

# Treating Depression in Primary Care: The Latest Guidelines

Major depressive disorder (MDD) is a leading cause of disability, resulting in great costs to individuals, society, and health care systems. Major depressive disorder is defined as the presence of a depressed mood or a loss of interest or pleasure in normally enjoyable activities that occurs along with at least 4 additional diagnostic criteria or symptoms for at least 2 weeks and causes clinically significant distress or impairment in social, occupational, or other critical areas of functioning.

Over a lifetime, 20% of adults experience depression, and about 10% experience it in any given year. These figures have worsened during the pandemic and approximately 80% of antidepressants are prescribed in primary care. An average of 13 million ambulatory care visits per year have a primary diagnosis of MDD. The estimated economic burden attributable to MDD in the United States was \$120 billion in 2020, including direct medical and pharmaceutical costs (\$36 billion) of treating MDD, suicide-related costs (\$13 billion), and effects on workplace productivity (\$70 billion).

## **American College of Physicians Clinical Guideline Updates on the Treatment of Depression.**

Based on severity of symptoms, functional impairment, and level of patient distress, MDD can be characterized as mild, moderate, or severe. One third of patients with MDD have severe MDD, which is associated with more difficulty in achieving treatment response and remission. In addition, about 75% of people with MDD also have a co-occurring anxiety disorder, which can make their symptoms worse and recovery more difficult.

Treatment can have no effect, a partial effect, or a full effect leading to remission.

Unfortunately, most people who are started on treatment do not achieve full remission for various reasons, it is important to be comfortable with second-line treatments for those who do not fully respond.

### **Treatment of Mild Depression**

- Cognitive-behavioral therapy (CBT) is preferred over medication.
  - o A psycho-social intervention that aims to reduce symptoms of various mental health conditions.
  - o CBT works as well as medication, without any side effects.
- If CBT isn't available, then second-generation antidepressants (SGA)
  - o Such as selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), or other medications (bupropion, mirtazapine)
- Aerobic exercise helps a lot at improving depression.

### **Treatment for Moderate to Severe Depression**

- The initial treatment is CBT, an SGA, or combination therapy with CBT and an SGA.

- There is no difference in efficacy between the different SGAs, but there are important differences in side effects.
- Common side effects of the antidepressants include gastrointestinal side effects, such as constipation, diarrhea, nausea, as well as other side effects, including dizziness, insomnia, fatigue, and sexual dysfunction.
  - o SSRIs often lead to a loss of appetite, sexual dysfunction, and insomnia.
  - o SNRIs are good choices for patients with chronic pain.
  - o Mirtazapine can lead to weight gain instead of weight loss and can be sedating, so it's useful for patients who have trouble sleeping at night.
  - o Bupropion and mirtazapine are not associated with sexual dysfunction.
    - Bupropion exhibits a greater potential for causing seizures than other antidepressants.
- For second-line treatment, augment therapy with CBT if not used initially, switch to a different SGA, or augment what the patient is currently on with a second medication.
  - o Usually, that second medicine is going to be mirtazapine, bupropion, or buspirone.
- For patients who do not have a full response after second-line therapy, referral to a psychiatrist is appropriate.

### **Some General Considerations**

- Start with a low dose of medicine.
- See patients back frequently.
- Titrate up to the maximum dose of antidepressant medicine before changing therapy.
- Monitor for new or increases in suicidal thoughts during the first 1-2 months of treatment.
- Antidepressant medicine should be continued for at least 4-9 months.
  - o Continued longer if it is not the first episode.

### **References**

1. Clinical Guidelines Committee of the American College of Physicians (2023). Nonpharmacologic and Pharmacologic Treatments of Adults in the Acute Phase of Major Depressive Disorder: A Living Clinical Guideline From the American College of Physicians. *Annals of internal medicine*, 176(2), 239-253. <https://doi.org/10.7326/m22-2056>
2. *Treating Depression in Primary Care: The Latest Guidelines – Medscape - Mar 21, 2023.*