Major Depression Guideline for Initial Outpatient Treatment of Adults

Acute Phase: The goal of tx is recovery = absence of symptoms and return to full function.
- 1st F/U visit within 21 days.
- At least 3 F/U visits within 94 days.
- Consider measurement-based care, using PHQ-9, BDI-II, IDS/QIDS, etc.

Consider Psychotherapy:
- Cognitive
- Behavioral
- Interpersonal
- Supportive
- Problem solving
- Social skills
- Behavioral & psychodynamic therapies.

Screen for SUD. Rule out medical condition.

Consider Medication Management:
- Past or family HX of response
- Side Effect Profile
- Generic vs. Brand
- Maximize dose, if tolerated
- Adherence Education

Evaluate response & reassess progress with meds (use of standardized rating scales highly recommended) & psychotherapy at least monthly. If moderate improvement is not present within 8 weeks, review med adherence, need for med change, and psychotherapy change.

Consider other diagnoses (e.g., dysthymia, bipolar, substance use, etc).

Regularly communicate findings and current treatment plan to referring clinician.

* If second generation antipsychotic is started, obtain baseline lipid panel and retest in 3 months. Test yearly if long-term use is indicated.

Maintenance Phase: Continue Medication at the optimal dose, depending on number of prior episodes:
- 1st episode—6 months
- 2nd episode—2-3 years
- 3rd episode: indefinitely, no taper

Post Maintenance Phase: Does medication need to be tapered?

Educate member to observe carefully for sx recurrence and return immediately if sx recur. If taper is successful and further visits are not indicated, educate patient and family regarding relapse risk & return of sx. Written materials educate member and reinforce learning.

Communicate current status with PCP or referring physician.

Recovery or significant response to treatment?

Maintain Medication. Management visits every 2-3 months. If stability remains, consider referral to PCP for continued medication management and communicate with PCP.
