APA Summary Treatment Guidelines for the Diagnosis of Depression

SCREEN FOR DEPRESSION
- Assess for a history for Manic/Hypomanic episodes
- Multiple Somatic Complaints with no clear organic etiology
- 2 or more visits in a 6 month period with no organic etiology found to explain patient's complaints
- Chronic medical conditions
- Sleep disturbance
- Depressed mood; Diminished interest or pleasure in most activities; Insomnia; Hypersomnia; Appetite disturbance;
  Psychomotor agitation/slowing; Fatigue or loss of energy; Impaired concentration; Feelings of worthlessness; Thoughts
  of death/suicide (5 or more of these signs/symptoms required for DSM IV diagnosis of depression)
- History of substance abuse

SELECT AND INITIATE TREATMENT
Psychopharmacology (Mild, Moderate and Severe Depression) and /or
Cognitive, Behavioral or Interpersonal Psychotherapy (Mild or Moderate Depression) by a qualified clinician

MONITOR ACUTE TREATMENT
- Regular and frequent monitoring for maximum compliance and outcome.
- At a minimum, three medication management follow-up visits in the first 12 weeks of antidepressant treatment. At least one of the three follow-up contacts must be with a prescribing practitioner (HEDIS®, 2006).
- Titrate medication to full therapeutic doses generally over initial week(s) but may vary depending on development of side effects, patient's age, and presence of comorbid illnesses.
- Frequency of Contact can vary from once a week to multiple times per week as a function of: need to titrate medications; safety: degree of danger to self or others; response to treatment: functional and symptomatic status; comorbidities: medical, mental, substance abuse; specific clinical condition and age; availability of social support system; emergence of side effects; patient's treatment compliance; signs of switch to mania

AT 4 to 8 WEEKS: CLEAR IMPROVEMENT
Patient is clearly better and/or continuing to improve: Continue present treatment until complete remission.

AT 4 to 8 WEEKS: SOME IMPROVEMENT
Adjust dosage and/or augmentation if on medication. If therapy alone being used, consider adding antidepressant and a psychiatric consultation.

AT 4 to 8 WEEKS: NO RESPONSE TO PRIOR ADJUSTMENTS IN MEDICATIONS OR PSYCHOTHERAPY
Change medication usually to a different class of medication or reassess effectiveness of therapy. Once patient responding continue until complete remission. If psychotherapy alone being used, add antidepressant medication. Strongly consider a consultation with a psychiatrist or other mental health professional.

AT 8 WEEKS: POSITIVE RESPONSE
Positive response/remission of symptoms: Continue medication for 16-20 weeks (Continuation Phase)
CONSIDER MAINTENANCE TREATMENT

AT 8 WEEKS: NO or PARTIAL IMPROVEMENT
Only partial or no response to medication/therapy: Refer to or consult with a psychiatrist or other mental health professional.

MAINTENANCE TO AVOID RECURRENCE
CONSIDERATIONS IN THE DECISION TO USE MAINTENANCE TREATMENT
Factor
- Risk of recurrence
- Severity of episodes
- Side effects experienced with continuous treatment
Component
- Number of other episodes; presence of comorbid conditions; residual symptoms between episodes
- History of suicidality; psychotic features; severe functional impairments
- Patient preferences

RELAPSE
If relapse while in Continuation Phase, Adjust/change medication and/or augmentation; Psychiatric consultation; Add cognitive-behavioral or ITP therapy if clinically indicated

RECURRENCE
If recurrence of depression, restart prior treatment that was effective and continue for at least 1 or more years (Maintenance Phase). Assess for compliance with treatment.

Reference Source: APA Practice Guidelines for Major Depression in Adults, 2005