Depression Screening, Treatment and Follow-Up for Patients ≥ 18

1. Screening 1
2. Treatment 2
3. Follow-up 3
4. References 4
Case Manager follow-up (see Prime MD Phone Follow-up Process flowsheet)

FMC 2 question screen

≥ 2 on screening questions 1 or 2? No

Yes

*Administer Prime MD

Score ≥ 10? No

Yes

Administer Prime MD

Minor depression note on problem list Complete FMC visit with Patient

*Prime MD < 20?

Yes

Anti-Depressants initiated by FMC Provider (see therapy algorithm)

Continue medication management in FMC within 9-12 months

No

Monday-Friday 8-5pm?

Yes

FMC Staff

1. Call Operator (0) and ask them to call Security to escort a Patient to ER for Behavioral Health Triage
2. Give the Operator your name and location
3. Call ER Provider to advise of Security escorting Patient

Reported Patient be seen by Behavioral Health Consultant (BHC)

Continue with PCP management as planned

FMC Depression Screening and Follow-up
12/2/04

Page Urgent Response Team (URT) x-2500

Patient has Behavioral Health visit through ER

Reasons for Behavioral Health Services Referral:
- Prime MD ≥ 20
- Acute suicidal ideation
- Multiple comorbid conditions
- Multiple psychosocial stressors
- ≥ 3 previous major depressive episodes
- Suspected bi-polar disorder or schizophrenia

This guideline is designed for general use for most patients but may need to be adapted to meet the special needs of a specific patient as determined by the patient’s provider.
Begin 1st Line Anti-Depressant Fluoxetine or Bupropion

Case Manager Fu call at 2 weeks

Rescreen w/ PMG at 4-6 weeks

Prime MD >9?

Yes

Increase dose toward maximum

Prime MD >9?

No

Continue management in FMC at least 9-12 months according to Depression Flowchart

Prime MD >9?

Yes

Use alternate 1st line anti-depressant Bupropion or Fluoxetine

Prime MD >9?

No

Combine 1st Line Medications

Prime MD >9?

Yes

Continue management in FMC at least 9-12 months according to Depression Flowchart

Prime MD >9?

No

Use 2nd line anti-depressant Venlafaxine, Sertraline, Paroxetine (Effexor, Zoloft, Paxil)

Prime MD >9?

Yes

Increase dose once

Prime MD >9?

No

Consult w/ Behavioral Health. May include phone, email, case review or referral

Suggested Dosing

Fluoxetine
Dose range: 10-80mg once a day
Begin 10mg QD for 1wk then 20mg QD

Bupropion immediate release
Dose range: 300-450mg/day
Begin 75mg QAM, may increase by 75mg QD in divided doses at least 4hrs apart Q3rd or 4th day, up to 150mg TID. No single dose should exceed 150mg.

Venlafaxine XR
Dose range: 75-450mg/day
Begin 37.5QD with increase by 37.5 increment each week for 1 month then increase by 37.5-75mg once a month until max dose, may divide dose BID after 150mg

Sertraline
Dose range: 50-200mg/day
Begin 25mg QD, increase by 25mg increments each wk, may increase by 50mg Qmonth after 1st month

Paroxetine
Dose range: 10-60mg/day
Begin 10mg QD for 1wk, then 20mg QD, may increase by 10mg increment Qmonth until max dose

Absolute contraindications

Fluoxetine
- Hypersensitivity
- Thioridazine administration within a minimum of 5 weeks of fluoxetine administration
- After fluoxetine is stopped, wait at least 5 weeks before starting a monoamine oxidase inhibitor

Bupropion
- Bulimia or anorexia nervosa prior or current diagnosis
- Hypersensitivity to bupropion
- Patients undergoing abrupt discontinuation of alcohol or sedatives (including benzodiazepines )
- Seizure disorders

Venlafaxine
- Hypersensitivity
- Concurrent use of monoamine oxidase inhibitor (MAOI) drugs
- Do not use venlafaxine within 2 weeks of discontinuing an MAOI
- Do not use an MAOI for at least 7 days after stopping venlafaxine

Sertraline
- Concurrent use in patients taking monoamine oxidase inhibitors or pimozide
- Do not use sertraline within 2 weeks of discontinuing an MAOI
- Do not use an MAOI for at least two weeks after stopping sertraline
- Sertraline oral solution should not be used with disulfiram because it contains 12% alcohol
- Sertraline oral solution should be used cautiously in patients with latex allergy because the dropper contains dry natural rubber

Paroxetine
- Concurrent use of monoamine oxidase inhibitor (MAOI) drugs
- Hypersensitivity
- Concurrent use of thioridazine

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Prime MD Phone Follow-up Process

- If the patient does not want to see BHS through the ER they will be given the option of seeing the PCP.

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References:


