



## Major Depressive Disorder in Adults

### OVERVIEW<sup>1</sup>

Major depressive disorder has significant potential morbidity and mortality, contributing to suicide, incidence and adverse outcomes of medical illness, disruption in interpersonal relationships, substance abuse, and lost work time. With appropriate treatment, 70-80% of individuals with major depressive disorder can achieve a significant reduction in symptoms.<sup>1</sup> Most patients with major depressive disorder present with a normal appearance. In patients with more severe symptoms, a decline in grooming and hygiene may be observed, as well as a change in weight. Patients may also show the following:

- Psychomotor retardation
- Flattening or loss of reactivity in the patient's affect (ie, emotional expression)
- Psychomotor agitation or restlessness

Among the criteria for a major depressive episode, at least 5 of the following symptoms have to have been present during the same 2-week period (and at least 1 of the symptoms must be diminished interest/pleasure or depressed mood) :

- Depressed mood: For children and adolescents, this can also be an irritable mood
- Diminished interest or loss of pleasure in almost all activities (anhedonia)
- Significant weight change or appetite disturbance; for children, this can be failure to achieve expected weight gain
- Sleep disturbance (insomnia or hypersomnia)
- Psychomotor agitation or retardation
- Fatigue or loss of energy
- Feelings of worthlessness
- Diminished ability to think or concentrate; indecisiveness
- Recurrent thoughts of death, suicidal
- A pattern of long-standing interpersonal rejection ideation, suicide attempt, or specific plan for suicide

Self-report screening instruments for depression include the following:

- Patient Health Questionnaire-9 (PHQ-9): A 9-item depression scale; each item is scored from 0-3, providing a 0-27 severity score
- Beck Depression Inventory (BDI): A 21-question symptom-rating scale
- BDI for primary care: A 7-question scale adapted from the BDI
- Zung Self-Rating Depression Scale: A 20-item survey
- Center for Epidemiologic Studies-Depression Scale (CES-D): A 20-item instrument that allows patients to evaluate their feelings, behavior, and outlook from the previous week

In contrast to the above self-report scales, the Hamilton Depression Rating Scale (HDRS) is performed by a trained professional, not the patient. The HDRS has 17 or 21 items, scored from 0-2 or 0-4; a total score of 0-7 is considered normal, while scores of 20 or higher indicate moderately severe depression. The Geriatric Depression Scale (GDS), although developed for older adults, has also been validated in younger adults. The GDS contains 30 items; a short-form GDS has 15 items.

*Laboratory Studies.* No diagnostic laboratory tests are available to diagnose major depressive disorder, but focused laboratory studies may be useful to exclude potential medical illnesses that may present as major depressive disorder.<sup>1</sup>

### **Management and Treatment**

In all patient populations, the combination of medication and psychotherapy generally provides the quickest and most sustained response.

#### *Pharmacotherapy*

Drugs used for treatment of depression include the following:

- Selective serotonin reuptake inhibitors (SSRIs)
- Serotonin/norepinephrine reuptake inhibitors (SNRIs)
- Atypical antidepressants
- Tricyclic antidepressants (TCAs)
- Monoamine oxidase inhibitors (MAOIs)
- St. John's wort (*Hypericum perforatum*)

#### *Psychotherapy*

Types of psychotherapy that have been used for the treatment of major depressive disorder, especially in the pediatric population, include the following:

- Behavior therapy
- Cognitive-behavioral therapy
- Family therapy
- Group psychotherapy
- Interpersonal psychotherapy
- Interpersonal therapy
- Mindfulness-based cognitive therapy
- Psychodynamic psychotherapy
- Supportive psychotherapy

In mild cases, psychosocial interventions are often recommended as first-line treatments. The American Psychiatric Association (APA) guideline supports this approach but notes that combining psychotherapy with antidepressant medication may be more appropriate for patients with moderate to severe major depressive disorder.[6]

Electroconvulsive Therapy (ECT) is a highly effective treatment for depression. Indications for ECT include the following:

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| <ul style="list-style-type: none"> <li>• Need for a rapid antidepressant response</li> <li>• Failure of drug therapies</li> <li>• History of good response to ECT</li> </ul> | <ul style="list-style-type: none"> <li>• Patient preference</li> <li>• High risk of suicide</li> <li>• High risk of medical morbidity and mortality</li> </ul> |
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*Stimulation Techniques.* Transcranial magnetic stimulation (TMS) is approved by the FDA for treatment-resistant major depression. Vagus nerve stimulation (VNS) has been approved by the FDA for use in adult patients who have failed to respond to at least 4 adequate medication and/or ECT treatment regimens. The stimulation device requires surgical implantation.

