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# CRITICAL VIEWS & NEWS

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## DEPRESSION IN PRIMARY CARE: GUIDELINE OVERVIEW

Agency for Health Care Policy and Research  
Rockville, Maryland

*The NMA expresses its appreciation to the Agency for Health Care Policy and Research for its generosity in granting permission to reproduce, in part, its depression guideline overview.*

—The Editor

Major depressive disorder, commonly referred to as depression or major depression, is a serious and widespread medical disorder that affects approximately 11 million people—or 1 in 20—every year. Major depressive disorder is a form of clinical depression that, contrary to much public opinion, is not the result of a character weakness or a moral flaw. It is not the same as a temporary “down” period or a time of grief after a loss.

Major depressive disorder is a disabling, often recurrent medical illness that affects the whole person—body, feelings, thoughts, and behaviors. General medical conditions, alcohol or substance abuse, certain prescription medicines, and certain life stresses can trigger depressive episodes, though it also occurs for no obvious reasons. An episode of depression is defined as the period of time from when the symptoms of depression begin until they end. Episodes, if untreated, can last for months to a year or two with serious debilitating effects on a person’s life and work. Surveys indicate depression is second only to heart disease in its resultant disability. And, once a person has had one episode of depression, the chances are significant (50%) that another episode will occur. With two episodes, chances of a third are further increased (70%) particularly if there has been no treatment.

In 1989, major depression cost the US economy \$27 billion, of which \$17 billion was due to time lost from work. Despite the fact that it is both common and

disabling, major depression remains underdiagnosed and undertreated. Approximately 6% to 8% of patients who visit their primary care physician are depressed. Common presenting complaints include aches and pains, low energy, or sexual dysfunction. Yet fewer than one in three people with major depression who present with such complaints will be accurately diagnosed and appropriately treated.

### ADDRESSING THE PROBLEM

In late 1990, the Agency for Health Care Policy and Research, a Federal Government Agency within the Public Health Service, convened a panel of private-sector experts to develop a clinical practice guideline for the diagnosis and treatment of depression in adults.\* This topic was selected for the following reasons:

- Major depression is prevalent in the US population.
- Major depression exacts a huge cost in lost productivity, disability, and excess mortality.
- There is a general lack of recognition and understanding that depression is a treatable illness, even among health care providers and people who have depression themselves.
- Without treatment, depression is likely to recur; over

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\*Depression Guideline Panel: A. John Rush, MD (Chairman), University of Texas Southwestern Medical Center; William E. Golden, MD, University of Arkansas for Medical Sciences; Gladys Walton Hall, PhD, Howard University, Washington, DC; Col. Moses Herrera, MD, Warner Robins Hospital, Warner Robins, Georgia; Artie Houston, Past President, National Depressive and Manic Depressive Association; Roger Kathol, MD, University of Iowa Hospitals and Clinics; Wayne Katon, MD, University of Washington Medical Center; Catherine L. Matchett, MD, Grapevine, Texas; Fred Petty, MD, PhD, Department of Veterans Affairs Medical Center, Dallas, Texas; Herbert C. Schulberg, PhD, University of Pittsburgh School of Medicine; G. Richard Smith, Jr, MD, University of Arkansas for Medical Sciences; Gail Wiscarz Stuart, PhD, RN, Medical University of South Carolina.

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**TABLE. SYMPTOMS OF MAJOR DEPRESSION\***

*For major depression, at least five of the following symptoms are present, all day, every day, for at least 2 weeks, including either of the first two:*

Depressed mood

Markedly diminished interest in and reduced ability to experience pleasure in almost all activities

Significant weight loss or gain; appetite increase or decrease

Sleep disturbances (problems falling asleep, staying asleep, or sleeping too much)

Feeling or being restless or very slowed down

Fatigue, low energy

Feelings of worthlessness, guilt

Inability to concentrate, make decisions

Recurrent thoughts of death or suicide

one-half of those who experience an episode of depression will experience subsequent episodes.

The panel had several major objectives in developing the guideline:

- To improve the detection, diagnosis, and treatment of major depression, particularly by primary care practitioners.
- To educate other health professionals, consumers, and their families about the nature and treatments of major depression.
- To identify areas for further research on depression.

## FINDINGS

The panel's major findings were:

- Major depression is a medical illness that can almost always be successfully treated. In many cases, treatment can be carried out in primary care settings.
- There are a range of available treatments from antidepressant medications to psychotherapy to combination treatments. The major treatment objective is to stop the depressive episode, return the patient to normal occupational and social function, and prevent recurrences.
- Early diagnosis and treatment are crucial, because the longer depression is left untreated, the more intractable it can become.
- Major depression appears to worsen the prognosis or management of patients with other general medical conditions (heart disease, stroke, diabetes, cancer).

