DEPRESSION

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DIAGNOSIS & MANAGEMENT: (*Steps in evaluation and management*)

Step # 1) Diagnose depression

Step # 2) Differentiate from specialized causes of mood disorders that require psychiatric care: 1) Bipolar disorder 2) Psychotic depression

Step # 3) Evaluate for : **cause or co-morbid medical & neurologic** conditions

Step # 1) DIAGNOSIS (assess two main areas for diagnosis)

a) **Mood**
b) **Vegetative signs remembered by : "SIG-E-CAPS"**

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

Step # 3) **EVALUATION FOR CAUSE or CO-MORBID CONDITIONS**

1) H & P, Complete neurologic, & MMSE (similar to dementia work-up)
2) Lab evaluation (similar evaluation as in dementia and delirium)

BASIC LABS	INDICATION DEPENDENT LABS
CBC	VDRL
Chemistry Profile	HIV
ESR	Lumber Puncture
TSH	Lymes Titer
B12 Level	ANA
Folic Acid	EEG
	Ammonia
	Neuropsychological testing
	CT/MRI (if neuro sx. present)

DRUG	"NICHE"	ADVANTAGES
Nortriptyline	severe melancholic depression	[weight gain blood levels available
Mirtazapine (Remeron)	insomnia, anorexia	[weight gain, sleep
SSRI's	-Effective in most depressions. -Safe in cardiac conduction problems, glaucoma, & BPH	low amount of anticholinergic side effects
Venlafexine (Effexor)	severe depression or if poor response to TCA's	efficacious for severe depression
Bupropion (Wellbutrin)	-Effective for lethargy & apathy. If poor response to other classes & in CHF	Stimulating or in smoking cessation
Nefazodone (Serzone)	Effective for: anxiety insomnia, somatic pain	
Psycho-stimulants methylphenidate (Ritalin) dextroamphetamine	-Effective for apathy in medically ill with depressed mood. -Can combine with other antidepressants short term	-Rapid onset -Low risk addiction -Minimal side effects

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)	25-50 mg q d	50-100 mg q d
Citalopram (Celexa)	10 mg q d	10-20 mg q d
Paroxetine (Paxil)	10 mg q d	10-30 mg q d
TCA's		
Nortriptyline	10 mg q d	25 mg q d*
OTHERS		
Buproprion (Wellbutrin)	**37.5 mg q am**	**100-300 SR qd**
Trazadone	25 mg q d	25-200 mg q d (higher doses divide to bid)
Nefazadone (Serzone)	50 mg bid	100-300 mg qd
Venlafexine (Effexor)	25 mg bid	150 mg (XR) q. d.
Methylphenidate	2.5 mg q d	5 mg bid
Mirtazapine (Remeron)	7.5 mg q hs	7.5-30 mg q hs

*blood levels for monitoring

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