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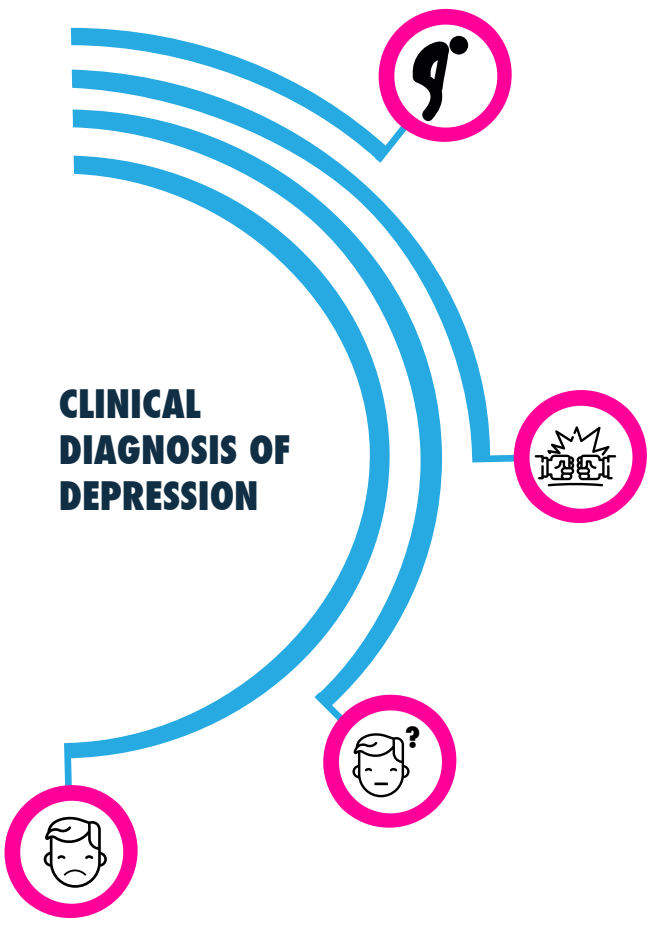
Standard Treatment Workflow (STW) for the Management of DEPRESSION

ICD10-F45



CORE SYMPTOMS

1. Depressed mood
2. Loss of interest and enjoyment
3. Easy fatigability/ diminished activity

ADDITIONAL SYMPTOMS

- Reduced concentration and attention
- Reduced self-esteem and self-confidence
- Ideas of guilt and unworthiness
- Bleak and pessimistic views of the future
- Ideas or acts of self-harm or suicide
- Disturbed sleep
- Diminished appetite

To make a diagnosis of depression, symptoms must present for at least 2 weeks.

Severity of depression	Core symptoms	Additional symptoms
Mild depression	2	2 or more
Moderate depression	2	3 or more
Severe depression	3	4 or more

Rule out Bipolar Disorder / Grief / Adjustment Disorder

CLINICAL ASSESSMENT

Cognition
- Hopelessness (about future)
- Helplessness (about others)
- Worthlessness (about self)

Assessment of Depressive Cognition

Assessment of Suicide Risk
- Suicidal thoughts
- Suicidal idea
- Suicidal intent
- Immediate risk for attempt

Assess friend and family support

INVESTIGATION

- Haemogram
- Thyroid function tests
- Electro Cardiogram
- Electrolytes (Sodium)
- Rule out secondary medical cause of depression like Hypothyroidism
- Rule out use of anticancer drugs (Cyclophoshamide) / anti retroviral drugs (Efavirenz, Zidovudine)/ Antibiotics (Dapsone , Ethambutol)/ Anabolic Steroids/ Propanolol
- Rule out associated comorbid medical condition – Diabetes, Stroke, Epilepsy, Cancer, Coronary Artery Disease and Auto Immune disorder

