

DEPRESSION

DIAGNOSIS & MANAGEMENT: (Steps in evaluation and management)

- Step # 1) **Screen for depression** "During the last past month, have you been bothered by either:"
 a. "feeling down, depressed or hopeless?" OR
 b. "little interest or pleasure in doing things?"
 If both **negative**, no further screening necessary, if either **positive** confirm diagnosis-step #2,
 Step # 2) **Diagnose depression**
 If either screen question positive perform either the: GDS or PHQ-9 or SIG-E CAPS (see below)
 Step # 3) Differentiate from specialized causes of mood disorders that require psychiatric care: 1) Bipolar disorder 2) Psychotic depression
 Step # 4) Evaluate for : **cause or co-morbid medical & neurologic conditions**

- Step # 1) **DIAGNOSIS** (assess two main areas for diagnosis)
 a) **Mood and Loss of Interest or Pleasure**
 b) **Vegetative signs remembered by : "SIG-E-CAPS"**

Symptoms*	Major Depression	Minor Depression	Dvsthymia
D epressed mood or loss of interest/pleasure**	> 2 weeks	> 2 weeks	> 2 years with symptoms present > 50% of days
"SIG-E-CAPS"			
S leep changes	FOUR	THREE	Often
I nterest (loss)**	OF	OF	some symptoms
G uilt (worthless)	EIGHT "SIG-E-CAPS"	EIGHT "SIG-E-CAPS"	are present
E nergy (lack)	NEEDED	NEEDED	but not
C ognition/ C oncentration	For	For	enough
A ppetite (wt.loss)	DIAGNOSIS	DIAGNOSIS	to meet
P sychomotor			criteria for
S uicide/death preocp.			Major or Minor depression

* Symptoms must cause dysfunction and have no direct physiologic cause
 ** "Gateway" sx's: **Depressed mood or Loss of Interest or pleasure** are required for diagnosis.
 (Gate way sx.s avoid overlap with medical illness)

- Step # 4) **EVALUATION FOR CAUSE or CO-MORBID CONDITIONS**
 1) H & P, full neurologic exam & MMSE (similar w/u as dementia work-up)
 2) Lab evaluation (similar evaluation as in dementia and delirium)

BASIC LABS	INDICATION DEPENDENT LABS	
CBC	VDRL	ANA
Chemistry Profile	HIV	Ammonia
ESR	Lumbar Puncture	Neuropsychological testing
TSH	Lymes Titer	EEG
B12/ Folic Acid	CT/MRI (only if neurologic symptoms are present)	

DRUG	"NICHE"	ADVANTAGES
SSRI's	-Effective in most depressions. -Safe in cardiac conduction problems, glaucoma, & BPH	Low amount of anticholinergic side effects
Mirtazapine (Remeron)	Insomnia, anorexia	weight gain, sleep
Bupropion (Wellbutrin)	-Effective for lethargy & apathy or history of mania. If poor response to other classes & in cardiac dz.	-Stimulating -smoking cessation
Psycho-stimulants (methylphenidate)	-Effective in apathy in medically ill with depressed mood. -Can combine with other antidepressants short term	-Rapid onset -Low risk addiction -Minimal side effects
Venlafexine (Effexor)	Severe depression, assoc. with generalized anxiety, neuropathic pain or if poor response to other treatments	Efficacious for severe depression
Duloxetine (Cymbalta)	Diabetic neuropathy Urge Incontinence	

*****TREATMENT*****

- A) **Target symptoms** (don't only rely on "Are you better?") e.g. follow vegetative signs
 B) **Non-pharmacologic** 1) Become a care-giver 2) Prescribe activity
 3) Consider psychotherapy 4) Correct all co-morbid factors
 5) Enhance all sensory systems (i.e. vision and hearing.)

*****DRUG DOSING*****

DRUG	INITIAL DOSE	MAINTENANCE DOSE
SSRI's		
Sertraline (Zoloft)	25 mg q d	50-200 mg q d
Citalopram (Celexa)	10 mg q d	20-40 mg q d
Escitalopram (Lexapro)	10 mg q d	10-20 mg q d
OTHERS		
Bupropion (Wellbutrin)	75 mg q am	100-300 SR q d
Trazadone	25 mg q d	25-200 mg q d (higher doses divide to bid)
Venlafexine (Effexor)	37.5 mg (XR) bid	75-225 mg (XR) q. d.
Duloxetine (Cymbalta)	20 mg q d.	40-60 mg q. d.
Methylphenidate	2.5 mg q d	5 mg bid
Mirtazapine (Remeron)	7.5 mg q hs	15-45 mg q hs

For more information see: **Web site: geriatrics.ummc.edu & visit GERI Pearls** evv 5-4-11