Identification and Treatment of Major Depressive Disorder (MDD) for Adults

MCMS QUALITY COLLABORATIVE

Purpose

To improve the identification and treatment of adult patients with Major Depressive Disorder (MDD) in the primary care setting. Persistent Depressive Disorder, formerly known as Dysthymic Disorder, Seasonal Affective Disorder and Bipolar Disorder, are not considered to be the focus of this guideline.

Key Points

- Approximately one in eight patients in primary care settings meet current MDD criteria.
- Untreated depression may interfere with recovery from co-morbid conditions and increase the chance of death, for example post MI or CVA.
- MDD is treatable: expect one-third of patients to remit with first anti-depressant trial, but up to 75% can achieve remission with subsequent interventions and properly applied medication management.
- Mild to moderate depression may be treated by medication and/or psychotherapy, typically more severe depression requires medication or other somatic treatments.
- Adequate dosing of antidepressant medication, patient adherence with medication and/or psychotherapy are keys to favorable outcomes.
- Remission is the goal of treatment.
    - Patients not treated to remission of symptoms by 3 months are nearly 3 times more likely to have a relapse/recurrence at long-term follow-up.
    - Patients who achieve remission have the best outcomes including lower risk of relapse and occurrence of suicidal behaviors.
- Continuation phase antidepressant treatment for 9-12 months after remission prevents early recurrence.
- Decisions about the maintenance phase of antidepressant treatment depend upon whether this is a 1st, 2nd or 3rd or more episode and other factors including whether there are warning signs before an episode, the severity of the episode, presence of psychosis, level of functioning and the insight of the individual.
- Use of antidepressants in Bipolar Disorder is controversial, and should generally be avoided when possible. Antidepressants appear to increase the risk of rapid cycling and induction of mania, particularly in the Bipolar I subtype. When used, a mood stabilizing agent should be in place to protect against mood destabilization. For more information see International Conference on Bipolar Disorder Task Force Guidelines of Antidepressant Use in Bipolar Disorder.

Quality Measures Commonly Used by National Organizations

- Suicide Risk Assessment Completed: Percentage of adult patients with a new diagnosis or recurrent episode of MDD who had a suicide risk assessment completed at each visit during the measurement period. (*PQRS/CMS Meaningful Use – See References on page 13 in MDD Guideline for more information.)*
- Antidepressant Medication Management Optimized: Percentage of adult patients who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on antidepressant medication treatment for at least 180 days (6 months). (*CMS Meaningful Use)*
- Use of PHQ-9 in Assessment and Management: Adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a PHQ-9 tool administered at least once during a 4 month period in which there was a qualifying visit. (*CMS Meaningful Use)*
- Remission at Twelve Months by PHQ-9 Criteria: Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score >9 who demonstrate remission at twelve months defined as PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment. (*CMS Meaningful Use)*