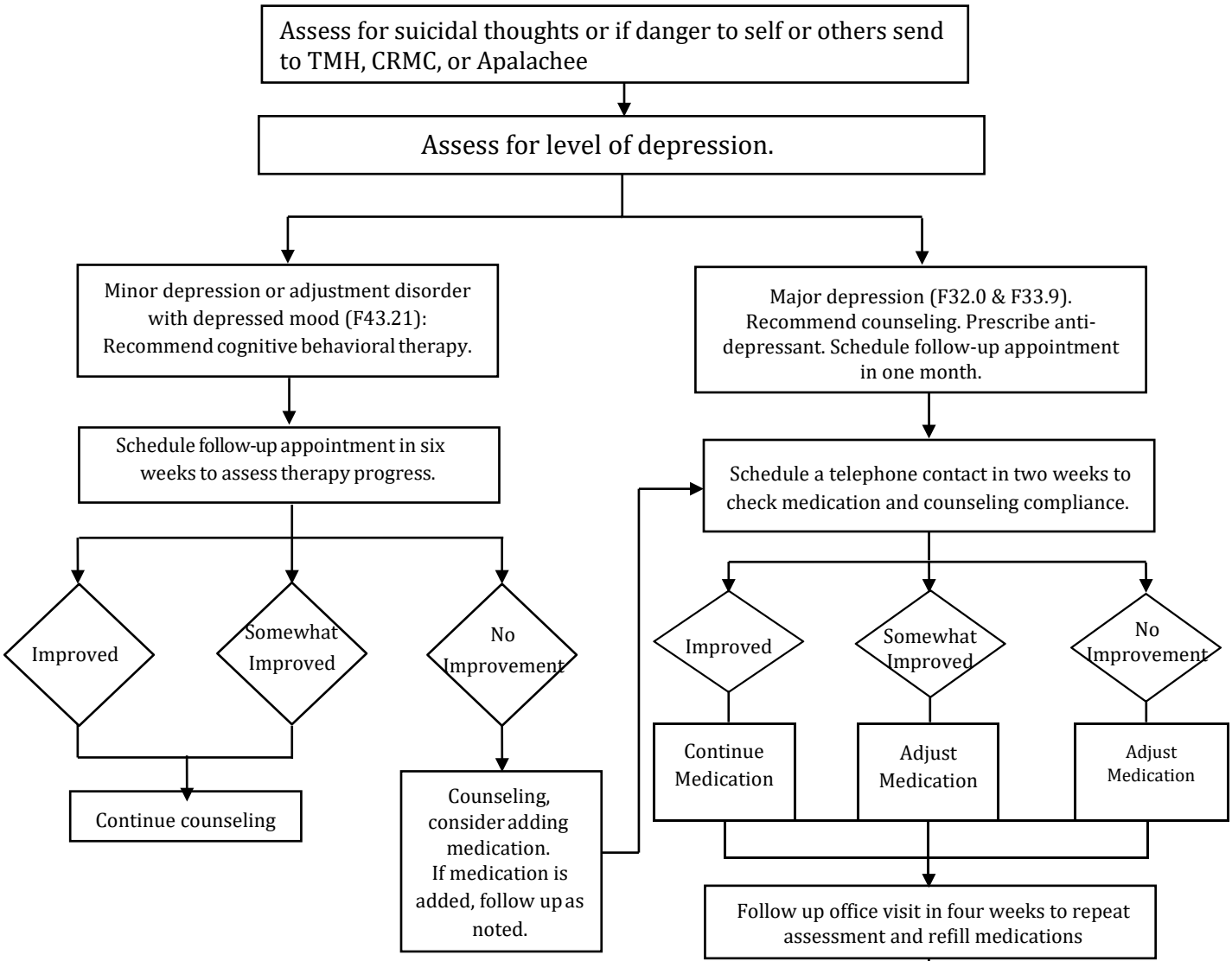
Capital Health PLAN℠

An Independent Licensee of the Blue Cross and Blue Shield Association

Clinical Practice Guideline: Management of Major Depression in Primary Care

Approved, CHP Quality Improvement Committee 3/27/01, 10/22/02, 10/28/03, 11/2/04, 11/1/05, 9/8/09, 5/10/11, 5/14/13, 5/12/15, 4/20/16, 5/9/17, 5/14/19, 05/11/21
Approved, Quality Improvement Management Team 10/25/07

Management of Depression in Primary Care



Medication Protocols:

1. First episode of depression, continue medication for at least 6 months after remission
2. Second episode of depression, continue medication for at least 12 months after remission.
3. Third episode of depression, continue medication for at least 24 months after remission.
4. Consider longer, more extensive psychopharmacological therapy in cases of Major Depression presenting in patients over the age of 40.

