

Presenting Symptoms

- Depressed mood
- Persistent sadness
- Marked irritability or “mood swings”
- Loss of interest or pleasure in usual activities
- Suicidal thoughts and behaviors

Evaluation and Assessment

- Utilize Patient Health Questionnaire (PHQ-9) for screening
- Patient/family interview with particular emphasis on nature and history of mood/irritability and trauma
- Assess dangerousness to self or others see *ASK Suicide-Screening Questions*
- Conduct physical/developmental assessment including medical history and medications

Diagnostic Considerations

- Comorbid medical conditions, medication use, or *Substance Abuse* that may be impacting mood/irritability
- Consider Bipolar Disorder especially if there is a history of mania, hypomania or psychosis
- Consider Post Traumatic Stress Disorder (PTSD) if there is a history of trauma
- Confirm diagnosis of *Major Depressive Disorder* as best explanation for patient presentation

Baseline Assessment

- Check height, weight, BMI, pulse and blood pressure

Intervention

- Patient/family engagement, psycho-education and informed consent (see *Shared Decision-Making*)
- If patient presents with urgent, unstable condition refer for emergency evaluation and stabilization.
- Consider specialty consultation to treat conditions other than major depressive disorder
 - Medical conditions
 - Psychosis
 - PTSD
 - *Substance Abuse Treatment Guide*
 - *Bipolar Disorder Treatment Guide*

Assess for severity (mild, moderate-severe)

MILD

- Active support and monitoring
- Psychosocial Interventions
- Consider medication if mood deteriorates or fails to improve

MODERATE-SEVERE

- Active support and monitoring
- Medication and/or psychosocial interventions
- Consult with specialist and/or refer for Dialectical Behavior Therapy (DBT) for repeated self-injurious behavior

Select Treatment Regimen(s) for Depression

PSYCHOSOCIAL THERAPIES

- Cognitive Behavioral Therapy (CBT)
 - Interpersonal Therapy (IPT)
 - Psycho-educational therapy, including group therapy
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- See *Depression Treatment Guide*
 - See *Medication List*

MEDICATION

- Selective Serotonin Reuptake Inhibitors (SSRIs) are 1st line for moderate-severe

Monitoring

- Check height, weight, BMI, pulse and blood pressure at each visit
- Phone check-up after one week and at least monthly visits when prescribing new or changing medication
- Office visits at least every three months for stable patients
- Evaluate for adverse effects and intervene as appropriate
- Evaluate for adherence to treatment regimen
- Measure outcomes by evaluating *efficacy*

Duration of Treatment Regimen

- Continue effective antidepressant medication for approximately one year to prevent relapse
- Continue effective psychosocial interventions as appropriate
- Every year, conduct full diagnostic assessment and review need for ongoing treatment
- Antidepressant medication should be tapered when discontinued in order to avoid withdrawal effects and minimize the risk of relapse

★ See the full *Algorithm E* for complete assessment and diagnostic guidelines