

# DEPRESSION IN HEALTH CARE: A GUIDE FOR CLINICIANS

## WHO SHOULD BE SCREENED?

- U.S. Preventative Services Task Force recommends depression screening for all adult patients (*Annals of Internal Medicine*, May 21, 2002) -or-
- At risk patients -- those with recent loss, stress, vague somatic symptoms, family/personal history of mental illness, chronic illness, or are post-partum

## DIAGNOSIS

- Major Depression -- depressed mood at least 2 weeks accompanied by at least 4 other symptoms such as loss of pleasure, difficulty making decisions or concentrating, psychomotor changes, changes in sleep or appetite, guilt, thoughts of death or suicide
- Dysthymia -- depressed mood, more days than not for at least 2 years
- Bipolar Depression -- can be confused with major depression but involves alternating upswings in mood (mania); often strong genetic link and early age of onset
- Medical illness can cause depressive symptoms -- e.g., hypothyroidism, alcohol/drug abuse, cancer, vitamin A deficiencies, Cushing's, Addison's, Wilson's diseases, heavy metal poisoning, temporal lobe epilepsy
- Certain medications can mimic symptoms of depression -- beta blockers and other antihypertensives, corticosteroids, cimetidine, sedatives, anti-anxiety drugs, sleeping pills, oral contraceptives

## COMPONENTS OF SUICIDALITY

- Ideation -- thoughts of death or preoccupation with death
- Intent -- expectation that self-destructive behavior will end in death
- Plan -- specific method with time and place
- Means -- e.g., access to firearms, pills

## SCREENING: A GOOD IDEA -- IDENTIFY, DIAGNOSE, EDUCATE, ACT

Identify	Diagnose	Educate	Act
<p>HANDS® screening tool</p> <p>Identify and screen at-risk patients as often as needed</p> <p>Routine, periodic screening for all others</p>	<p>Discuss symptoms</p> <p>Inquire about family history and mania</p> <p>Suicide assessment</p> <p>Differential diagnosis</p>	<p>Depression is: common treatable an illness</p> <p>Discuss treatment options</p>	<p>Treat -- choose medication based on patient's symptoms, age, medical history and drug side effects</p> <p>Refer out for complicated cases, psychotherapy, suicidality</p>

*Screening for Mental Health, Inc., a nonprofit 501(c)(3) organization*  
 One Washington Street, #304, Wellesley Hills, MA 02481-1706  
 For more information, call 781-239-0071 or visit [www.mentalhealthscreening.org](http://www.mentalhealthscreening.org)

## CURRENT ANTIDEPRESSANTS

Generic Name	Starting Dose (mg/day) <sup>a</sup>	Usual Dose (mg/day)
<b>Selective serotonin reuptake inhibitors<sup>b</sup></b>		
Citalopram	20	20-60 <sup>c</sup>
Fluoxetine	20	20-60 <sup>c</sup>
Fluvoxamine	50	50-300 <sup>c</sup>
Paroxetine	20	20-60 <sup>c</sup>
Sertraline	50	50-200 <sup>c</sup>
<b>Serotonin-norepinephrine reuptake inhibitors</b>		
Duloxetine	40	80-100
Venlafaxine	37.5	75-225
Venlafaxine, XR	37.5	75-225
<b>Dopamine-norepinephrine reuptake inhibitor</b>		
Bupropion <sup>b</sup>	150	300
Bupropion, sustained release	150	300
<b>Serotonin modulators</b>		
Nefazodone	50	150-300
Trazodone	50	75-300
<b>Norepinephrine-serotonin modulator</b>		
Mirtazapine	15	15-45
<b>Tricyclic-type antidepressants</b>		
<i>Tertiary amines</i>		
Amitriptyline	25-50	100-300
Clomipramine	25	100-250
Doxepin	25-50	100-300
Imipramine	25-50	100-300
Trimipramine	25-50	100-300
<i>Secondary amines</i>		
Amoxapine	50	100-400
Desipramine <sup>b</sup>	25-50	100-300
Nortriptyline <sup>b</sup>	25	50-200
Protriptyline	10	15-60
<b>MAOIs</b>		
<i>Irreversible, nonselective</i>		
Phenelzine	15	15-90
Tranylcypromine	10	30-60

- a. Lower starting doses are recommended for elderly patients and for patients with panic disorder, significant anxiety or hepatic disease, and general comorbidity.
- b. These medications are likely to be optimal medications in terms of the patient's acceptance of side effects, safety, and quantity and quality of clinical trial data.
- c. Dose varies with diagnosis; see text for specific guidelines.

**Reference:** adapted from American Psychiatric Association, "Practice Guideline for the Treatment of Patients with Major Depressive Disorder (Second Edition)," in *American Psychiatric Association Practice Guidelines for the Treatment of Psychiatric Disorders, Compendium 2000*, p. 424.