Adult Depression Screening and Management

AT THE FOREFRONT UChicago Medicine

PC-BHIP website

PHQ-2/9
If PHQ-2 ≥ 3 → PHQ-9
Sensitivity: 61%, Specificity: 92%

- If **Suicidal**, screen for Suicide Risk (C-SSRS) and see Suicide Clinical Decision Support
- Consider **Alternative/Mixed dx**: Bipolar d/o, Adjustment d/o, Anxiety, PTSD, SUD
- Consider other causes (e.g., thyroid, neuro, medications)

Mild Depression
PHQ-9: 5-9

Major Depression Moderate
PHQ-9: 10-14

Major Depression Moderately Severe
PHQ-9: 15-19

Major Depression Severe
PHQ-9: ≥ 20

Group Therapy (Stress & Coping or Mindful Wellness (Age 55+)) AND **Perspectives** (UC/UCM only) AND **Patient education** (On PC-BHIP website ± Epic)

Patient education AND **Therapy + SSRI / SNRI**
Collaborative Care Service (CCS) (DCAM, Riv E, Cott Gr, SSSC), **BMed** (DCAM) if uncontrolled chronic condition **UCM Psych**, or **Community Partner** (use .**BHIPREFERRAL** to collect info and email referral)

Patient education AND **Therapy + SSRI/SNRI** AND Consider also **Mirtazapine or Trazodone**
Consider **Intensive Outpatient Program (IOP)** if unable to work or self-care. IOP provides ≥9 treatment hrs per wk (use .**BHIPREFERRAL** to collect info and email referral)
If not IOP → **CCS** (DCAM, Riv E, Cott Gr, SSSC), **BMed** (DCAM) if uncontrolled chronic condition, **UCM Psych**, or **Community Partner**

Selected Preferred Antidepressants: If history of adverse events, sensitivity to medications, Asian, Black, or older adult, consider starting lower than therapeutic dose.

Escitalopram (Lexapro) 10-20 mg/d	SSRI	First Line. Good for anxiety. Fast response. Can titrate weekly. Lower dose needed in 15% of Asians. CYP2c19. $10-60
Sertraline (Zoloft) 50-200 mg/d	SSRI	First Line. Good for anxiety. Fewer interactions. Benzos increase level. Lower dose needed in 10% of Blacks. CYP2d6. $9-20
Duloxetine (Cymbalta) 20-60 mg/d	SNRI	First Line. Good for chronic / neuropathic pain, fibromyalgia. Monitor BP. CYP2d6 inhibitor. $20-80
Bupropion XL (Wellbutrin XL) 150-450 mg/d	NDRI	Use if concern for bipolar. CYP2d6 inhibitor. $20-40
Fluoxetine (Prozac) 20-80 mg/d	SSRI	Good if adherence issues. Slow onset. Benzos increase level. Lower dose needed in 10% of Blacks. CYP2d6. $4-20
Fluvoxamine (Luvox) 50-300 mg/qhs	SSRI	Good for comorbid OCD. No withdrawal. CYP1A2 inhibitor. $15-40
Mirtazapine 15-45 mg qhs	NaSSA	Good add on if severe MDD or insomnia. No sexual SE. Weight gain. Caution in older adults. CYP2D6, 1A2, 3A4 inhibitor. $4-15
Trazodone 50-300 mg qhs	SARI	Good add on if severe MDD or insomnia. CYP3A4. $5-20

Patient Education & Resources
All available on website, *Epic
General: Mental Health Apps*, Emotional & Physical Health*, Improving My Mood, Self-Care Activities, Coping with Depression
Therapy: How Therapy Works*, CBT Basics, Mindfulness Skills
Meds: Antidepressant Decision Aid, Using Meds Successfully
Stress: My Plan to Manage Stress*, Reactions to Stress*
Special Populations: LGBTQ*, Postpartum

Measure PHQ-9 every 4 weeks
via CCS, MyChart, phone, or in person

PHQ-9 < 10
Continue current treatments for ≥ 6 months

PHQ-9 ≥ 10
Continue Therapy, CCS, or BMed AND
Increase, augment, or switch antidepressant

Augmentation: Aripiprazole 5-15 mg daily, Quetiapine XR 50-300 mg qhs, Mirtazapine 15-45 mg qhs, or Trazodone 50-300 mg qhs

Treatment Resistant
Tried 3 different drugs, each for ≥3 months at clinically effective dose:
Refer to Psych for complex medication management, esketamine, or ECT

Sources: PHQ2 Se/Sp: Ann Fam Med.2010; 8(4):348-353. Augment: J Affect Disord.2022:302;385-400. Comorbidity: Neuropsychiatr Dis Treat. 2014;10:2097-2103. Combination therapy: JAMA Psychiatry.2022;79(4):300-312.

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