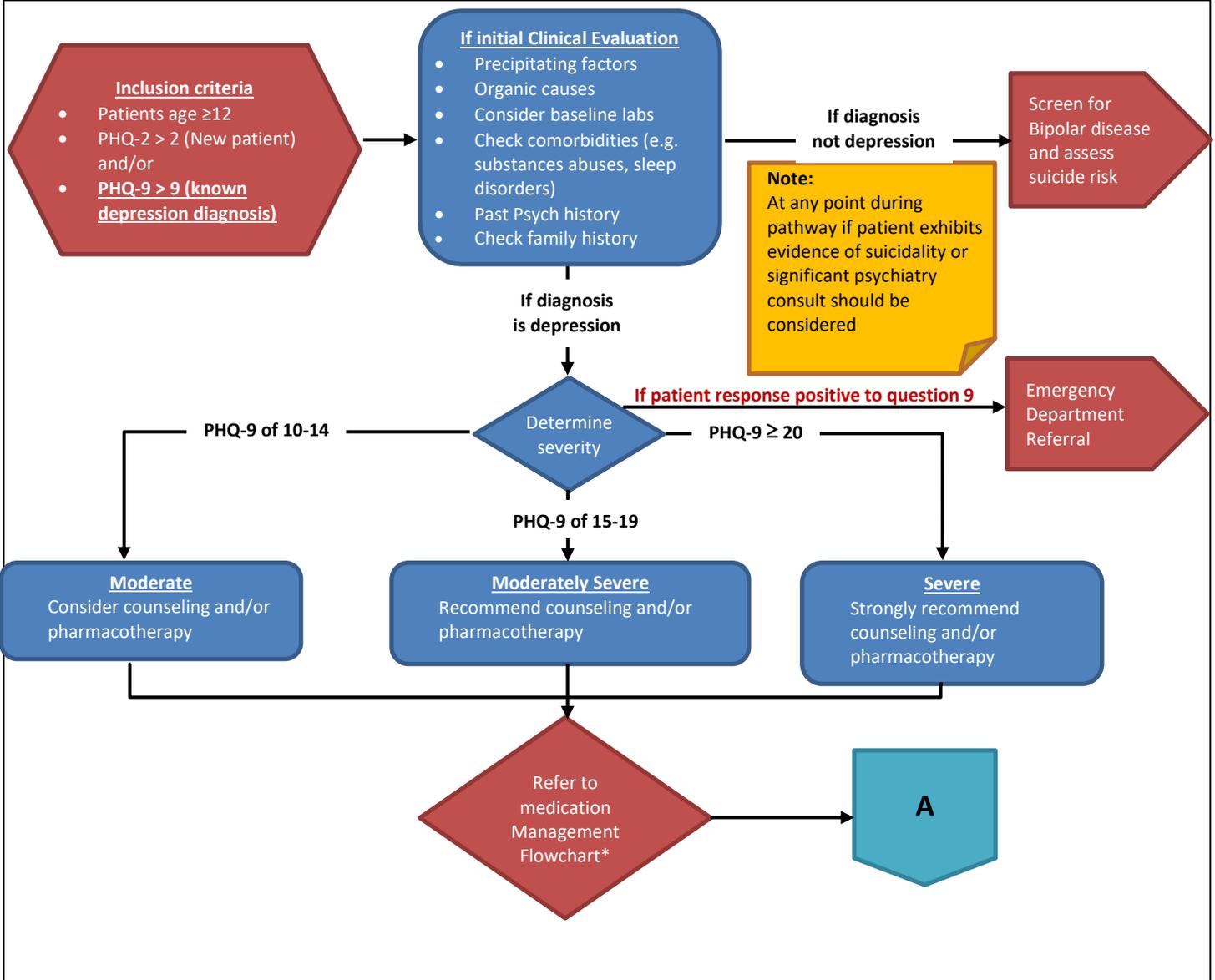


## Depression Care Path

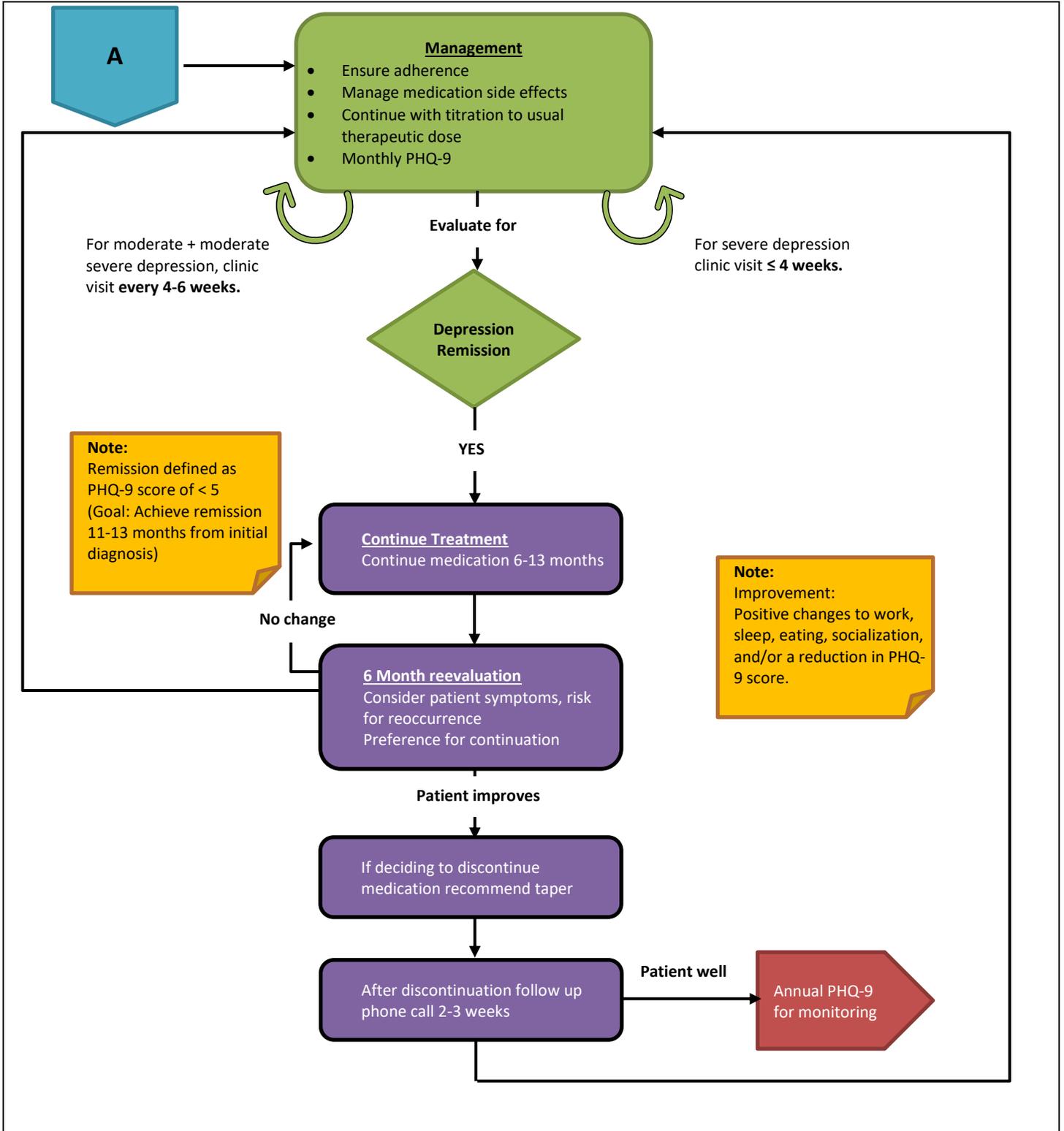
### Screening and Diagnosis

**Diagnosis:** Major Depressive Disorder is defined as depressed mood, markedly diminished interest or pleasure in almost all activities, >5% body weight changes in 1 month, insomnia/hypersomnia, fatigue, loss of energy, feelings of worthlessness, hopelessness, inability to concentrate and/or recurrent thoughts of death. These symptoms should be present most of the day, nearly every-day and cause significant distress or impairment in functioning.

