Identification and Management of Adult Depression in Primary Care

Assess Family History

Common Symptoms
- Aches and Pains
- Low Energy
- Apathy, Irritability, Anxiety, Sadness
- Sexual Complaints
- Disrupted Sleep Patterns
- Vague GI Symptoms
- Appetite Changes
- Social Avoidance
- Headaches

Coexisting Conditions
- Heart Disease
- Diabetes
- Cancer
- Catastrophic Illness
- Pregnancy/Postpartum
- Thyroid
- Obesity
- Substance Abuse
- Anxiety
- Chronic Medical/Psychiatric Conditions
- Marital Problems/Domestic Violence

Lethality Risk Factors
Does Your Patient Have:
- Thoughts
- Plan
- Means
- Intent
For Suicide/Homicide?

Assessment and Identification

Chief Complaint

2 Question Assessment
During the past month, have you been bothered by:
1. little interest in doing things AND/OR
2. feeling down, depressed or hopeless

Consider use of screening tool for diagnosis and to assess severity

Screening Tool
PHQ-9

Evaluate Severity and
Assess SUICIDE and/or HOMICIDE RISK

Feedback to Patient and Establish Diagnosis

CRISIS OPTIONS
- Send to Emergency Room
- Call 911
- Contact Local Crisis Services
- Call Local Poison Control if Suspected Overdose (800-222-1222)

Select PCP Treatment Options
- Medication
- Member education
- Encourage family/support system
- Refer to Behavioral Health Specialist

CRISIS PHONE NUMBERS:

National Suicide Prevention Lifeline: 1-800-273-8255 and TTY line: 1-800-799-4889
Callers will automatically be directed to their specific county’s crisis line by the zip code from which they are calling
NYS Domestic and Sexual Violence 24 hour Hotline: 1-800-942-6906 (English) 1-800-942-6908 (Spanish)

By County
Allegany (585) 593-5706 Cattaraugus 1-800-339-5209 Chautauqua 1-800-724-0461
Erie (716) 834-3131 and Children and Adolescents Hotline (716) 834-1144; 1-877-KIDS-400
Genesee/Orleans (585) 343-1212 and Toll Free 1-800-359-5727 Niagara (716) 285-3515 Wyoming 1-800-724-8583
**Treatment of Depression**

- Select Mental Health Specialist and Coordinate Care
  - AND/OR
  - Select and Start Medication Treatment as Clinically Indicated*

**PCP Monitors the Following:**
1. Response to tx (symptom reduction)
2. Side effects of medication
3. Compliance with medication

**ACUTE PHASE OF TREATMENT (1-3 MONTHS)**

Assess improvement at
- Weeks 1-2 of treatment?
- Weeks 3-5 of treatment?
- Weeks 6-11 of treatment?

- No or Limited
  - Reassess

**CONTINUATION PHASE OF TREATMENT (3-6 MONTHS)**

Improvement at
- 3-6 months of treatment?

- No or Limited
  - Reassess medication side effects and/or dosage once remission is obtained*

**MAINTENANCE PHASE OF TREATMENT (6 MONTHS +)**

Improvement at
- 6+ months of treatment?

- No or Limited
  - Reassess medication side effects and/or dosage*

**When to Refer to a Mental Health Specialist:**
- Active Suicide Potential
- Psychotic Symptoms
- Lack of Response to Treatment
- Need for Psychotherapy/ Counseling
- Substance Abuse
- Poor Adherence/ Compliance
- Diagnostic Consultation (Treatment/ Medication Management)
- Need for Hospitalization or Electroconvulsive Therapy (ECT)
- Recurrent or Chronic Depression
- Patient or Family Request
- Cultural Considerations

**Depression Management Program**

**Contact the:**
Behavioral Health Department 635-3001 x 5333 for
- For information about the Depression Management Program
- Assistance with patient referrals to Behavioral Health specialty services
- Help coordinating patient care

For patients with Self-Funded (Nova) coverage call 635-3001 x 3778

**Resource Materials**

4. The MacArthur Initiative on Depression in Primary Care at Dartmouth & Duke, Depression Management Tool Kit, © 2003 Trustees of Dartmouth College, Created by and for The John D. & Catherine T. MacArthur Foundation’s Initiative on Depression & Primary Care.

*On May 2, 2007, the FDA stated that all antidepressants should carry new warnings about an increased risk of suicidal thoughts and behavior in young adults ages 18-24 during the first few months of treatment.