum women</u><br>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 Scale <sup>1</sup> . |
| 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. <b>[D]</b> See established clinical tools for risk assessment and suicide prevention<sup>2,3</sup>. If applicable, develop safety plan.<br/> <b>■ If patient at moderate to severe risk for suicide, transfer to emergency department or crisis intervention center.</b></p> <p><b>Treatment and follow-up:</b><br/>                     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). <b>[C]</b><br/>                     Utilize shared decision-making in treatment planning. <b>[A]</b> 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. <b>[A]</b> For severe symptoms consider both pharmacotherapy and evidence-based psychotherapy. <b>[A]</b><br/>                     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 &lt;5.<br/>                     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. <b>[D]</b><br/>                     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.<br/>                     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.<br/> <b>Monitoring:</b> If medication prescribed, continue treatment and monitoring for at least 9-12 months after acute symptoms resolve. <b>[A]</b> Patients with recurrent major depression and/or persistent depressive disorder (≥ 2 years) usually require lifelong treatment.</p>  |   |  | At each encounter addressing depression until patient is treated to remission.<br><br>Schedule sufficient follow-up visits to assess response to treatment and titrate dose (typically every two weeks, monthly at a minimum). <b>[D]</b> |                  |                                |             |   |   |                   |   |   |  |   |  |   |   |   |                         |   |   |   |   |  |                           |   |   |   |   |   |   |   |   |   |   |  |                  |  |   |  |  |  |  |  |  |   |  |  |  |

<sup>1</sup>Edinburgh Postnatal Depression Scale

<sup>2</sup>Suicide Prevention for Primary Care Toolkit

<sup>3</sup>Suicide 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.