Clinical Practice Guidelines for Treatment of Major Depressive Disorder in Adults

Introduction

The Clinical Practice Guideline for Major Depressive Disorder in Adults is based on the American Psychiatric Association’s clinical practice guideline for Major Depressive Disorder in Adults and a review of the current scientific literature. Since the American Psychiatric Association published its guideline in 1993, there have been notable advances in the treatment of Major Depressive Disorder (MDD).

This summary of the guideline is intended to help the provider select treatments with strong scientific support. When using it bear in mind the following 4 principles:

1. **This guideline is intended to augment, not replace, sound clinical judgement.**
2. **The choice of therapeutic approach ultimately belongs to the patient.**
3. **Knowledge about treatment efficacy is dynamic; stay current with the latest scientific evidence about treatment.**
4. **The confidence ratings in this guideline form the basis for comparison within the same category of treatment.**

MDD is a common condition whose lifetime prevalence ranges up to 24% for women and up to 15% in men.

MDD is a heterogeneous condition and a variety of biological, psychological, and social theories are used to describe its development. However, there is no unifying theory that thoroughly explains the development of MDD.

Natural History/Etiology

- Accurately diagnose the form of MDD as treatment selection is increasingly driven by the type of MDD.
- Carefully rule out medical-surgical or behavioral conditions that can mask, mimic, or potentiate MDD.
- Prepare the patient and, as appropriate, his/her support system for treatment by discussing MDD and its treatment.
- Use the least intensive, clinically appropriate setting.
- Monitor for signs that the patient is a danger to self or others, and intervene immediately if a crisis occurs.
- Consider psychotherapy for mild MDD, psychotherapy or pharmacotherapy for moderate MDD, and pharmacotherapy or ECT for severe MDD.
- Consider combining psychotherapy and pharmacotherapy when either treatment is partially effective, or there are discrete targets of therapy.
- Consider modifying standard medication regimens with older adults, pregnant women, or whenever a medical-surgical condition is likely to alter an agent’s pharmacokinetics and pharmacodynamics.

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Treatment Strategies, Continued

- Periodically review the response to treatment with the patient, and provide additional psychoeducation as needed.
- If the response to treatment is not as anticipated, reconsider the treatment plan by
  — verifying the diagnosis;
  — confirming whether the patient is following the treatment plan;
  — making certain that an antidepressant medication’s dose is adequate;
  — considering a combination of psychotherapy and pharmacotherapy;
  — considering a substitution agent;
  — considering an augmentation strategy.
- Consider seeking an expert consultation if the patient still does not respond to treatment as anticipated.

Pharmacotherapy

[I] Substantial Clinical Confidence
- Generally begin pharmacotherapy with a non-MAOI agent.
- SSRI’s are a first line agent for mild to moderate forms of MDD.
- Cyclic antidepressants are employed to treat severe or refractory MDD, or when MDD has melancholic features.
- MAOI’s are second or third line agents, and are most often employed when MDD has atypical features.

[II] Moderate Clinical Confidence
- Atypical antidepressants are an alternative to SSRI’s and cyclic antidepressants especially when there are intolerable side effects.
- Substitution is indicated when there has been no response to an adequate trial.
- Patients who don’t respond to one SSRI may respond to another.
- Augmentation is indicated when there has been partial response, or other target symptoms suggest the use of a second agent.

Psychosocial Interventions

[I] Substantial Clinical Confidence
- Consider cognitive therapy or interpersonal therapy during the acute phase of treatment.
- Consider combining psychotherapy and pharmacotherapy when there is a severe, recurrent form of MDD.
- Consider Assertive Community Treatment when MDD is severe and persists.

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**Psychosocial Interventions, Continued**

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<tr>
<th>Classification</th>
<th>Type of Intervention</th>
<th>Description</th>
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<tr>
<td>[II] Moderate Clinical Confidence</td>
<td>Consider behavioral therapy or brief dynamic therapy during the acute phase.</td>
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<td>Consider cognitive therapy or interpersonal therapy during the continuation phase.</td>
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<td>Psychotherapy is not recommended as a standalone treatment during the maintenance phase.</td>
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**Electroconvulsive Therapy**

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<td>[I] Substantial Clinical Confidence</td>
<td>ECT is especially effective when MDD is accompanied by psychotic or melancholic features.</td>
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<td>ECT is indicated when:</td>
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<td>— an urgent response is needed;</td>
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<td>— alternatives are riskier;</td>
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<td>— there is a history of superior response;</td>
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<td>— the patient requests ECT.</td>
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<td>Cautiously employ ECT when there are severe cardiovascular or neurological conditions as well as during pregnancy. Consult with an appropriate specialist.</td>
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**Light Therapy**

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<td>[II] Moderate Clinical Confidence</td>
<td>Consider light therapy when there is an evident seasonal pattern of depression.</td>
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<td>Thirty minutes exposure at 10,000 lux is a convenient schedule while 2 hours exposure at &gt;2500 lux may be better when patients cannot tolerate greater light intensities.</td>
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(Note: Some benefit plans do not cover purchase or rental of light therapy devices and associated professional charges. See the benefit plan for details.)

A complete version of this guideline is available on the Magellan Behavioral Health Web site at [http://www.magellanprovider.com/handbook](http://www.magellanprovider.com/handbook) under Clinical Practice Guidelines or you may call the BCBSTX Quality Improvement Programs Department at 1-800-863-9798 to request a copy.