Partners in Care
Quick Reference Cards

Supported by the
Agency for Healthcare Research and Quality

MR-1198/8-AHRQ

RAND

This project was funded by the Agency for Healthcare Research and Quality (AHRQ), formerly the Agency for Health Care Policy and Research (AHCPR).

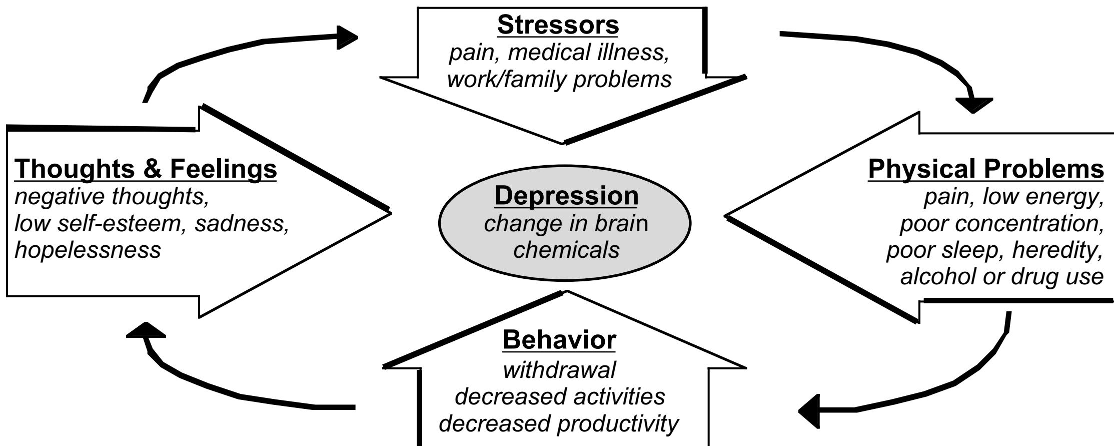
ISBN: 0-8330-2887-1

RAND is a nonprofit institution that helps improve policy and decisionmaking through research and analysis. RAND® is a registered trademark. RAND's publications do not necessarily reflect the opinions or policies of its research sponsors.

© Copyright 1996 RAND

All rights reserved. No part of this book may be reproduced in any form by any electronic or mechanical means (including photocopying, recording, or information storage and retrieval) without permission in writing from RAND.

Published 2000 by RAND
1700 Main Street, P.O. Box 2138, Santa Monica, CA 90407-2138
1200 South Hayes Street, Arlington, VA 22202-5050
RAND URL: http://www.rand.org/
To order RAND documents or to obtain additional information, contact Distribution Services: Telephone: (310) 451-7002 or toll-free (877) 584-8642; Fax: (310) 451-6915; Internet: order@rand.org


The Cycle of Depression
Stressors
pain, medical illness,
work/family problems
Thoughts & Feelings
negative thoughts,
low self-esteem, sadness,
hopelessness
Depression
change in brain
chemicals
Physical Problems
pain, low energy,
poor concentration,
poor sleep, heredity,
alcohol or drug use
Behavior
withdrawal
decreased activities
decreased productivity

CARD **2**

SEVEN KEY CHALLENGES IN MANAGING DEPRESSION

	Reference in *Clinician Guide*
1. **Make a diagnosis**.	Chapter 1, Step 5
2. **Educate and recruit** the patient as a partner.	Chapter 1, Step 2
3. **Start with the best possible treatment**. Avoid minor tranquilizers. Use antidepressants or psychotherapy.	Chapter 2, Step 1
4. **Use an adequate dose**.	Chapter 2, Step 1
5. **Treat long enough**. (Patients often take 4 to 8 weeks to respond.)	Chapter 2, Step 4
6. **Follow outcomes and adjust treatment** as needed. Consider consultation if patient is not improving.	Chapter 2, Step 4
7. **Prevent relapse**. (50% risk after one episode, 70% after two episodes and 90% after three episodes.)	Chapter 2, Steps 5 & 7

SIGNS AND SYMPTOMS OF DEPRESSION

- **Depressed mood and/or loss of interest or pleasure**

  Sadness, tearfulness, guilt, pessimism, sense of failure, self-dislike, dissatisfaction, irritability, social withdrawal, self-harm, apathy, lack of pleasurable activities.

- **Physical/vegetative *symptoms***

  Trouble sleeping or sleeping too much (includes early morning awakening), trouble concentrating, decreased energy, decreased sexual interest, loss of appetite, overeating, digestive problems, constipation, bowel irregularities, aches and pains

- **Physical/vegetative *signs***

  Disheveled appearance; difficulty sitting still; restlessness; slowed speech, movements and reactions.

