



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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|--|----------------|------------------|--------------------------------|--|---|---|-------------|--|--|-------------------|---|---|--|---|--|---|---|---|-------------------------|---|---|---|---|--|---------------------------|---|---|---|---|---|---|---|---|---|---|--|------------------|--|---|--|--|--|--|--|--|---|--|--|
| Adults 18 years or older, including pregnant and postpartum women | <p>Detection and Diagnosis: 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] 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). Assess the clinical, social and socioeconomic risk factors that may be uniquely associated with perinatal depression. Assess if criteria are met using DSM-5-TR criteria. [A]</p> | | | Annually. More often if high risk. Pregnant and postpartum women At the initial prenatal visit, later in pregnancy, and at postpartum visits using a validated instrument with systems for assessment, treatment, and follow-up. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th data-bbox="759 574 1373 611">DSM-5 criteria</th> <th data-bbox="1382 574 1802 611">Major Depression</th> <th data-bbox="1810 574 2336 611">Persistent Depressive Disorder</th> </tr> </thead> <tbody> <tr> <td data-bbox="759 618 1373 655"></td> <td data-bbox="1382 618 1802 655">5 total for ≥ 2 weeks and must include symptom #1 or #2</td> <td data-bbox="1810 618 2336 655">3 total for ≥ 2 years. Must include symptom #1. Never > 2 months symptom-free</td> </tr> <tr> <td data-bbox="759 661 1373 698">A. Symptoms</td> <td data-bbox="1382 661 1802 698"></td> <td data-bbox="1810 661 2336 698"></td> </tr> <tr> <td data-bbox="759 705 1373 742">1. Depressed mood</td> <td data-bbox="1382 705 1802 742">X</td> <td data-bbox="1810 705 2336 742">X</td> </tr> <tr> <td data-bbox="759 749 1373 786">2. Marked diminished interest/pleasure</td> <td data-bbox="1382 749 1802 786">X</td> <td data-bbox="1810 749 2336 786"></td> </tr> <tr> <td data-bbox="759 792 1373 829">3. Significant weight gain/loss, appetite decrease/increase</td> <td data-bbox="1382 792 1802 829">X</td> <td data-bbox="1810 792 2336 829">X</td> </tr> <tr> <td data-bbox="759 836 1373 873">4. Insomnia/hypersomnia</td> <td data-bbox="1382 836 1802 873">X</td> <td data-bbox="1810 836 2336 873">X</td> </tr> <tr> <td data-bbox="759 880 1373 917">5. Psychomotor agitation/retardation noticeable by others</td> <td data-bbox="1382 880 1802 917">X</td> <td data-bbox="1810 880 2336 917"></td> </tr> <tr> <td data-bbox="759 923 1373 960">6. Fatigue/loss of energy</td> <td data-bbox="1382 923 1802 960">X</td> <td data-bbox="1810 923 2336 960">X</td> </tr> <tr> <td data-bbox="759 967 1373 1004">7. Feelings of worthlessness or inappropriate guilt</td> <td data-bbox="1382 967 1802 1004">X</td> <td data-bbox="1810 967 2336 1004">X</td> </tr> <tr> <td data-bbox="759 1011 1373 1048">8. Diminished concentration or indecisiveness</td> <td data-bbox="1382 1011 1802 1048">X</td> <td data-bbox="1810 1011 2336 1048">X</td> </tr> <tr> <td data-bbox="759 1054 1373 1092">9. Recurrent thoughts of death or suicidal ideation</td> <td data-bbox="1382 1054 1802 1092">X</td> <td data-bbox="1810 1054 2336 1092"></td> </tr> <tr> <td data-bbox="759 1098 1373 1135">10. Hopelessness</td> <td data-bbox="1382 1098 1802 1135"></td> <td data-bbox="1810 1098 2336 1135">X</td> </tr> <tr> <td data-bbox="759 1142 1373 1179">B. Symptoms cause clinically significant distress or impairment in functioning</td> <td data-bbox="1382 1142 1802 1179"></td> <td data-bbox="1810 1142 2336 1179"></td> </tr> <tr> <td data-bbox="759 1185 1373 1223">C. Symptoms not attributed to a substance or other medical condition</td> <td data-bbox="1382 1185 1802 1223"></td> <td data-bbox="1810 1185 2336 1223"></td> </tr> <tr> <td data-bbox="759 1229 1373 1266">D. Lack of psychotic disorder or history of manic or hypomanic symptoms</td> <td data-bbox="1382 1229 1802 1266"></td> <td data-bbox="1810 1229 2336 1266"></td> </tr> </tbody> </table> | | | | DSM-5 criteria | Major Depression | Persistent Depressive Disorder | | 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 | A. Symptoms | | | 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 | | |
| | DSM-5 criteria | Major Depression | Persistent Depressive Disorder | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | A. Symptoms | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 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. [D]. Consider use of clinical tools with a structured approach (such as with SAMHSA SAFE-T including risk factors, protective factors, suicide inquiry, risk level/intervention, and documentation). If applicable, develop safety plan. ■ If patient at moderate to severe risk for suicide, transfer to emergency department or crisis intervention center.</p> | | | At each encounter addressing depression until patient is treated to remission. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>Treatment and follow-up: 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). [C] Utilize shared decision-making in treatment planning. [A] 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. [A] For severe symptoms consider both pharmacotherapy and evidence-based psychotherapy. [A] 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 <5. 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. [D] 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. 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. Monitoring: If medication prescribed, continue treatment and monitoring for at least 9-12 months after acute symptoms resolve. [A] Patients with recurrent major depression and/or persistent depressive disorder (≥ 2 years) usually require lifelong treatment.</p> | | | Schedule sufficient follow-up visits to assess response to treatment and titrate dose (typically every two weeks, monthly at a minimum). [D] If medication prescribed, continue treatment and monitoring for at least 6 months after symptom remission; longer-term maintenance may be needed for recurrent depression. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

¹Edinburgh Postnatal Depression Scale
²Suicide Prevention for Primary Care Toolkit
³Suicide 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 2023; Final Recommendation Statement: Perinatal Depression: Preventive Interventions: U.S. Preventive Services Task Force, February 2019; American Psychiatric Association The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR); Nonpharmacological Versus Pharmacological Treatments for Adult Patients with Major Depressive Disorder, AHRQ Publication No. 15(16)-EHC031-EF, AHRQ, December 2015;; 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; **Nonpharmacologic and Pharmacologic Treatments of Adults in the Acute Phase of Major Depressive Disorder: A Living Clinical Guideline From the American College of Physicians**

Approved by MQIC Medical Directors January 2002, 2004, 2006, 2008, 2010, 2012, 2014, 2016, 2018, 2020, 2022; February 2024; June 2026