DEPRESSION SCREENING AND TREATMENT ALGORITHM FOR CLINICIANS

PEACE for Moms

TABLE OF CONTENTS

WHO IS AT RISK OF PERINATAL DEPRESSION?.....3

SCREENING THE PATIENT - WHEN AND HOW 4

INTERPRETING EPDS SCORES 8 AND LOWER.....5

INTERPRETING EPDS SCORES 9-13(MILD DEPRESSION).....6

INTERPRETING EPDS SCORES 14-18 (MODERATE DEPRESSION).....7

INTERPRETING EPDS SCORES ⩾19 (SEVERE DEPRESSION).....8

POSITIVE SCORE ON QUESTION 10.....9

SUICIDE SCREENING AND RISK.....10

TALKING TO MOMS ABOUT DEPRESSION OR ANXIETY.....11

IDENTIFYING POST PARTUM PSYCHOSIS.....12

CONSIDERATIONS FOR PRESCRIBING MEDICATION.....13

ANTI-DEPRESSANT TREATMENT ALGORITHM.....14

COMMONLY USED ANTIDEPRESSANTS.....15

1 in 5

Women will develop pregnancy related symptoms of depression, anxiety or psychosis

50%-85%
will experience
Baby Blues

2%-3%
will develop
Bipolar Disorder

Who is at Greater Risk?

- Personal history of a mood disorder or anxiety
- Family history of a mood disorder or anxiety
- Lack of social support (single mother, geographically isolated)
- Low socioeconomic status
- History of trauma including birth trauma
- Current domestic violence and/or relationship discord
- Multiple births
- Chronic medical illness

When to screen your patient?

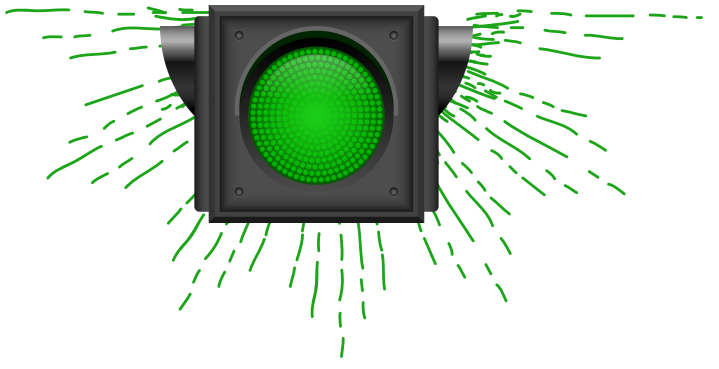
During Pregnancy

- At the time of their first prenatal visit
- The visit when you discuss results of Gestational Diabetes testing (24-28 weeks)
- Any time you have concern for the patient

After Delivery

- 2 weeks postpartum if high risk for PPD/PPA
- 6 weeks postpartum for all patients
- 6 and 12 months postpartum (with OB or PCP)
- 3, 9, and 12 month pediatric visits

Treating patient for EPDS ≤ 8 OR PHQ-9 ≤ 4?



An EPDS score of 8 or lower OR a PHQ-9 less than 5 suggest that thee patient is NOT depressed and their current level of functioning should be supported.

Options include observation and support,

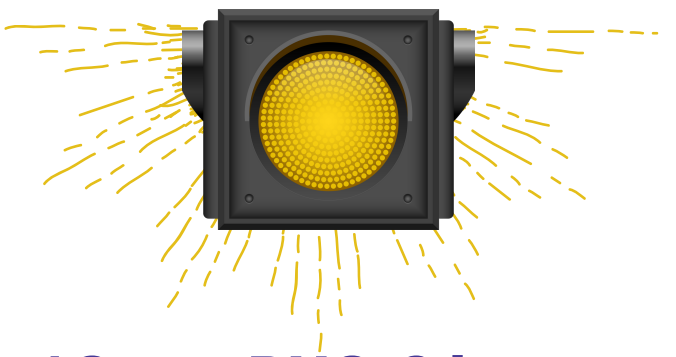
Patient Reports:

- Occasional sadness
- Some innner tension
- Generally content
- Normal appetite, sleep, and personal hygeine
- Good concentration and motivation
- Enjoying social interactions
- Good self esteem
- Improvement wiht rest or sleep
- NO SUICIDAL IDEATION
- NO PSYCHOTIC SYMPTOMS