CONDITIONS CHARACTERIZED BY DEPRESSIVE SYMPTOMS

Diagnostic Criteria for Major Depression (DSM-IV)✣

Major depression is present when the patient has had **5 of the 9** symptoms listed below for at least two weeks. **One of the symptoms must be either item 1 or 2.**

1. Depressed mood

OR

2. Loss of interest or pleasure

3. Significant change in weight or appetite

4. Insomnia or hypersomnia

5. Psychomotor agitation or retardation

6. Fatigue or loss of energy

7. Feelings of worthlessness or guilt

8. Impaired concentration or ability to make decisions

9. Thoughts of suicide or self-harm

✣ **Minor depression** is present when the patient has had **2 to 4** of the 9 symptoms listed above for at least two weeks (*with one of the symptoms being either item 1 or 2).* Minor depressives are educated and counseled about depression, then re-evaluated in 1 to 3 months, but do not require medication or full-course psychotherapy unless complicating features are present.

CONDITIONS CHARACTERIZED BY DEPRESSIVE SYMPTOMS *(continued)*

Diagnostic Criteria for *Dysthymia/Chronic Depression* (DSM-IV)

1. Patients with Dysthymia/Chronic Depression are in a depressed mood:
- *for most of the day*
- *for more days than not*
- *for at least 2 years*
- *with lapses lasting not more than 2 months*

2. During periods of depression*, the patient has had two or more of these symptoms:
- *loss of self-esteem*
- *feelings of hopelessness*
- *low energy or fatigue*
- *insomnia or hypersomnia*
- *poor concentration or difficulty making decisions*
- *poor appetite or overeating*

TREATMENT: Dysthymia/Chronic depression can be treated the same as major depression, except that the patient may require a full dose of medication for at least *2 years* *(maintenance therapy).*

* Not including episodes of mania or depression relating to substance abuse. Can coexist with episodes *of major depression*.

CONDITIONS CHARACTERIZED BY DEPRESSIVE SYMPTOMS *(continued)*

Diagnostic Criteria for *Adjustment Disorders* (DSM-IV)

- *Patients with Adjustment Disorders do not meet criteria for major depression, dysthymia, bereavement or other major affective mental disorders.*
- *The patient has developed emotional symptoms out of proportion to what might be expected, or is experiencing worsened social or occupational functioning in response to (an) identifiable stressor(s).*
- *The symptoms must arise within 3 months of the onset of the stressor(s).*

TREATMENT: Patients can be treated with supportive counseling and stress reduction. Re-evaluate in 1 and 3 months.

CONDITIONS CHARACTERIZED BY DEPRESSIVE SYMPTOMS *(continued)*

Diagnostic Criteria for *Bereavement* (DSM-IV)

- *The patient's symptoms are associated with the loss of a loved one that has occurred during the past two months.*
- *The patient may or may not meet the symptom criteria for Major Depression.*

TREATMENT: Patients usually should not be treated with medications or full-course psychotherapy unless they are severely vegetative, suicidal or psychotic. Patients *should* be treated with supportive counseling and close medical follow-up. Re-evaluate for treatment in 1-3 months.

Diagnostic Criteria for *Minor Depression* (DSM-IV)

- *The patient has had **2 to 4** of the 9 symptoms listed for major depression for at least two weeks (with one of the symptoms being either item 1 or 2).*

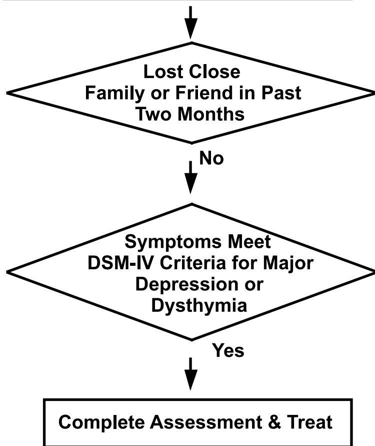
TREATMENT: Patients are educated and counseled about depression, then re-evaluated in 1 to 3 months, but do not require medication or full-course psychotherapy unless complicating features are present.

