

## Depression

### Screening and Diagnosis

Depression screening is recommended in preventive care assessments <sup>1</sup>. Simple screening questions may perform as well as more complex instruments. Any positive screening test result should trigger a full diagnostic interview using standard diagnostic criteria.

Resources include the [Patient Health Questionnaire \(PHQ\)](#) and GAD-7 which offers clinicians concise, self-administered screening and diagnostic tools for mental health disorders, which have been field-tested in office practice. The screeners are quick and user-friendly, improving the recognition rate of depression and anxiety and facilitating diagnosis and treatment.

Be sure to include appropriate lab tests with a comprehensive medical exam which may identify metabolic underlying causes for the depression (for example thyroid disease).

Persons at increased risk for depression are considered at risk throughout their lifetime. Groups at increased risk include:

- persons with other psychiatric disorders,
- substance misuse;
- persons with a family history of depression;
- persons with chronic medical diseases

### Treating Patients Who Have Depression Disorder

If you have determined that your patient has depression, the best practice for treating depression includes a treatment plan involving:

- Referral to Psychotherapy (such as individual, family, group, cognitive behavioral) AND
- Medication for patients who score moderate to severe depression on a screening tool

Our accepted clinical best practice guideline for [Major Depression is the American Psychiatric Association Practice Guideline: Treatment of Patients with Major Depressive Disorder](#). In this case, the treating clinician needs to keep in mind suicide assessment, psychotherapy, support and medication monitoring. Other depressive or mood disorders benefit from this approach.

As you know, medication compliance can be the key to success. Please encourage patients beginning treatment to continue with your prescribed medication so it has time to take effect. Best practice guidelines suggest that you discuss with patients the length of time it may take before they see the full effect of a medication.

- Specifically, it may take **10 to 12 weeks** to experience the full effect of a medication
- In order to reduce the risk of relapse, it's recommended that patients stay on medication for at least **six (6) months**

### Strategies for promoting antidepressant compliance include

- providing education on how antidepressants work and how long they should be used;
- explaining the benefits of antidepressant treatment;
- identifying ways of coping with side effects of the medication
- discussing expectations regarding the remission of symptoms; and,
- [encouraging](#) patients to make an appointment with you if they have any questions or are considering stopping medication.

**The Following Resources May Be Helpful To You And Your Patients**

- **providerexpress.com**  
(<https://www.providerexpress.com/html/guidelines/preferredPracticeGuidelines/pdf/2012SupplementalGuidelineMajorDepression.pdf>) — Optum's practitioner website refers to the American Psychiatric Association (APA) Guidelines for recognizing and treating Major Depressive Disorder; patient education materials are also available
- **DBSAlliance.org**  
([http://www.dbsalliance.org/site/PageServer?pagename=clinicians\\_landing](http://www.dbsalliance.org/site/PageServer?pagename=clinicians_landing))—  
Depression & Bipolar Support Alliance
- **nami.org** (<http://www.nami.org/>) — National Alliance on Mental Illness