Treatment Options:

- Support and education
- Adress difficulty infant may be having with sleep, colic or feeding
- Emphasis on self care, i.e., sleep, diet, rest
- Dietary supplments such as Omega 3 Fatty Acids
- Complimentary/Alternative therapies
- Community and social support
- Support groups and peer counseling

Treating patient for EPDS 9-13 OR PHQ-9 5-9



An EPDS score between 9-13 or a PHQ-9 between 5-9 suggests the patient may be MILDLY DEPRESSED and comorbid illnesses must be considered:

Psychiatric: Substance abuse, Anxiety, PTSD
Medical: Anemia, Thyroid Disorder, Infection
Intervention and close follow up may be helpful.

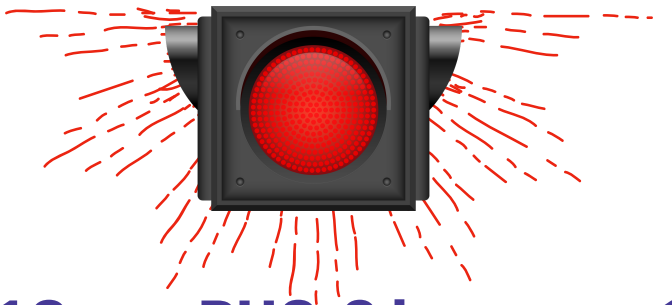
Patient Reports:

- Mild apparent sadness but
- brightens easily
- Feelings of edginess and inner tension
- Problem staying or falling asleep
- Reduced appetite
- Difficulty concentrating
- Difficulty motivating self
- Less interest in being with friends, family
- Feels inferior or inadequate
- Angry outbursts, mood swings
- FLEETING SUICIDAL IDEATION

Treatment Options:

- Consider medication
- Psychotherapy for mother (i.e., “talk therapy” or counseling)
- Support and education
- ddress difficulty infant may be
- having with sleep, colic or feeding
- Emphasis on self care, i.e., sleep,
- diet, rest
- Community and social support
- Support groups and peer
- counseling

Treating patient for EPDS 14-18 or PHQ-9 10-16



An EPDS score between 14-18 or a PHQ-9 between 10-14 suggests the patient may be MODERATELY DEPRESSED and comorbid illnesses must be considered:

Psychiatric: Substance abuse, Anxiety, PTSD
Medical: Anemia, Thyroid Disorder, Infection
Intervention and close follow up may be helpful.

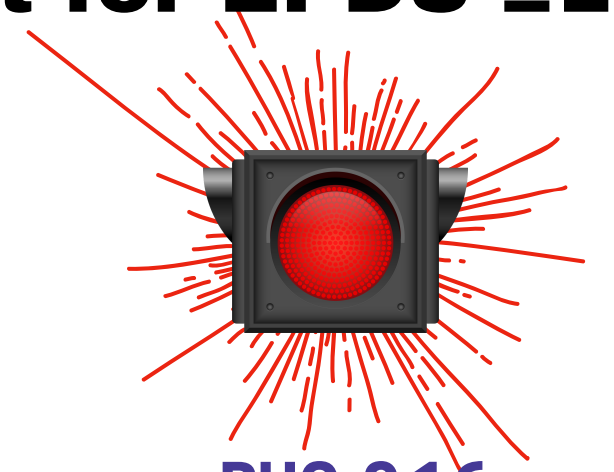
Patient Reports:

- Pervasive feelings of sadness and tearfulness
- Continuous tension
- Persistent anxiety and episodic panic
- Sleep reduced by two or more hours, multiple prolonged wakenings, early morning waking
- Feelings of inadequacy or self-hatred
- Hopelessness or despair
- Reduced appetite
- Poor motivation, concentration
- Withdrawal from friends and family
- Angry outbursts or mood swings
- POSSIBLE SUICIDAL IDEATION
- NO PSYCHOTIC SYMPTOMS

Treatment Options:

- Medication recommended
- Inpatient hospitalization may be considered if there are concerns for safety
- Partial hospitalization or day program may be appropriate
- Short term follow-up appointment
- Support and education
- Address difficulty infant may be having with sleep, colic, etc.
- Emphasis on self care, i.e., sleep, diet, rest
- “Talk” therapy - psychotherapy, counseling, group therapy

Treating patient for EPDS ≥19 or PHQ9 ≥16



An EPDS score 19 or higher, or a PHQ-9 16 or greater, suggests the patient may be SEVERELY DEPRESSED and comorbid illnesses must be considered:

Psychiatric: Substance abuse, Anxiety, PTSD
Medical: Anemia, Thyroid Disorder, Infection
Intervention and close follow up may be helpful.

