# Depression Care Algorithm

Suspect possible depression → 'At-risk' population

**PHQ-9**
(for individuals 19 years of age and older*) ← Screen using the PHQ-2

**Clinical Interview - DSM-IV - TR**

| **Minimal** | **Mild** | **Moderate** | **Moderately Severe** | **Severe** |
|---|---|---|---|---|
| PHQ-9 score 0-4 | PHQ-9 score 5-9 | PHQ-9 score 10-14 | PHQ-9 score 15-19 | PHQ-9 score 20-27 |
| Almost no depressive symptoms | Some depressive symptoms, possibly other mood disorder, no Major Depressive Episode | Major Depressive Episode (mild) | Major Depressive Episode (moderate) | Major Depressive Episode (severe) |

**Assess Suicide Risk**

Develop supported self-management plan and goals with the patient.

Provide patient with appropriate education materials, such as information about lifestyle changes.
(Examples: diet, exercise, physical activity, drug and alcohol use.)

| | | | | |
|---|---|---|---|---|
| Patient to contact practice if symptoms worsen. Consider self-administration of the PHQ-9. | "Watchful waiting" Follow up with patient within 2-4 weeks to re-evaluate symptoms. Possibly try focused psychological intervention. | Discuss patient preference for antidepressants. Psychotherapy or combination of treatment (only if specifically indicated). Assess suicide risk at each visit. | Offer antidepressants to the patient before psychological intervention. Discuss combination of treatment. Assess suicide risk at each visit. | Offer antidepressants to the patient before psychological intervention. Discuss combination of treatment. Consider urgent psychiatric consultation if disability is severe and hospitalization may be required. Assess suicide risk at each visit. |

Follow up every 2-6 weeks as appropriate to evaluate treatment response.

**IF:**

| **Drop of >5 in PHQ-9 score, then** | **Drop of 2-4 points in PHQ-9 score, then** | **Increase or <1 point drop in PHQ-9 score, then** |
|---|---|---|
| continue with same treatment. | consider modifying treatment depending on function and patient preference (e.g., give antidepressant, increase dosage of antidepressant, change antidepressant or add counseling.) | modify, switch or augment treatment (e.g., give antidepressant, increase dosage of antidepressant, change antidepressant or add counseling.) |

**Maintenance Phase**
PHQ-9<5, Goal: Prevent return of symptoms during current episode. Recall and continue current treatment as appropriate.

**Recovery Phase/Remission**
PHQ-9<5, Goal: Prevention of new episodes. Recall as appropriate.
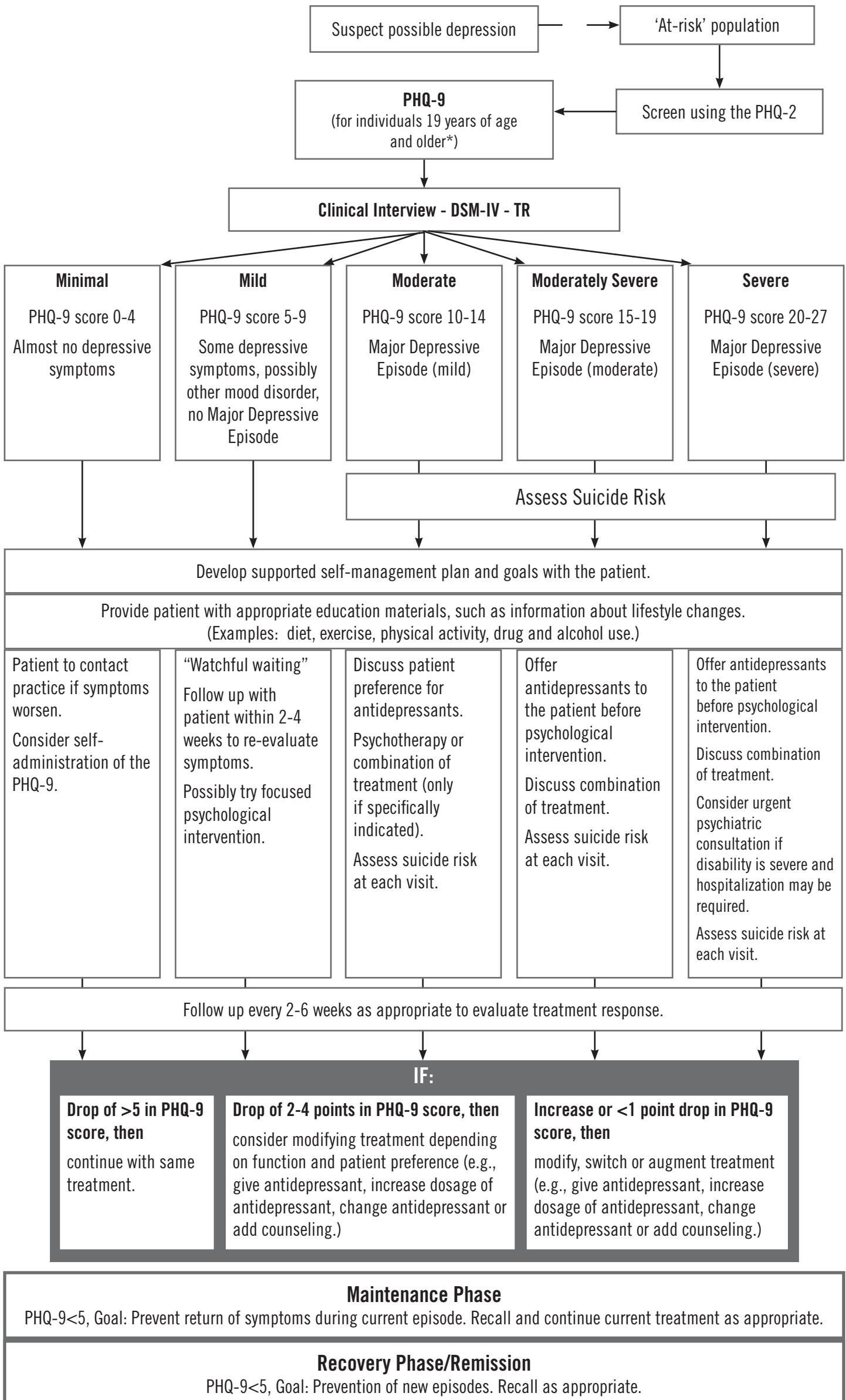
*This guideline is designed to assist collaborative primary care treatment teams in enhanced depression management. This guideline is not intended to replace a clinician's judgment or establish a protocol for all patients with a particular condition.*