Treatment of Patients with Major Depressive Disorder

**Choice of Treatment Modalities**

**#1 Should a specific effective psychotherapy be provided?**
- Mild to moderate depression: preferred as solo treatment or in combination.
- Moderate to severe depression: in combination with medication or ECT *IF* psychosocial issues are important and/or *IF* preferred.

**#2 Should medication be provided?**
- Mild depression: *IF* preferred as solo treatment
- Moderate to severe depression: with or without a specific effective psychotherapy unless ECT is planned.
- Psychotic depression: combination of antipsychotic medication and antidepressant medication, or ECT.

**#3 Should medication and a specific effective psychotherapy both be provided?**
- Mild depression:
  - *IF* preferred as combination treatment
  - History of partial response to single modality
  - Poor compliance
- Moderate to severe depression:
  - Prominent psychosocial issues
  - Interpersonal problems
  - Personality disorder
  - Poor compliance

**#4 Should ECT be provided?**
- Chronic, moderate to severe depression: with or without a specific effective psychotherapy *IF* patient prefers
- Severe depression and any of the following:
  - Psychotic features
  - Patient prefers
  - Previous preferential response, need of rapid antidepressant response, intolerance of medication

**Go to Other Treatment Considerations**
Acute Phase Treatment of Major Depressive Disorder

Start Trial:
Medication and/or Psychotherapy

- If no response and clinical severity warrants, consider the following:
  - Increase in dose of medication
  - Increase in intensity of psychotherapy
  - ECT

4-8 Weeks: Reassess Adequacy of Response

No Response
- If patient is currently receiving medication, consider:
  - Changing antidepressant
  - Adding or changing to psychotherapy
  - ECT
- If patient is currently receiving psychotherapy, consider:
  - Adding or changing medication

Partial Response
- If patient is currently receiving medication, consider:
  - Changing dose
  - Augmenting antidepressant
  - Changing antidepressant
  - Adding or changing to psychotherapy
  - ECT

Full Response
- Go to Continuation Phase Treatment

Additional 4 – 8 weeks: Reassess Adequacy of Response

Monitor:
- Degree of danger to self or others
- Symptomatic status
- Functional status
- Response to treatment
- Side effects (see Figure 2)
- Signs of switch to mania
- Other mental disorders, including alcohol and substance abuse
- General medical comorbidities

Figure 2  Management of Medication Side Effects

Inform patient of potential side effects including those that require immediate attention.

Monitor for the presence of side effects.

If problematic side effects are present consider the following options:
- Watch and wait (if no immediate medical risk)
- Alter medication dose, frequency, or time of administration
- Change to a different medication
- Provider specific treatment for side effects

Continue to monitor for side effects, pay special attention to the following:
- Medical risk
- Interference with compliance
- Patient satisfaction