

A Quick Guide to Depression Management

Depression Specific Evaluation Questions

Use on initial visit and all follow-up visits (5 minutes)¹

Inquire about the diagnostic criteria of MDD

How is your mood? (Do you feel sad or down? Everyday?)

How are you sleeping? (initial, middle, terminal insomnia)

How is your energy level?

How is your appetite?

How is your concentration ability?

How are your interests in the things you usually enjoy?

How is your self-esteem? Are you feeling guilty?

Have you had any suicidal thoughts?

Inquire about functioning.

Are you able to get things done that you need to do?

How are things going at work?

Patient Self Report Tool¹

Depression Scale (*see page attached*)

Selecting an Antidepressant

Discuss drug specific side effects with patient before prescribing antidepressant.
(*see chart attached*)

Factors influencing choice

Presence of specific symptoms

Avoid specific side effects

Presence of co-morbid disorder

Prior failure with medication

Prior positive responses

Familial positive response

Patient expressed interest

¹ Zimmerman M, Posternak.M.A., Chelminski I, "Using A Self-Report Depression Scale to Identify Remission in Depressed Outpatient": Am J.Psychiatry 161-10, October 2004

Best Practice Recommendations

Schedule a follow up appointment 7-14 days after initiation of antidepressant medication to evaluate response.

Using a depression-evaluation tool, such as the depression scale, at each visit to evaluate patient's level of depression. Schedule at least three visits within the first 12 weeks after initiating antidepressant therapy

Have self-help teaching material available for your patients.

When to Refer

Suicidality

Psychotic features

Unable to function (e.g., TDI)

Uncertain of diagnosis

Failure of treatment

Co-morbid PTSD, substance use disorder

Bipolar disorder

Name: _____ Date: _____

DEPRESSION SCALE

INSTRUCTIONS

This questionnaire includes questions about symptoms of depression. For each item please indicate how well it describes you during the PAST WEEK, INCLUDING TODAY. Circle the number in the columns next to the item that best describes you.

RATING GUIDELINES

Not at all true (0 days)
Rarely true (1-2 days)
Sometimes true (3-4 days)
Often true (5-6 days)
Almost always true (every day)

During the PAST WEEK, INCLUDING TODAY...

1.	I felt sad or depressed	0	1	2	3	4
2.	I was not as interested in my usual activities	0	1	2	3	4
3.	My appetite was poor and I didn't feel like eating	0	1	2	3	4
4.	My appetite was much greater than usual	0	1	2	3	4
5.	I had difficulty sleeping	0	1	2	3	4
6.	I was sleeping too much	0	1	2	3	4
7.	I felt very fidgety, making it difficult to sit still	0	1	2	3	4
8.	I felt physically slowed down, like my body was stuck in mud	0	1	2	3	4
9.	My energy level was low	0	1	2	3	4
10.	I felt guilty	0	1	2	3	4
11.	I thought I was a failure	0	1	2	3	4
12.	I had problems concentrating	0	1	2	3	4
13.	I had more difficulties making decisions than usual	0	1	2	3	4
14.	I wished I was dead	0	1	2	3	4
15.	I thought about killing myself	0	1	2	3	4
16.	I thought that the future looked hopeless	0	1	2	3	4

17. Overall, how much have symptoms of depression interfered with or caused difficulties in your life during the past week?

- 0) not at all
- 1) a little bit
- 2) a moderate amount
- 3) quite a bit
- 4) extremely

18. How would you rate your overall quality of life during the past week?

- 0) very good, my life could hardly be better
- 1) pretty good, most things are going well
- 2) the good and bad parts are about equal
- 3) pretty bad, most things are going poorly
- 4) very bad, my life could hardly be worse

Antidepressant Comparison Chart

Side Effects to Consider When Selecting an Agent

	Celexa Citalopram	Lexapro Escitalopram	Paxil Paroxetine	Prozac Fluoxetine	Zoloft Sertraline	Effexor-XR Venlafaxine	Remeron Mirtazapine	Cymbalta Duloxetine	Wellbutrin-XL Bupropion
Weight Gain	-	-	+	-	-	-	+	-	-
Sexual Dysfunction	+	+	+	+	+	+	-	+	-
Sedation/fatigue	+/-	-	+	-	-	+/-	+	-	-
Nausea/GI upset/ Diarrhea	+	+	+	+	+	+	-	+	-
Restlessness	-	-	-	+	-	-	-	-	+
Insomnia	-	-	-	+	-	-	-	-	+

+ indicates a clearly increased risk of side effects; +/- indicates a modestly increased risk of the side effect;
 - indicates a side effect is possible, but not more frequent than other medications

Patient Self-Help Tools

Books

Feeling Good: The New Mood Therapy,

Burns, D. New York: Signet books

The Feeling Good Handbook,

Burns, D. New York

The Depression Workbook: A Guide for Living with Depression and Manic Depression,

Plume Copeland, M. Oakland, CA; New Harbinger

Mind Over Mood,

Greenberger, D. & Padesky, C. New York: Guilford

Websites

National Association for Mental Health ----- www.nami.org

National Depressive and Manic Depressive Association --- www.ndmda.org

American Psychological Association ----- www.apa.org

American Psychiatric Association ----- www.psych.org

Freedom From Fear, non-profit advocacy----- www.freedomfromfear.org

Writing for healing ----- www.journaltherapy.com

----- www.poetrytherapy.org

WebMD----- www.webmd.com