



Revised 2/27/13

TREATMENT OF DEPRESSION IN THE PRIMARY CARE SETTING

Background:

According to the CDC, as of March 2011, an estimated 1 out of 10 adults report depression. Depression is a mental illness that can be a very costly disease that decreases both quality of life and productivity. Diagnosing depression can be challenging especially when attempting to identify the cause of depression.

Source: <http://www.cdc.gov/Features/dsDepression/>

How to treat depression in the Primary Care setting:

1. Properly diagnose depression using the DSM-IV-TR criteria (requires at least 5 out of 9)
2. The goal of acute phase treatment for major depressive disorder is symptom remission and a return to baseline functioning.
3. Evaluate risk and benefits of each antidepressant based on side effects along with safety and tolerability, prior response in patient or family member, comorbidities, drug interactions, patient preference and cost.
4. Educate and warn patients about the risk of suicidal thoughts when taking antidepressants.
5. Educate patients on the signs and symptoms of serotonin syndrome (diarrhea, flushing, sweating, hyperthermia, tremors, AMS)

Source : American Psychiatric Association (APA) Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition

Generic	Brand	SWP or MAC Cost/ Mo	Advantages	Disadvantages
AMITRIPTYLINE	ELAVIL	\$6-\$35	50-75% response (high) vs 25-33% (placebo) QL=30 DS=30	Cardiotoxicity risk if overdose, Anticholinergic side effects
DOXEPIN	SINEQUAN	\$11-\$35	Can be used in GDD, GAD, Insomnia QL=30 DS=30	Anticholinergic side effects
TRAZODONE	DESYREL	\$17-\$44	Efficacy ≤ Amitriptyline, Doxepin QL=30 DS=30	Dizziness, Sedation, Significant side effects, Tolerance
CITALOPRAM	CELEXA	\$140-\$160	55-70% response (high) 5-9% discontinuation rate (relatively low) QL=60 DS=30	GI upset, Sexual dysfunction
FLUOXETINE	PROZAC	\$6-\$125	Lowest discontinuation rates, Superior in treating GAD, weight neutral [Not Weekly Form] QL=30 DS=30	Most activating SSRI Slowest onset of action
SERTRALINE	ZOLOFT	\$70-\$85	Less sexual side effects, Not activating QL=60 DS=30	High incidence of diarrhea
BUPROPION	WELLBUTRIN	\$55-\$145	Lowest sexual side effects, weight neutral, activating [SR 12hr=100mg;200mg].[XL 24hr=300mg] QL=60 DS=30	Avoid in seizures & eating disorders, increase BP, N/V
VENLAFAXINE, ER Caps	EFFEXOR, ER Caps	\$100-\$200	More effective than SSRI [ER Caps not tabs] QL=30 DS=30	Most N/V, May increase BP & HR

Cost is AWP for brand and an estimated Maximum Allowable Cost (MAC) for Generic (G). Medi-Span, February 2012

Follow Up

1. Follow up should be within 2 weeks of initiating therapy, and at intervals of 2-4 weeks for 3 months and longer intervals thereafter
2. Follow up for patients below 30 years old should be within 1 week as there is a higher risk of suicidality in this group.
3. Response to treatment should be expected in four to eight weeks. If a response is not noted after four to eight weeks, consider 1) an additional four to eight weeks of treatment 2) a switch within the same/ different class 3) addition of a second antidepressant
4. Patients should continue therapy for an additional 4-9 months post remission to prevent recurrence – MSI only pays for 180 days
5. Discontinuation of antidepressant medication should be done in a tapered down fashion and not abruptly.
 - a. Allow 2-6 weeks or longer between dose reductions.
 - b. Educate patients on how to monitor for withdrawal symptoms

Refer to Psychiatrist if:

1. Diagnosis unclear
2. Atypical signs and symptoms evident, e.g. overeating, oversleeping, chronic pain
3. Co-Morbid conditions exist, e.g. psychosis, substance abuse, physical or sexual abuse, complex family dynamic
4. Pregnancy or post-partum
5. Lack of improvement after 6 weeks of therapy
6. Suspected mania or bipolar disorder while taking antidepressants
7. Co-morbid medical illness that may complicate choice of medication
8. Crisis intervention, e.g. suicide attempt/ideation, persistent thoughts of serious harm to others

Evaluation of Treatment

Use the PHQ-9 to evaluate patient response.