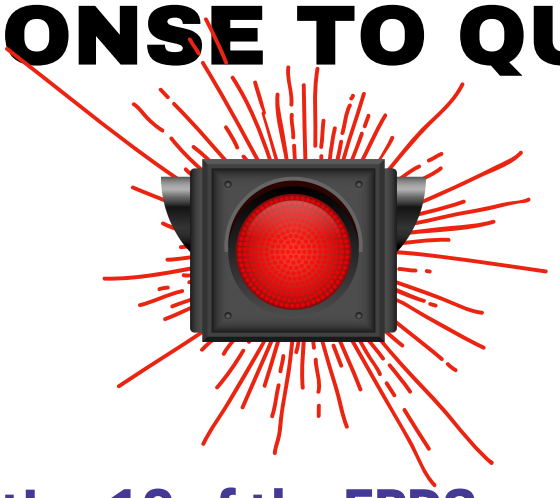
Patient Reports:

- Pervasive feelings of sadness and tearfulness
- Continuous tension
- Persistent anxiety and episodic panic
- Sleep reduced by two or more hours, prolonged awakenings, early morning waking
- Feelings of inadequacy or self-hatred
- Hopelessness, despair, overwhelmed
- Poor appetite and unplanned weight loss
- Poor motivation, concentration
- Withdrawal from friends and family
- Angry outbursts or mood swings
- SUICIDAL IDEATION is common
- Unlikely PSYCHOTIC SYMPTOMS

Treatment Options:

- Medication recommended
- Inpatient hospitalization should be considered if there are concerns for safety
- Partial hospitalization or day program may be appropriate
- Short term follow-up appointment
- Support and education
- Address difficulty infant may be having with sleep, colic, etc.
- Emphasis on self care, i.e., sleep, diet, rest
- "Talk" therapy - psychotherapy, counseling, group therapy

POSITIVE RESPONSE TO QUESTION 10



A positive response on question 10 of the EPDS or question 9 on the PHQ-9 suggests the patient is SEVERELY DEPRESSED and may be at risk of self harm or suicide.

Further assessment is necessary.

1. In the past two weeks, how often have you thought of hurting yourself or ending your life?
2. Have you ever attempted to hurt yourself in the past?
3. Have you made any plans or taken action to prepare to kill yourself?

Document assessment and plan in the medical record including the factors below

SUICIDE RISK ASSESSMENT

Protective Factors	Lower Risk of Suicide	Higher risk of Suicide
*Positive Self esteem	*No prior attempts	*History of suicide attempt
*Problem solving skills	*No plan *No intent	*High Lethality of prior attempts
*Community connection	*No substance use	*Current Plan or Intent
*Financial security	*Has protecive factors	*Substance Use
*Positive Relationships to family, friends	*Able to name reasons for being alive or not acting on suicidal thougths	*Access to lethal means
*Cultural, religious proscription against suicide		*Lack of Protective factors

TALKING TO MOMS ABOUT DEPRESSION

Offer your patient an opening to discuss her emotional state

- How are you feeling about being pregnant/a mother?
- What thigns are you most happy about?
- What things are you most concerned about?
- Do you have someone you can talk with that you trust?
- How is your partner doing?
- Are you able to enjoy your baby?
- Do you worry about your baby's safety?
- Are you having thoughts or experiences that you find frightening

Patients may not identify as depressed. They use words such as:

- I am feeling overwhelmed
- I am having a hard time
- I have been having a lot of days
- I am really stressed/frustrated now.

Patients may not identify as depressed. They use words such as:

- Being a parent can be really tough
- You are dealing with a lot
- It is difficult when you have so much going on
- It is not unusual to feel sad/overwhelmed/frustrated

IDENTIFYING POSTPARTUM PSYCHOSIS

POSTPARTUM PSYCHOSIS: A RARE EVENT, BUT A PSYCHIATRIC EMERGENCY

Many women experience intrusive thoughts postpartum. These thoughts may be driven by, but also worsen, anxiety and depression. Intrusive thoughts (sometimes referred to as obsessions) are thoughts ,images or phrases that are difficult to avoid or dismiss. Many times these intrusive thoughts focus on the mother harming the child. Differentiating intrusive thoughts from psychosis is very important.

Patient with intrusive thoughts:

- Finds thoughts to be inappropriate or wrong
- Has no visual or auditory hallucinations

Patients with postpartum psychosis:

- Does not consider thoughts to be inappropriate or wrong
- Poor insight (Delusional beliefs, distorted reality, paranoia)
- May present with visual or auditory hallucinations
- Has increased risk of harming child bases on their delusions or hallucinations

Patient with intrusive thoughts:

- Are you experiencing problematic thinking?
- Are you having thoughts or experiences which you find frightening?

PRESCRIBING MEDICATION

Medication may not be Indicated

- Mild depression per clinical assessment
- No suicidal ideation
- Engaged in psychotherapy
- Symptoms have i proved in past with psychotherapy
- Able to care for self and family
- Strong preference for psychotherapy

Medication should be strongly considered

- Moderate to severe depression per clinical assessment
- Suicidal ideation
- Impaired ability to care for self or family
- Current or prior history of severe depression
- Current or suicide attempt or ideation
- Comorbid anxiety diagnosis or symptoms

Consider Urgent Psychiatric Consult

- Patient reports having active hallucinations
- Expresses delusional beliefs
- Reports suicidal ideation, with plan and or intent
- Reports violent ideation with plan or intent toward others.

ANTI-DEPRESSANT ALGORITHM

For someone CURRENTLY ON medication

Are their symptoms improving?

YES

Continue medication.
Consider increasing dosage to help patient return to baseline

NO

If at therapeutic dose for4-8 weeks with no improvment consider changing medication

YES

NO

At each visit inquire about side effects, improvement, compliance

Continue and optimize

Is patient improving? Tolerating the treatment?

YES

NO

CALL

ANTI-DEPRESSANT ALGORITHM

For someone NOT CURRENTLY on medication

Have they taken an anti-depressant which helped in the past?

YES

Restart the medication. Titrate dose to what helped in past.

NO

Initiate and titrate a new antidepressant for the patient.

YES

NO

After 2-4 weeks reassess patient with EPDS. Check in regarding side effects and compliance.

Continue and optimize

CALL

Is patient improving? Tolerating the treatment?

YES

NO

COMMONLY USED ANTIDEPRESSANTS

- Most side effects will subside within a few days and can be addressed with minor changes.
- If patient is having intolerable side effects and not improving, change antidepressant.
- If patient has not improved or has adverse side effects on two or more SSRI, recommend change medication class. Please call **PEACE for MOMS** for guidance.

Medication	Starting Dose	How to increase[£]	Therapeutic Range	Side Effects
Sertraline[¥] (Zoloft)	25 mg	Increase to 50 mg after 4 days. Increase to 100 mg after one week	50-200 mg	**TEMPORARY** Nausea Constipation Diarrhea Unsteady Groggy Headaches Dizziness Dry Mouth Vivid Dreams **PROLONGED** Weight Gain Increased Appetite Low Libido Anorgasmia Insomnia
Fluoxetine (Sertraline)	10 mg	Increase to 20 mg after one week	20-40 mg	
Citalopram (Celexa)	10 mg	Increase to 20 mg after one week.	20-40 mg	
Escitalopram (Lexapro)	5 mg	Increase to 10 mg after one week	10-20 mg	

£ Sertraline is consider to be the safer alternative in lactation. If a woman has done well on another antidepressant we do not recommend that you switch.

¥ If the patient has demonstrated minimal to no improvement and has minimal side effects, dose should be increased.

PEACE for Moms

Perinatal Psychiatry Education Access & Community Engagement

470-977-3223
www.peace4momsga.org