AT PRIMARY CARE

MILD DEPRESSION

- Advise Behavioral Activation to patients
- Practicing activity monitoring - write down your activities / rate your depression / schedule activities that make you feel good / make a to do list/ set clear and specific goals
- Focusing on your value categories – make time for your family / friends / set clear goals at work / contribute to community
- Handling daily task - monitor sleep /diet and practice good personal hygiene
- Supportive psychotherapy / Brief Counselling
- Validate the problems and ensure frequent follow-up
- If no improvement in 4 to 6 weeks, consider pharmacotherapy

MODERATE / SEVERE DEPRESSION

- Tab Escitalopram 10 mg-20 mg /day or Cap. Fluoxetine 20mg -40mg /day
- Tab. Clonazepam 0.25mg – 0.5mg /day for sleep disturbance / anxiety symptoms and consider taper and stop after 2 weeks.
- If patient responds to SSRI in 2 to 4 weeks, then continue treatment for 6 to 9 months and taper and stop

REFERRAL TO SECONDARY CARE

- Difficulty in making diagnosis
- No improvement after 4 to 6 weeks of treatment with first line medications
- Depression in special population: Elderly / Pregnancy / Lactation / Children / Adolescents
- Comorbid medical illness / Substance use
- Suicidal risk assessment

BROAD MANAGEMENT PLANS

- Selective Serotonin Reuptake Inhibiters (SSRI) are usually first choice (watch for GI bleed and drug interaction)
- Improvement starts in in 2nd week and expect adequate response by 6 weeks
- Duration of treatment typically lasts 6-9 months and Gradual tapering of medication advised for first episode
- Restart SSRI , In case of resurgence and recurrence of depressive symptoms
- Observe for switch / activation with Antidepressants
- Watch for risk of overdose with TCA (Amitriptyline / Imipramine) and Mirtazapine

AT SECONDARY CARE

- Confirm Diagnosis and Suicide risk assessment
- Assess for other Medical Comorbidities
- Investigations – Haemoglobin,Thyroid Function Test, Electrocardiogram
- Non Responder - Switch over to SNRI (Venlafaxine 75 – 150 mg, Mirtazapine 30 mg) or TCA (Amitriptyline 75 - 225mg / Imipramine 75 -225mg)
- Cognitive Behavioral Therapy / Problem Solving Therapy
- Add on Yoga Therapy / Meditation

REFERRAL TO TERTIARY CARE

- No improvement in 2nd line treatment
- Immediate risk for suicidal attempt / thought
- Needing intense counselling/ psychotherapy
- Co Morbid Substance - Cannabis / Poly substance

SPECIAL POPULATION

- Pregnancy / Lactation period - Pre Conception counselling and preferred drug is Tab. Sertraline 50 mg – use lowest possible dose
- Elderly - Tab. Escitalopram 10 -20 mg or Tab. Sertraline 100 mg (monitor for hyponatremia)
- Avoid TCAs like Amitriptyline / Imipramine in Elderly (due to anticholinergic side effects)
- Adolescents- Cap. Fluoxetine 20 -40 mg /day (observe for switch / activation/ suicidality)

AT TERTIARY CARE

- Reconfirm Diagnosis
- Assess other psychiatric comorbidities
- Partial Responder - Optimise the SNRI /TCA or Augment with Tab. Lithium 300 to 600mg /per day or Tab. Thyroxine 25 - 50 ug per day.
- Non Responder – Add Tab. Sertraline 100mg or Tab. Bupropion 300mg to existing Venlafaxine 150mg / Tab. Mirtazapine 30mg / Amitriptyline 225mg / Imipramine 225mg.
- Add on Electro Convulsive Therapy for Catatonia / Suicidality
- Add on Cognitive Behavioural Therapy/ Inter Personal Therapy / Problem Solving Therapy
- Add on low dose antipsychotic treatment (Risperidone 2 -4 mg / Tab. Olanzapine 5 – 10 mg) for psychotic symptoms

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KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit our web portal (**stw.icmr.org.in**) for more information.