## DIAGNOSIS

Major depressive disorder is characterized by a

constellation of symptoms that persist for at least 2 weeks and can last as long as 6 to 24 months if untreated (Table). Although these symptoms are common, not all individuals with depression are aware of their symptoms. A frequent presenting complaint to the primary care physician is of pain (head, stomach, back), gastrointestinal problems, or occasionally problems with sexual functioning. The existence of additional symptomatology may be elicited upon further questioning.

Before beginning a course of treatment, depression must be accurately diagnosed. This can be accomplished by a comprehensive diagnostic interview, which includes an inventory of the patient's current symptoms, a careful medical and psychiatric history, a family history, and a physical examination. Historical information provided by both the patient and a trusted friend or family member is essential. The medical history is particularly useful because it can reveal specific causes for the depression. About 10% to 15% of all depressions are caused by other medical conditions or medications.

Health care providers should be alert for certain risk factors associated with major depression:

- Previous episodes of depression.
- Family history of major depressive disorder or bipolar disorder.
- Personal or family history of suicide attempts.
- Other current general medical illnesses.
- Current substance abuse.
- Recent stressful life events or a lack of social supports.

## TREATMENT

Once diagnosed, major depression can be effectively treated in one of several ways: medication, time-limited psychotherapies (such as behavioral, cognitive, or interpersonal), a combination of medication and psychotherapy, or in very severe or treatment-resistant cases, electroconvulsive therapy. Light therapy appears effective in mild to moderate seasonal depression.

Treatment consists of three steps:

- *Acute treatment*, which lasts 6 to 12 weeks and is intended to alleviate all of the symptoms of the depressive episode.
- *Continuation treatment*, which lasts 4 to 9 months and is intended to prevent a relapse.
- *Maintenance treatment*, which may last for years, is intended to prevent a recurrence in patients with three or more previous episodes of depression.

An essential feature of the treatment plan is regular

assessment of the patient's symptoms and function so that the plan can be revised should improvement not occur. Often treatment shows some noticeable benefit within the first few weeks but the full benefit may not be apparent for 4 to 6 weeks for medication or 10 to 12 weeks for psychotherapy. About 50% to 60% of patients who begin medication experience marked improvement of their depressive symptoms. Medicine is recommended for more severe depressions, psychotherapy appears to work best with patients suffering less severe forms of depression, while combination therapy is often used with patients who fail to respond fully to either treatment alone or for those with a more chronic history of complex condition. Electroconvulsive therapy is reserved for severely depressed patients who have not been helped by other treatments.

Treatment for major depression can in many instances be carried out by the primary care practitioner. Consultation with or referral to a psychiatrist or other mental health professional should occur if:

- The general guidelines cannot be followed or do not fit the individual patient.
- The patient fails to respond fully to one or more treatment trials with medication.
- The patient is suicidal.
- Psychotherapy is needed.
- The patient is suffering severe major depression.
- The presence of psychotic features makes hospitalization a consideration.
- The patient's depression is complicated by other psychiatric or general medical diagnoses.
- The patient shows persistent psychosocial problems.
- Specialized treatment such as electroconvulsive or light therapy is a consideration.
- The patient requests a second opinion.

## FOR FURTHER INFORMATION

Guideline information is available free of charge in several forms:

- *Clinical Practice Guideline*, intended for the health care provider, contains a discussion of the issue and the Panel's findings and recommendations with supporting evidence and references. It also includes a series of tables and charts, which summarize the approach to

diagnosis and treatment favored by the Panel. This *Clinical Practice Guideline* is published in two volumes: *Volume 1. Detection and Diagnosis*; *Volume 2. Treatment of Major Depression*.

- *Quick Reference Guide*, also intended for health care providers, is a brief summary of and companion volume to the *Clinical Practice Guideline*. It provides highlights of patient management and presents the tables and charts.

- *A Patient's Guide*, published in English and Spanish, is a brochure for consumers that describes the problem, outlines the diagnostic procedures and treatments for major depression, and provides guidance for working effectively with the health care provider.

To order these publications, call toll-free (800) 358-9295, or write:

Depression Guideline  
PO Box 8547  
Silver Spring, MD 20907

## GUIDELINE DEVELOPMENT

The Agency for Health Care Policy and Research convened a private sector, interdisciplinary panel of physicians, a psychologist, a nurse, a social worker, and a consumer active in the health care field. The panel conducted an exhaustive literature review of the scientific and clinical knowledge of depression. Of almost 8000 studies reviewed, more than 3500 were selected for use in developing the guideline. The panel held a public hearing to solicit oral and written testimony from groups and individuals not on the panel but concerned about the issue.

The results of the literature review and public hearing were used to develop a draft guideline. Drafts were submitted to 28 practitioner/scientists to ensure accuracy and thoroughness of the literature cited and the recommendations. A revised draft was then submitted to a carefully chosen group of clinicians and other health care professionals who were representative of the users for which the guideline was being developed. This group evaluated the guideline for validity, efficacy, and applicability in their own practice settings. Comments from this group were incorporated into the final guideline document.