### Clinical Care Pathway



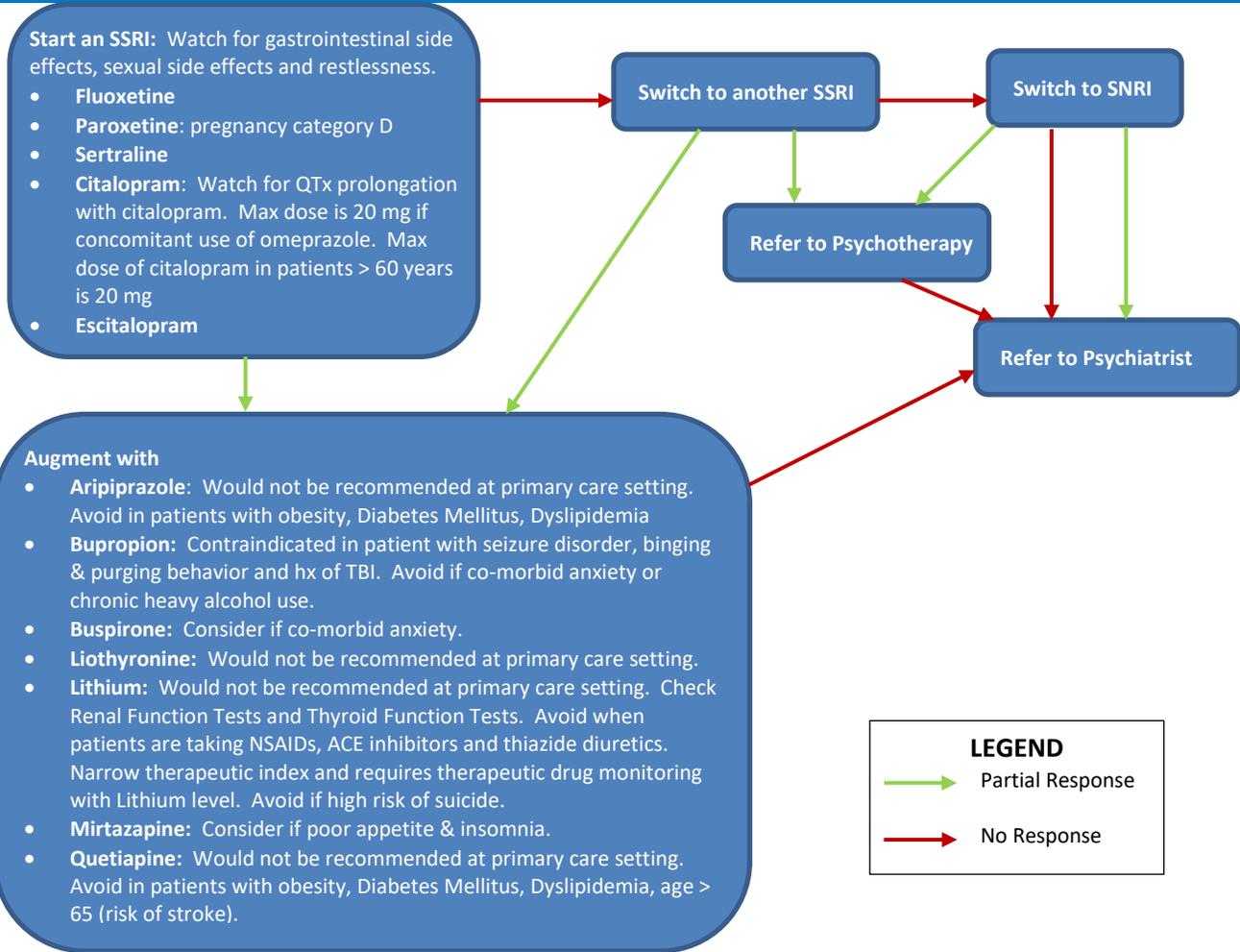
Please note: The Via Christi Health Alliance in Accountable Care, Inc. (the “ACO”) in consultation with its affiliated ACO providers developed these care pathways and guidelines based on the most recent evidenced based medicine data. The ACO is continually researching and updating its care pathways and guidelines to reflect the most recent evidence-based standards. This information is intended to provide health professionals with information to improve the quality of care and ultimately lower the cost of such care to the patients they serve. By providing this evidence-based information, it is not the intention of the ACO to provide specific medical advice for particular patients. Rather we urge each provider to review this material when consulting and evaluating the treatment options suitable for their patients. The ACO affiliated providers are solely responsible for confirming the accuracy, timeliness, completeness, appropriateness and helpfulness of this material and making all medical, diagnostic or prescription decisions.  
 Last Updated: 01/19/2021



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### Medication Management Flow Chart \*



**LEGEND**

→ Partial Response

→ No Response

**Other Considerations:**

- Remove access to means of self-harm in severe phase of a depressive episode such as firearms. Avoid giving 90 day supply of medications.
- If patient needs emergent mental health services because of suicidal thoughts or self-care failure, send patient to nearest ED.
- If concerned about safety of the patient and patient is not reachable, can ask law enforcement to do a “welfare check” on the patient.

Patient Engagement	Specialist Consult
<ul style="list-style-type: none"> <li>➢ Psychoeducation</li> <li>➢ Encourage compliance</li> <li>➢ Sleep hygiene education</li> <li>➢ Community engagement</li> <li>➢ Exercise</li> </ul>	<p><b>When to Refer:</b></p> <ul style="list-style-type: none"> <li>➢ Poor treatment response, intolerable side effects.</li> <li>➢ Co-morbid personality disorders, substance abuse or psychotic symptoms.</li> <li>➢ Complex psychosocial environment.</li> </ul>

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**Last Updated: 01/19/2021**

## Ascension Via Christi

### References:

- The Diagnostic and Statistical Manual of Mental Disorders 5th ed.; DSM-5; American Psychiatric Association [APA], 2013.
- The American Psychiatric Publishing Textbook of Psychiatry, 6<sup>th</sup> ed. Edited By: Robert E. Hales, M.D., M.B.A., Stuart C. Yudofsky, M.D., and Laura Weiss Roberts, M.D., M.A. 2014.
- Practice Guideline for the Treatment of Patients with Major Depressive Disorder. 3<sup>rd</sup> ed. American Psychiatric Association Work Group on Major Depressive Disorder. Gelenberg AJ et al. October 2010.

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