## PROFESSIONAL ORGANIZATIONS

### *American Psychiatric Association (APA)<sup>2</sup>*

WellCare adheres to the 2010 practice guideline set forth by the APA. The guideline summarizes the specific approaches to treatment of individuals with major depressive disorder. It presupposes that the psychiatrist has diagnosed major depressive disorder, according to the criteria defined in DSM-IV-TR, in an adult patient and has evaluated the patient to identify general medical conditions that may contribute to the disease process (e.g., hypothyroidism, pancreatic carcinoma) or complicate its treatment (e.g., cardiac disorders). When patients experience depressive symptoms in the context of another disorder and do not meet the diagnostic criteria for major depressive disorder, the APA practice guideline pertaining to the primary diagnosis should be consulted.

### *United States Preventive Services Task Force (USPSTF)<sup>3</sup>*

Screening for depression in adults is recommended with a grade of B by the USPSTF; it is reasonable and necessary for the prevention or early detection of illness or disability. Highlights from the USPSTF include:

- Good evidence that screening improves the accurate identification of depressed patients in primary care settings.
- Good evidence that treating depressed adults and older adults identified through screening in primary care settings with antidepressants, psychotherapy, or both decreases clinical morbidity.
- Good evidence that programs combining depression screening and feedback with staff assisted depression care supports improve clinical outcomes in adults and older adults.
- Fair evidence that screening and feedback alone without staff-assisted care supports do not improve clinical outcomes in adults and older adults.

### *National Institute for Health and Clinical Excellence<sup>4</sup>*

NICE recommends the following depression screening instruments and the ability to provide detailed information regarding sensitivity, specificity, positive and negative predictive validity, receiver operator characteristic (ROC) curves, likelihood ratios and diagnostic odds ratios of screening tools:

- Hamilton Depression Rating Scale (HAM-D)
- Beck Depression Inventory (BDI)
- Zung Self-Rating Depression Scale (SDS)
- Center for Epidemiological Studies Depression Scale (CES-D)
- Geriatric Depression Scale (GDS and GDS-SF)
- General Health Questionnaire (GHQ)
- Patient Health Questionnaire (PHQ-2 and PHQ-9)
- Cornell Scale for Depression in Dementia (CSDD)

## MEMBER EDUCATION

Education plays an important role in the successful treatment of major depressive disorder. Over the long term, patients may also become aware of signs of relapse and may seek treatment early. Patients should be aware of the rationale behind the choice of treatment, potential adverse effects, and expected results. The involvement of the patient in the treatment plan can enhance medication compliance and referral to counseling. Family members also need education about the nature of depression and may benefit from supportive interactions. Engaging family can be a critical component of a treatment plan, especially for pediatric and late-onset depression. Family members are helpful informants, can ensure medication compliance, and can encourage patients to change behaviors that perpetuate depression (e.g., inactivity).

The following Web sites are valuable resources for patient and family education:

- **National Institute of Mental Health: Depression** – <http://www.nimh.nih.gov/health/topics/depression/index.shtml>
- **MedlinePlus: Depression** - <http://www.nlm.nih.gov/medlineplus/depression.html>
- **FamilyDoctor.org: Depression** - <http://familydoctor.org/online/famdocen/home/common/mentalhealth/depression/046.html>
- **Depression and Bipolar Support Alliance (DBSA)** – <http://www.ndmda.org/>
- **Families for Depression Awareness** – <http://www.familyaware.org/>

## MEASURES OF COMPLIANCE

CMS has not published any measures for this topic.

NCQA has published the following measures for this topic:

**Follow-Up After Hospitalization for Mental Illness.** Members who are hospitalized due to a mental health diagnosis should follow up with a mental health practitioner:

- 7-Day Follow-Up should include an outpatient visit, intensive outpatient visit or partial hospitalization with a mental health practitioner within 7 days after discharge.
- 30 Day Follow-Up should include an outpatient visit, intensive outpatient visit or partial hospitalization with a mental health practitioner within 30 days after discharge.

## REFERENCES

1. Halverson, JL. Depression. MedScape Web site. <http://emedicine.medscape.com/article/286759-overview>. Published August 11, 2014. Accessed February 3, 2015.
2. Practice guideline for the treatment of patients with major depressive disorder (3rd ed.). American Psychiatric Association Web site. <http://psychiatryonline.org/guidelines>. Published 2010. Accessed February 3, 2015.
3. Depression in adults: screening. United States Preventive Services Task Force Web site. <http://www.uspreventiveservicestaskforce.org>. Published 2009. Accessed February 3, 2015.
4. Depression: the NICE guideline on the treatment and management of depression in adults. National Institute for Health and Clinical Excellence Web site. <http://www.nice.org.uk/nicemedia/live/12329/45896/45896.pdf>. Published 2009. Accessed February 3, 2015.

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## MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

Date	History and Revisions by the Medical Policy Committee
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