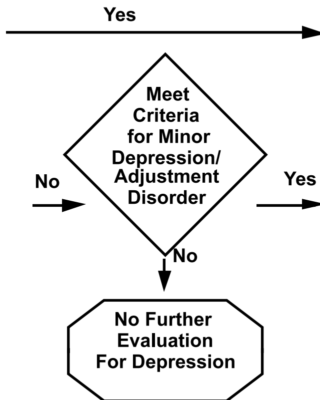
Making a Diagnosis Among People With Depressive Symptoms

- Diagnosis of Major Depression or Chronic Depression (Dysthymia)

Assess for:

- Bereavement
- Minor Depression
- Adjustment Disorder





Develop a Management Plan

- **Provide Supportive Primary Care Counseling**
- **Assess for Substance Abuse**
- **Refer to Self-help Groups, Community Resources**
- **Consider Exercise Program**
- **Consider Social Work or Psychotherapy Referrals**
- **Avoid Minor Tranquilizers**
- **Reevaluate at Next Visit**
- **Special Considerations:**
  - If Bereaved, Assess Overall Health Status/Chronic Diseases
  - If Minor Depression, Consider Treatment if Significant Vegetative Signs, Functional Impairment, or Prior History of Major Depression

ASSESS PHASE FOR PATIENTS WITH MAJOR DEPRESSION

Phase (determined by primary care clinician)	**Follow-up**	**Next Visit**	**Handouts✣/Treatment**
Acute • has not completed any treatment within the last 2 months ***OR*** • still has depressive symptoms after treatment (e.g., Beck score >9)	Call next week	2 weeks	• Your Personal Plan: Medications • Your Personal Plan: Psychotherapy • Other Your Personal Plans (e.g., Watchful Waiting) as appropriate
Continuation • has been treated recently ***AND*** • has minimal or no depressive symptoms (e.g., Beck score <9)	Call next week	3 months	• Your Personal Plan: Relapse Prevention • Other Your Personal Plans as appropriate
Maintenance • has completed acute phase medications ***AND*** 6 months of continuation phase medications ***OR*** • has completed psychotherapy ***AND*** has had two or more prior episodes depression	Call in 1 month	3 months	• Your Personal Plan: Relapse Prevention • Other Your Personal Plans as appropriate • Consider continuing antidepressants • Consider starting/restarting anti-depressants if patient is relapsing

✣All *Your Personal Plans* are included in the *Guidelines and Resources for the Depression Nurse Specialist*

General Information About Antidepressants

- These medications help restore a chemical balance in the brain.
- They are not addictive.
- The response is gradual and the medication will take 2 to 6 weeks to work.
- If side effects occur early on, they usually improve with time or they can be treated.
- Sleep and appetite may improve first. It may take a few weeks for mood and energy to improve and for negative thinking to decrease.

How to Take Antidepressants

Ensure that patients:

- Take the medications daily.
- Keep track of side effects and discuss these with their physician.
- Continue taking the medication even if they feel better.
- **Don't stop the medication before talking to their physician.**
- Call their physician or Depression Nurse Specialist if they have any questions.

STUDY MEDICATION AND DOSES

I. Selective Serotonin Reuptake Inhibitors (SSRIs)

Common side effects (> 10 %) include: *insomnia, restlessness, agitation, sedation, fine tremor, GI distress, headache, dizziness, sexual dysfunction*.

Drug Name	*Unit doses available (in mg)*	*Therapeutic dosage range (mg)*	*Usual dose (mg)*	*Cost/day for usual dose*	*Starting dose in young patients (mg)*	*Starting dose in elderly patients (mg)*	*Common side effects—specific to this drug**
1. *Fluoxetine (Prozac)*	10, 20	10-40	20	$2.00	20	10	
2. *Paroxetine (Paxil)*	20, 30	10-50	20	$2.00	20	10	Dry mouth, constipation
3. *Citalopram (Selexa)*	20, 40	10-40	20	$2.00	20	10	
4. *Sertraline (Zoloft)*	50, 100	50-200	100-150	$2.00	50	25	

The side effects listed are in addition to side effects listed for all drugs in a class

MEDICATIONS AND DOSES *(continued)*

II. Secondary Amine Tricyclics (TCAs)

Common side effects (> 10 %) include:
arrhythmias (particularly with preexisting conduction defects), dry mouth

Drug Name	Unit doses available (in mg)	Therapeutic dosage range (mg)	Usual dose (mg)	Cost/day for usual dose	Starting dose in young patients (mg)	Starting dose in elderly patients (mg)	Common side effects—specific to this drug*
1. Nortriptyline (e.g., Pamelor)	10, 25, 50, 75	40-200 qhs	75-100 qhs	$1.00	25 qhs	10 qhs	*Constipation confusion, fine tremor, sedation*
2. Desipramine (e.g., Norpramin)	10, 25, 50, 75, 100, 150	75-300 qd	150-200 qd	$0.75	50 qd	25 qd	*Tachycardia, activation*

***The side effects listed are in addition to side effects listed for all drugs in a class**

MEDICATIONS AND DOSES *(CONTINUED)*
III. Tertiary Amine Tricyclics (TCAs)

Common side effects (>10 %) include:
arrhythmias, dry mouth (> 30 %), blurred vision, constipation, delayed urination, sedation, orthostatic hypotension / dizziness, weight gain.

