Depression Clinical Guidelines for PCPs

I. Primary Care Provider Visit

- Screen for depression with clinical assessment and/or Patient Health Questionnaire (PHQ) (age ⩾12 years)
  - PHQ-2 screener: score ⩾3 then administer the PHQ-9 and conduct a focused assessment
  - PHQ-9 scale: score ⩾10 likely indicates a depressive disorder
  - If concern for imminent danger, refer for emergency mental health assessment

II. Focused Assessment

- Includes clinical interview (see Depression Clinical Pearls) and symptom rating scales

PHQ-9 Score	**0-4**	**5-9**	**10-19**	**20-27**
Depression severity	*None/Minimal*	*Mild*	*Moderate*	*Severe*
Suggested intervention	Guided self-management with follow-up		Refer to specialty mental health care for therapy and medication management	Refer to specialty mental health care for therapy and medication management

- A positive response to question #9 requires further standardized assessment for suicide risk; options include:
  - Ask Suicide-Screening Questions (ASQ) Toolkit which suggests interventions based on responses
  - C-SSRS Screen Version (Columbia-Suicide Severity Rating Scale)

	FDA Approved Medications for Depression		Evidence-based Medication for Depression
Generic name	escitalopram	fluoxetine	sertraline
Ages approved	≥12 years	≥8 years	NA
Starting dose	5mg-10mg/day	5mg-10mg/day	12.5mg-25mg/day
Dose change increments	5mg	10mg-20mg	25mg-50mg
Tapering	Decrease daily dose by 25-50% every 2-4 weeks to starting dose then stop medication		
For all antidepressants, monitor weekly for agitation, suicidality, and other side effects; for severe agitation or suicidal intent or plan, refer for emergency psychiatric evaluation.			

See Reverse Side for Dosing and Maintenance

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III. Initiation & Dose Titration

- At 4 weeks after antidepressant initiation, reassess symptom severity with PHQ-9
  - If score remains elevated and impairment persists, increase daily dose of antidepressant
  - If score is improved with mild to no impairment, then remain at current dose for 6-12 months
- At 8 weeks after antidepressant initiation, reassess symptom severity with PHQ-9
  - If score remains elevated and impairment persists, increase daily dose of antidepressant
  - If score is improved with mild to no impairment, then remain at current dose for 6-12 months
- At 12 weeks after antidepressant initiation, reassess symptom severity with PHQ-9
  - If score remains elevated and impairment persists, consult with YAP-P for next steps
  - More frequent monitoring is usually advised during the first 8-12 weeks of treatment to assess for any treatment emergent issues like self-harm, agitation and/or other side effects

IV. Maintenance & Dose Tapering

- Monitor at intervals of 1-3 months for maintenance of remission
  - For severe agitation or suicidal intent or plan, refer for emergency mental health assessment
- After 6-12 months of successful treatment, re-assess symptom severity with PHQ-9
  - If score is below threshold and there is no functional impairment, consider tapering as recommended above
  - Tapering should ideally occur during a time of relatively low stress
  - Maintenance of medication may be considered beyond the initial 6- to 12-month period of successful treatment in cases of high severity/risk, recurrent pattern, and/or long duration of illness
- Monitor clinically and/or with PHQ-9 periodically after antidepressant discontinuation for symptom recurrence

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