Canadian Family Medicine Clinical Card A7 2009
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Depression

Diagnosis: DSM-V criteria

- **≥5** of the following symptoms nearly every day for **>2 weeks**, causing significant distress or impairment in social, occupational, or other area(s) of functioning

At least one of:	Additional symptoms:	
depressed mood	psychomotor slowing	decreased concentration
anhedonia	feeling worthless/guilty	insomnia/hypersomnia
	low energy	recurrent thoughts of death or suicide
	weight/appetite change	

Related depressive syndromes & specific scenarios

- Postpartum Depression: must look for it; requires a comprehensive approach
- Anxiety: often comorbid with depression; may be difficult to sort out
- Dysthymia: less severe, longer duration, more treatment-resistant
- Bipolar: prior periods of ↑ mood, ↑ energy, ↓ need/desire to sleep, grandiosity
- Adjustment Disorder: linked to event, may evolve to major depressive episode

Secondary depression

Personal / Social	Medical Conditions	Medication Induced
alcohol use	Hypothyroidism (rarely, hyper), adrenal insufficiency	glucocorticoids
intimate partner violence (IPV)	myocardial and cerebral infarction	interferons, anti-cancer drugs
stressful life events	diabetes, Parkinson's, MS	OTC sympathomimetics
social isolation	chronic viral or other medical conditions	older antihypertensives
cocaine/ amphetamines	chronic pain	cimetidine
	schizophrenia	hormonal therapies

Management Plan:

- Investigations: consider TSH and possibly CBC, ferritin, B12, folate
- Lifestyle: daily exercise/activity, balanced diet, sleep hygiene
- Psychotherapy (PsycTx): cognitive behavioural or interpersonal therapy
- Positive Action/Crisis Management Plan: for suicidal risk and intimate partner violence (IPV); if IPV present, then must assess children's safety, follow up, and notify 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

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

Key References: Depression: Management of depression in primary and secondary care - NICE guidance <guidance.nice.org.uk> 2009. Yatham et al. CANMAT and ISBD collaborative update of CANMAT guidelines for the management of patients with bipolar disorder. *Bipolar Disorders* 2009. 11(3)225-255. *Journal of Psychopharmacology.* 23(4):346-388. 2009. *DSM V*, 5th Edition, American Psychiatric Association 2013; *AHRQ: Choosing Antidepressants for Adults: Clinician's Guide*, August 2007; Canadian Psychiatric Association Clinical Practice Guidelines for the Treatment of Depressive Disorders, *Can J Psych* 2001:46 Suppl 1