PURPOSE

To ensure Riverside Physician Network providers are screening for depression among patients 14 years of age and older in accordance with health plan guidelines; to recognize depression, provide needed treatment and assist patients to resume productive, fulfilling lives.

POLICY

It is the policy of Riverside Physician Network to ensure that its providers are following the current U.S. Preventive Services Task Force (USPSTF) recommendations for screening for depression. These guidelines comply with the recommendations of the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP), the American Medical Association (AMA), the American Psychiatric Association (APA), the National Institute of Mental Health (NIMH), and the Agency for Healthcare Research and Quality (AHRQ).

PROCEDURE

1. Depression is an illness that involves the body, mood, and thoughts. It affects the way a person eats and sleeps, the way one feels about oneself, and the way one thinks about things.

2. Causes of depression may include, but are not limited to, the following:
   - Biological vulnerability
   - Gender
   - Psychological predisposition (low self-esteem, easily stressed, etc.)
   - Physical changes
   - Medical illnesses, especially those chronic in nature (diabetes, COPD, etc.)
   - Substance abuse disorders
   - Stressful change in life patterns (job loss, difficult relationship, trauma)
   a. All patients should be assessed at the time of their initial health assessment and at periodic intervals for depression.
   b. Patients with a chronic illness/condition (pain, diabetes, COPD, etc.) should be assessed annually for signs/symptoms of depression.
3. Symptoms of depression include, but are not limited to, the following:
   - Persistent sad, anxious or “empty” mood
   - Feelings of hopelessness or helplessness
   - Feelings of loss, guilt, worthlessness
   - Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex
   - Decreased energy, fatigue
   - Difficulty concentrating, remembering, making decisions
   - Insomnia, early-morning awakening, or oversleeping
   - Appetite changes resulting in weight loss or weight gain
   - Thoughts of death or suicide
   - Substance abuse
   - Restlessness, irritability
   - Persistent physical symptoms that do not respond to treatment (headaches, digestive disorders, chronic pain)

4. The USPSTF has determined the use of the following is effective as a preliminary screening tool for depression:

   **During the past two weeks, have you ever been bothered by:**
   a. Little interest or pleasure in doing things?
   b. Feeling down, depressed or hopeless?

5. If additional screening is needed, the Patient Health Questionnaire (PHQ-9) may be used to assist with diagnosis (see attached)

6. When a diagnosis of major depression is considered, a suicide risk assessment is recommended to determine urgency of need. A “yes” to any of the following questions may indicate the patient is at risk of hurting themselves and an immediate referral to emergent care is warranted:
   - Have these symptoms/feelings we’ve been talking about led you to think you might be better off dead?
   - This past week, have you had any thoughts that life is not worth living or that you’d be better off dead?
   - What about thoughts of hurting or even killing yourself? If yes, what have you thought about? Have you actually done anything to hurt yourself?

7. Prior to initiating treatment, a complete physical exam should be performed to rule out any physical cause for the depression. If a physical cause is ruled out, a psychological assessment should be done by the physician or by referral to a behavioral health specialist.

8. Treatment choice is dependent upon outcome of the evaluation and preference of the patient.
   a. Clinical depression is very treatable, with more than 80% of those who seek treatment showing improvement

9. Treatment modalities include:
   a. Medication
   b. Psychotherapy
   c. Combination of medication and psychotherapy

10. For management suggestions and drug information, refer to RPN’s *Short Clinical Guideline for Treatment of Depression.*