CHP Recommendation for Depression Screening

- CHP recommends that patients with chronic conditions and those age 65 and over be screened annually for depression.
- Those who screen positive for symptoms of moderate to severe depression should be referred for evaluation and treatment.

Annual Measurement for Effectiveness of Depression Guideline

- HEDIS® Antidepressant Medication Management, Commercial and Medicare populations:
  - Effective Acute Phase Treatment
  - Effective Continuation Phase Treatment

- % Members with multiple chronic illnesses screened for depression, with symptoms of depression

- % Members, as above, with symptoms of depression receiving treatment

Attachments:

- Yesavage Depression Scale
- The Patient Health Questionnaire (PHQ-9)
- Modified for Adolescents (PHQ-A)
- Interpretation of Total Score for PHQ-9 and PHQ-A

Yesavage Depression Scale (Short Form)

The Yesavage Depression Scale was developed as a basic screening measure for depression in adults. If you score highly on this test, we strongly advise you to review the results with your doctor or other health care professional.

Choose the best answer for how you have felt over the past week:

1. Are you basically satisfied with your life? _____Yes_____No (No=1)
2. Have you dropped many of your activities & interests? _____Yes_____No (Yes=1)
3. Do you feel that your life is empty? _____Yes_____No (Yes=1)
4. Do you often get bored? _____Yes_____No (Yes=1)
5. Are you in good spirits most of the time? _____Yes_____No (No=1)
6. Are you afraid that something bad is going to happen to you? _____Yes_____No (Yes=1)
7. Do you feel happy most of the time? _____Yes_____No (No=1)
8. Do you often feel helpless? _____Yes_____No (Yes=1)
9. Do you prefer to stay at home, rather than going out & doing a few things? _____Yes_____No (Yes=1)
10. Do you feel you have more problems with memory than most? _____Yes_____No (Yes=1)
11. Do you think it is wonderful to be alive now? _____Yes_____No (No=1)
12. Do you feel pretty worthless the way you are now? _____Yes_____No (Yes=1)
13. Do you feel full of energy? _____Yes_____No (No=1)
14. Do you feel that your situation is hopeless? _____Yes_____No (Yes=1)
15. Do you think that most people are better off than you are? _____Yes_____No (Yes=1)

Total:_____

Scoring: 0-5 no problem; 6-10 mild depression; and 11-15 major depression.

PHQ-9 Modified for Adolescents

Name:_____ **Clinician:**_____ **Date:** _____

Instructions: How often have you been bothered by each of the following symptoms during the past **two weeks**? For each symptom put an **"X"** in the box beneath the answer that best describes how you have been feeling.

	(0) Not at all	(1) Several days	(2) More than half the days	(3) Nearly every day
1. Feeling down, depressed, irritable, or hopeless?				
2. Little interest or pleasure in doing things?				
3. Trouble falling asleep, staying asleep, or sleeping too much?				
4. Poor appetite, weight loss, or overeating?				
5. Feeling tired, or having little energy?				
6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?				
7. Trouble concentrating on things like school work, reading, or watching TV?				
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?				
9. Thoughts that you would be better off dead, or of hurting yourself in some way?				

In the **past year** have you felt depressed or sad most days, even if you felt okay sometimes?

If you are experiencing any of the problems on this form, how **difficult** have these problems made it for you to do your work, take care of things at home or get along with other people?

Has there been a time in the **past month** when you have had serious thoughts about ending your life?

Have you **EVER**, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?

***If you have had thoughts that you would be better off dead or of hurting yourself in some way, please discuss this with your Health Care Clinician, go to a hospital emergency room or call 911.*

Office use only: **Severity Score** _____

Modified with permission from the PHQ (Spitzer, Williams & Kroenke, 1999) by J. Johnson (Johnson, 2002)

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME:_____ DATE:_____

Over the last *2 weeks,* how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so figety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
		add columns	+	+

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL:

10. If you checked off *any problems,* how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all _____
- Somewhat difficult _____
- Very difficult _____
- Extremely difficult _____

A2663B 10-04-2005

Interpretation of Total Score for PHQ-9 and PHQ-9A

Severity Assessment:

For adults and adolescents, depression severity is correlated with PHQ-9 and PHQ-9A scores as follows:

Total Score	Depression Severity
20 - 27	Severe major depression
15 - 19	Moderately severe major depression
10 - 14	Moderate major depression
5 - 9	Indeterminate or mild depression (people with this score could have had major depression that is now improved, chronic mild depression (dysthymia), or transient mild depression. The PHQ-9 and PHQ-9A cannot distinguish among these. Use clinical judgment to determine the appropriate next steps.
1 - 4	Minimal Depression