Drug Name	Unit doses available (in mg)	Therapeutic dosage range (mg)	Usual dose (mg)	Cost/day for usual dose	Starting dose in young patients (mg)	Starting dose in elderly patients (mg)	Common side effects—specific to this drug*
1. *Imipramine (e.g., Tofranil, Janimine)*	10, 25, 50, 75, 100, 125, 150	75-300 qhs	150-200 qhs	$0.20	50 qhs	25 qhs	Sweating Insomnia Restlessness Headache Fine tremor Tachycardia GI distress Sexual dysfunction
2. *Doxepin (Sinequan)*	10, 25, 50, 75, 100, 150	75-300 qhs	150-200 qhs	$0.20	50 qhs	25 qhs	

***The side effects listed are in addition to side effects listed for all drugs in a class**

MEDICATIONS AND DOSES *(CONTINUED)*

IV. Other newer antidepressants

Drug Name	***Unit doses available (in mg)***	***Therapeutic dosage range (mg)***	***Usual dose (mg)***	***Cost/day for usual dose***	***Starting dose in young patients (mg)***	***Starting dose in elderly patients (mg)***	***Some common side effects***
1. *Buproprion SR (Wellbutrin)*	100, 150	150 qd – 200 bid	150 bid	$3.00	150 qd	75 qd	Activation, insomnia, tremors, headache. Avoid in patients at risk for seizures and patients with bulimia.
2. *Mirtazapine (Remeron)*	15, 30	15-45 qhs	30 qhs	$2.00	15 qhs	7.5 qhs	Sedation, weight gain

MEDICATIONS AND DOSES *(CONTINUED)*

IV. Other newer antidepressants

3. *Nefazodone* (e.g., Serzone)	100, 150, 200, 250	50-300 bid	200 bid	$ 3.00	100 bid	50 bid	Sedation, dry mouth, headache, nausea, orthostatic hypotension. Can have fatal interaction with cisapride, terfenadine, astemizole and other drugs metabolized by P450 3A4 enzymes
4. Venlafaxine XR (Effexor)	37.5, 75, 100	37.5 – 300 qd	150 qd	$3.00	75 qd	37.5 qd	Nausea, activation, sweating, headache hypertension at high doses

Troubleshooting: What to Do if Your Patient Doesn't Get Better

Common problem	Possible Solution
1. Wrong diagnosis	• Reconsider diagnosis and differential diagnosis • Consider psychiatric consultation
2. Insufficient dose	Increase dose
3. Insufficient length of treatment (Remember: it may take 4-8 weeks for patients to respond to treatment.)	Support and encourage patient to stay on medication for a full trial (6-8 weeks) at a therapeutic dose.
4. Problems with adherence	• Try to understand the patient's perspective and concerns • Address barriers to adherence and problem-solve together • Consider serum drug levels with tricyclic antidepressants

TROUBLESHOOTING *(continued)*

Common problem	Possible Solution
5. Side effects (Remember: side effects may be physiological or psychological)	• **Wait and reassure patient** - the body often gets used to them • Reduce dose • Treat side effect(s) or change medication
6. Other complicating factors **a.** psychosocial stressors / barriers **b.** medical problems / medications **c.** psychological barriers (low self-esteem, guilt, unwillingness to let go of "sick" role) **d**. active substance abuse, mania, panic	• Address problems directly • Consider psychiatric consultation • Consider adding psychotherapy
7. Treatment is not effective despite adequate trial of medication at adequate dose.	• Change to a different treatment (i.e., another medication or psychotherapy) if not substantially improved by 6–8 weeks on full dose • Consider **psychiatric consultation**

WHEN TO REFER PATIENT FOR A MENTAL HEALTH CONSULTATION

Consider mental health consultation if patient has any of the following symptoms or conditions:

- **Thoughts or impulses of suicide or previous suicide attempts.**
- **Psychotic symptoms:** delusions (false beliefs) or hallucinations.
- **Manic symptoms:** elevated mood; irritability; increased energy, talkativeness, or activity; decreased sleep; poor judgment (engaging in risky behaviors).
- **Intolerance** to TCAs or SSRIs**.**
- **Incomplete response** to an adequate trial of one or two of the study medications.
- **Tendency to abuse alcohol**.
- **A recent past history** of severe psychiatric problems or hospitalizations.
- **Persistent severe psychosocial problems** (e.g., marital problems).