

## MBIPA CONSENSUS STATEMENT

### SCREENING, DIAGNOSIS AND TREATMENT OF DEPRESSION

#### CRITICAL GOALS

- ❖ SCREEN ALL PATIENTS ANNUALLY
- ❖ CONSIDER POSSIBLE SOMATIC DISEASE ETIOLOGIES
- ❖ TREAT EARLY; USE CONSENSUS FIRST-LINE MEDS
- ❖ ALWAYS CONSIDER SUICIDALITY
- ❖ CO-MANAGE WITH PSYCHIATRIST AS APPROPRIATE

#### SCREENING

Screen **Annually** with the two-question **Patient Health Questionnaire** (PHQ-2 - SEE TABLE ON BACK)

- **Negative** - Use *clinical judgement*. Ask additional questions if somatic complaints or other signs/symptoms indicate the need. Otherwise, rescreen annually.
- **Positive** - Initiate the nine-question PHQ-9 (SEE TABLE ON BACK)  
(- Always screen immediately for suicidal ideation. If present, transfer directly to ED -)

#### DIAGNOSIS and TREATMENT PLAN

##### PHQ-9 SCORE:

- 0-4 Low Risk Repeat PHQ-9 at least annually, or sooner as indicated.
- 5-9 Mild Risk Watch. Schedule follow-up visit; repeat PHQ-9 in 3-6 months.
- 10-14 Moderate Plan treatment:
  - Consider medication. *If so, start with first-line meds below.*
  - Refer for counseling, CBT or other – MFT, LCSW, Psychologist.
 Schedule follow-up visit in 2-4 weeks. Reevaluate, repeat PHQ-9.
- 15-19 Moderately Severe Rule out a crisis, suicidal ideation. Initiate medication as appropriate. *Start with first-line meds below.* Refer for contemporaneous cognitive behavioral therapy. Re-evaluate in 2 weeks, then 2-4 weeks as indicated. Consider psychiatric consultation, certainly if not improving.
- 20-27 Severe Assess carefully for suicidal ideation and/or psychosis:
  - Tools: Columbia-Suicide Severity Rating Scale (C-SSRS)  
Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)
  - *If suicidal*, refer to ED with support person or via 911.
  - *Psychosis present*, refer to psychiatry *immediately*.
 If not emergent, call Psychiatry and initiate timely referral. Begin medication pending referral. *Start with first-line meds below.* After referral evaluation completed, consider co-management with Psychiatry.

#### FIRST-LINE MEDS

##### SSRI's

- Fluoxetine (Prozac)
- Sertraline (Zoloft)
- Citalopram (Celexa)
- Escitalopram (Lexapro)

(- continued on back-)

SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI's)

- Venlafaxine (Effexor, Effexor XR)
- Duloxetine (Cymbalta)

DOPAMINE-NOREPINEPHRINE REUPTAKE INHIBITORS (DNRI's)

- Bupropion (Wellbutrin, Wellbutrin SR, Wellbutrin XL)

TETRACYCLIC NORADRENERGIC AND SERATONERGIC

- Mirtazapine (Remeron)

**Short Patient Health Questionnaire (PHQ-2)**

Over the past two weeks, how often have you been bothered by any of the following problems?	
Little interest or pleasure in doing things?	0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day
Feeling down, depressed, or hopeless	0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day
Total point score:	

Score interpretation<sup>[1]</sup>:

PHQ-2 score	Probability of major depressive disorder (percent)	Probability of any depressive disorder (percent)
1	15.4	36.9
2	21.1	48.3
3	38.4	75.0
4	45.5	81.2
5	56.4	84.6
6	78.6	92.9

**PHQ-9 depression questionnaire**

<b>Name:</b>	<b>Date:</b>			
<b>Over the last two weeks, how often have you been bothered by any of the following problems?</b>	<b>Not at all</b>	<b>Several days</b>	<b>More than half the days</b>	<b>Nearly every day</b>
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself, or that you are a failure, or that you have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
Moving or speaking so slowly that other people could have noticed? Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual.	0	1	2	3
Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
<b>Total ____ =</b>	___	+ ___	+ ___	+ ___
<b>PHQ-9 score ≥10: Likely major depression</b>				
<b>Depression score ranges:</b>				
5 to 9: mild				
10 to 14: moderate				
15 to 19: moderately severe				
≥20: severe				
<b>If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?</b>	Not difficult at all ___	Somewhat difficult ___	Very difficult ___	Extremely difficult ___