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?"
- 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

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

DIAGNOSIS (assess two main areas for diagnosis)

- Mood and Loss of Interest or Pleasure
- Vegetative signs remembered by: "SIG-E-CAPS"

Symptoms* Major Depression Minor Depression Dysthymia
Depressed mood or loss of interest/pleasure**
> 2 weeks > 2 weeks > 2 years with symptoms present > 50% of days
"SIG-E-CAPS***
S: Sleep changes
Four

I: Interest (loss)**
Of

G: Guilt (worthlessness)
Eight "SIG-E-CAPS**
are present

E: Energy (lack)
Needed

C: Concentration
For

D: Appetite (wt. loss)
Diagnosis

A: Suicide/death
Criteria for

P: Psychomotor
Major or Minor

*Symptoms must cause dysfunction and have no direct physiologic cause

**Depressed mood or Loss of interest or pleasure are required for diagnosis.

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)

BASIS LABS
- CBC
- Chemistry Profile
- ESR
- Urine Protein
- B12 Level
- Folic Acid

INDICATION DEPENDENT LABS
- VDRL
- ANA
- Lumbar Puncture
- EEG
- Psychosocial testing

DRUG DOSING: ******************************************

<table>
<thead>
<tr>
<th>DRUG</th>
<th>INITIAL DOSE</th>
<th>MAINTENANCE DOSE</th>
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<tbody>
<tr>
<td>SSRI’s</td>
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<tr>
<td>Sertraline (Zoloft)</td>
<td>25 mg q d</td>
<td>100-200 mg q d</td>
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<tr>
<td>Citalopram (Celexa)</td>
<td>10 mg q d</td>
<td>20-40 mg q d</td>
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<tr>
<td>Escitalopram (Lexapro)</td>
<td>10 mg q d</td>
<td>10–20 mg q d</td>
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<tr>
<td>OTHERS</td>
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<tr>
<td>Trazadone</td>
<td>25 mg q d</td>
<td>25-200 mg q d (higher doses divide to bid)</td>
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<tr>
<td>Venlafaxine (Effexor)</td>
<td>25 mg bid</td>
<td>75-225 mg (XR) q. d.</td>
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<tr>
<td>Duloxetine (Cymbalta)</td>
<td>20 mg q d</td>
<td>40-60 mg q. d.</td>
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DRUGS:
- SSRI’s
- Buproprion
- Trazadone
- Venlafaxine
- Duloxetine
- Methylphenidate
- Mirtazapine

ADVANTAGES:
- Low amount of anticholinergic side effects
- Weight gain, sleep
- Stimulating-smoking cessation
- Rapid onset
- Low risk addiction
- Minimal side effects
- Efficacious for severe depression

WEB SITE: geriatrics.unmc.edu & visit GERI Pearls evv 3/11/10