

VA/DoD Clinical Practice Guideline for Major Depressive Disorder in Adults: Primary Care

1. Screening with PHQ-2 (see 2009 MDD CPG pp. 17-21): Should be completed annually by all patients seen in primary care settings.

Over the past two weeks, how often have you been bothered by either of the following problems?

A) Little interest or pleasure in doing things. (0-3)

B) Feeling down, depressed, or hopeless. (0-3)

0 = Not at all

1 = Several days

2 = More than half the days

3 = Nearly every day

Patients with score of ≥ 3 should be followed up with PHQ-9 screen.

Score	% Prob. of MDD	% Prob. of Any Depressive Disorder
1	15.4%	36.9%
2	21.1%	48.3%
3	38.4%	75.0%
4	45.5%	81.2%
5	56.4%	84.6%
6	78.6%	92.9%

2. Assess for Dangerousness (see 2009 MDD CPG pp. 24-27): A referral to emergency services and/or consultation with a mental health professional is indicated for patients presenting with any of the following unstable conditions:

- Delirium
- Marked Psychotic Symptoms
- Severe Depressive Symptoms (e.g., catatonia, malnourishment, severe disability)
- Suicidality or Homicidality
- Potential for Violence (e.g., ideas about or intent to harm others, history of violent behavior, severe agitation or hostility, active psychosis)
- Substance Withdrawal or Intoxication

3. Clinical Assessment of Patient with MDD (see 2009 MDD CPG pp. 30-34): After determining that the patient is stable, the goal is to gain a complete understanding of the patient's medical, social, and mental health history and recognize current signs and symptoms of depression for diagnostic and treatment purposes.

- Medical history
- Physical examination
- Mental status examination (MSE)
- Relevant laboratory tests
- Drug inventory, including over-the-counter (OTC) drugs and herbals
- Psychosocial history
- Comorbid conditions

4. Severity Classification of MDD Symptoms (see 2009 MDD CPG pp. 33-34): Use evaluation of PHQ-9 scores and functional impairment to determine the level of severity of MDD symptoms.

5. Shared Decision and Treatment Plan (see 2009 MDD CPG p. 49): Informed decision making is the collaboration between patient and healthcare provider to come to an agreement about a healthcare decision.

Selection of an initial treatment for depressed patients should be influenced by both clinical factors (e.g., severity of symptoms) and the patient's preferences.

6. Treatment Response (see 2009 MDD CPG pp. 64-69): The PHQ-9 should be used to monitor treatment response at four to six weeks after initiation of treatment, after each change in treatment, and periodically until full remission is achieved. In patients who do not respond to an adequate treatment trial, reconfirm the diagnoses and assess for concurrent problems that may adversely affect treatment. Referral to mental health specialty for a comprehensive assessment may be considered.

Access to full guidelines: http://www.healthquality.va.gov/Major_Depressive_Disorder_MDD_Clinical_Practice_Guideline.asp

QMO website: <https://www.qmo.amedd.army.mil/>

