Diagnosis: DSM-IV TR criteria
- Symptoms >2 wks: significant distress/impairment in social, educational, occupational or other area(s) of functioning

<table>
<thead>
<tr>
<th>At least one of:</th>
<th>PLUS: Additional symptoms for ≥ 5 combined</th>
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<tbody>
<tr>
<td>depressed mood</td>
<td>anhedonia</td>
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<td></td>
<td>feeling worthless / guilty</td>
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<td>low energy</td>
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<td>weight / appetite change</td>
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<td>psychomotor slowing</td>
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<td>decreased concentration</td>
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<td></td>
<td>insomnia/hypersomnia</td>
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<td>recurrent thoughts of death or suicide</td>
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Related depressive syndromes & specific scenarios
- Postpartum Depression: must look for it; requires a comprehensive approach;
- Anxiety: often coexists - may be difficult to sort out
- Dysthymia: less severe, longer duration, more treatment-resistant
- Bipolar: prior periods of ↑ mood, ↑ energy, ↓ need or desire to sleep, grandiosity
- Adjustment disorder: linked to event, may evolve to major depressive episode

Secondary depression

Management Plan:
- Investigations: consider TSH and possibly CBC,ferritin, B12, folate
- Psychotherapy (PsycTx): cognitive behavioural or Interpersonal therapy
- Positive Action/Crisis Mgmt Plan: for suicidal risk and intimate partner violence (if IPV, then must assess children’s safety and ensure notifying authorities as required)
- Antidepressant Medications (AntiD Rx): consider PsycTx alone for mild/moderate
  - best benefit/acceptability choices: sertraline (also less cost) or escitalopram
  - start low, ↑ over first few wks; usual 5-6 (at most 8) wks to full effect,
  - 40% do not respond to 1st medication, 60% ≥ 1 side-effect
  - At least one of:
    PLUS Additional symptoms for ≥ 5 combined
    depressed mood psychomotor slowing decreased concentration
    anhedonia feeling worthless / guilty insomnia/hypersomnia
    low energy recurrent thoughts of death or suicide

Context Guidance
- desired hypnotic effect: mirtazapine
- weight concerns: avoid: mirtazapine > paroxetine > buproprion
- sexual concerns: buproprion; try to avoid SSRIs
- nausea concerns: avoid venlafaxine
- high suicide/OD risk: avoid TCAs (letal at 5 times therapeutic level)
- depressive episode in bipolar illness: lithium, quetiapine, lamotrigine
- adolescent: consider CBT as alone +/- SSRI (closely monitor suicidal risk change, esp. early in treatment)