



Sidebar 1: Risk Assessment and Work-up

Functional status, medical history, treatment history, and relevant family history

Consider administration of PHQ-9

Evaluate for suicidal and homicidal ideation and history of suicide attempts, and consult the VA/DoD clinical practice guideline on assessment and management of patients at risk for suicide as appropriate

Rule out depression secondary to other causes (e.g., hypothyroidism, vitamin B₁₂ deficiency, syphilis, pain, chronic disease)

Incorporate ABC principles in the initial assessment

Sidebar 2: DSM-5 Criteria

Criterion A: ≥5 of the following symptoms present during the same 2-week period; ≥1 of the symptoms is either depressed mood or loss of interest/pleasure:

Depressed mood most of the day, nearly every day

Markedly diminished interest or pleasure in almost all activities most of the day, nearly every day

Significant weight loss when not dieting, or weight gain

Insomnia or hypersomnia nearly every day

Psychomotor agitation or retardation nearly every day

Fatigue or loss of energy every day

Feelings of worthlessness or excessive inappropriate guilt

Diminished ability to think, diminished ability to concentrate, or indecisiveness nearly every day

Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, a suicide attempt, or a specific plan for committing suicide

Criterion B: The symptoms cause significant distress or functional impairment

Criterion C: The episode is not attributable to the physiologic effects of a substance or another medical condition

Sidebar 3: Factors to Be Considered in Treatment Choice

Prior treatment response

Severity (e.g., PHQ-9)

Chronicity

Comorbidity (e.g., substance use, medical conditions, other psychiatric conditions)

Suicide risk

Psychosis

Catatonic or melancholic features

Functional status

Tolerability of prior treatments

Sidebar 4: Considerations in Treatment of Uncomplicated MDD

Consider collaborative/integrated care in primary care for appropriate patients

For initial treatment, select pharmacotherapy or psychotherapy based on SDM

If previous treatment was successful, consider restarting this approach

Based on patient preferences, consider self-help with exercise (e.g., yoga, tai chi, qi gong, resistance, aerobics), patient education, light therapy, or bibliotherapy as an adjunct to psychotherapy or pharmacotherapy or as an alternative if first-line treatments are not acceptable and/or available

Include patient characteristics (e.g., treatment of co-occurring conditions, cultural factors, social determinants, patients who are pregnant, geriatric patients) in SDM

Mdd Gad Manual Guide

R Sanford



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