

Major Depression

Information for health care providers



Four-step process for assessing major depression

1. Ask questions

- Ask questions and listen carefully to determine the underlying emotional state and how it is affecting the patient's social, recreational, family and occupational functioning. The Diagnostic and Statistical Manual 5 defines major depression as either a depressed mood or loss of interest/pleasure for at least two weeks.
- Ask your questions in a natural, comforting manner to put the patient at ease.

Below are examples of typical questions:

- Sounds like you have been under a lot of stress lately. Could you please tell me a bit more about how that is making you feel?
- I am beginning to understand your predicament. Are there any recent stressors that may be aggravating your condition?
- Sounds like you are really feeling _____. How long have you felt this way?
- For patients who speak about their physical problems rather than an underlying emotional state (e.g., knee pain): Sounds like it is hard to tell me how you are feeling. If your knees could talk, what would they want me to know?

2. Assess physiological changes

The above questions will give a better understanding of your patient's overall emotional subjective state. It also is important to assess any physiological changes that your patient is experiencing. "CASE" can be useful in eliciting this information:

C – Concentration: "With all these changes in your mood, how have you been able to focus?"

A – Appetite: "Have there been any noticeable differences in your appetite?"

S – Sleep: "Have you been waking up more frequently, sleeping too much or not sleep at all?"

E – Energy: "During the day when you are not asleep, how would you describe your energy level?"

3. Assess the risk of self harm

Although suicide may be an uncomfortable topic to discuss, it is important to cover. To address this delicate issue, one possible approach could include, "This is a difficult question to ask, but with all this going on in your life, have you ever felt that life is not worth living?" Should a patient answer yes, it is advisable to refer the patient to the nearest inpatient facility to further assess the risk of self harm.

4. Screen

Do you need tools to increase the efficiency of assessing depression? There are validated screening scales available for primary care offices, in the following:

- PHQ-2: A straight forward, two-question scale that can be taken by the patient at your office.
- PHQ-9: A self-questionnaire with nine questions. This instrument scores whether a patient is depressed and satisfies the severity of the patient's condition. A copy of the tool can be accessed at:

http://abhfl.org/Wellness_Tools/documents/PHQ%20-%20Questions.pdf



Depression is a serious medical illness in the United States.

- In 2015, as estimated 16.1 million adults aged 18 or older had at least one major depressive episode.¹
- Females had higher rates of depression than males in every age group.¹
- Highest rate of depression, 12.3% was found in women aged 40-59.²
- Non-Hispanic black persons had higher rates of severe depressive symptoms (4.1%) than non-Hispanic white persons (2.6%).²
- Depression illness account for 15.3% to 22% of all office visits to primary care physicians.³



Treating the patient

There are several options that the physician should address:

- Should I start the patient on an antidepressant?
- Is individual therapy or counseling necessary?
- Should both avenues of treatment be initiated?
- Would it be advisable to wait before initiating any of these treatments?

Depression diagnosis indicated when patient does not want to harm himself or herself, but has answered yes to:

- Patient feels depressed or has a lack of interest for at least two weeks
- Answers “yes” to at least two “CASE” questions

When determining whether to start a patient on an antidepressant, there are several actions that may facilitate a higher likelihood of positive response to treatment:

- Help the patient “own” or take responsibility for his or her illness.
- Schedule the patients for at least two additional visits within the first month after the initial diagnosis. By seeing the patient more frequently at the onset of depression, there is a higher likelihood that the patient will comply with treatment to diminish depressive symptoms.
- Follow up to confirm that the patient is taking medication as prescribed. Patients fail to take medications for many reasons, including unpleasant side effects, ambivalence about medications or a sudden improvement in mood. By not taking medications as ordered, your patient may experience a return of his or her initial presenting problem.

You may prefer to have a behavioral health specialist evaluate and treat your patient. Please call our customer service toll free number at 1-866-477-6725 or by access accessing our TDD/TYY services through the Florida Relay number at 1-800-955-1339.

Although depression is a common illness, it is important to be thorough with patients. This approach will encourage patients to work with your treatment team, enhancing outcomes.

Antidepressant Medication Management is one of the Healthcare Effectiveness Data and Information Set (HEDIS®) use to evaluate the care and services provided by you, the health care professional.

[How to improve your HEDIS measure Antidepressant Medication Management performance](#)

Education is the key. Consider discussing the following issues with your patients:

- How long it should take for the medication to work
- How long the patient should expect to take the medication
- Why it is important to continue the medication even if they begin feeling better
- What the common side effects are, how long they may last and how to manage them
- What the patient should do if he or she has any questions or concerns

Reference

- ¹<https://www.nimh.nih.gov/health/statistics/prevalence/major-depression-among-adults.shtml>
- ²<https://www.cdc.gov/nchs/data/databriefs/db172.pdf>
- ³<http://err.ersjournals.com/content/23/133/345>
- <http://www.medscape.com/viewarticle/511167>
- https://www.cdc.gov/pcd/issues/2005/jan/04_0066.htm