MANAGEMENT OF MAJOR DEPRESSIVE DISORDER (MDD)

QUICK REFERENCE FOR HEALTH CARE PROVIDERS

MINISTRY OF HEALTH MALAYSIA

MALAYSIAN PSYCHIATRIC ASSOCIATION

ACADEMY OF MEDICINE MALAYSIA

KEY MESSAGES

- Major depressive disorder (MDD) is a significant mental health problem that disrupts a person's mood and affects his psychosocial and occupational functioning.
- It is often under-recognised and 30-50% of MDD cases in primary care and medical settings are not detected.
- Suicide occurs in up to 15% of hospitalised patients with severe MDD.
- Management of MDD is either non-pharmacological and/or pharmacological according to severity of the disorder.
- Non-pharmacological treatment of MDD includes supportive therapy, problem-solving therapy, counselling, cognitive behavioural therapy (CBT), interpersonal therapy (IPT) and computerised CBT (CCBT).
- Selective Serotonin Reuptake Inhibitors (SSRIs) should be considered as the first line if medication is indicated.
- Clinicians may consider prescribing benzodiazepines as an adjunct to antidepressants. Avoid giving them alone, and they should not be given for more than 2 to 4 weeks as far as possible.

This Quick Reference provides key messages and a summary of the main recommendations in the Clinical Practice Guidelines (CPG) Management of Major Depressive Disorder (2007).

Details of the evidence supporting these recommendations can be found in the above CPG, available on the following websites :

Ministry of Health Malaysia : http://www.moh.gov.my,
Academy of Medicine : http://www.acadmed.org.my or
Malaysian Psychiatric Association : http://www.psychiatry-malaysia.org

SCREENING FOR DEPRESSION

The following two **initial** questions may be used to screen for depression :

1. "During the past month, have you often been bothered by feeling down, depressed or hopeless?"

2. "During the past month, have you often been bothered by having little interest or pleasure in doing things?"

If the answer is "Yes" to one or both questions, assess the patient for depression.

ICD-10 DIAGNOSTIC GUIDELINES FOR DEPRESSIVE EPISODE/DEPRESSIVE DISORDER

Typical symptoms of depressive episodes

- Depressed mood
- Loss of interest and enjoyment
- Reduced energy

Common symptoms of depressive episodes

- Reduced concentration and attention
- Reduced self-esteem and self-confidence
- Ideas of guilt and unworthiness
- Bleak and pessimistic views of the future
- Ideas or acts of self-harm or suicide
- Disturbed sleep
- Diminished appetite

Mild depressive episode

- At least 2 typical symptoms plus 2 common symptoms; minimum duration of whole episode is at least 2 weeks

Moderate depressive episode

- At least 2 typical symptoms plus 3 common symptoms; minimum duration of whole episode is at least 2 weeks

Severe depressive episode without psychotic symptoms

- All 3 typical symptoms plus at least 4 common symptoms; minimum duration of whole episode is at least 2 weeks

CRITERIA FOR REFERRAL

Criteria for referral to psychiatric services	Criteria for admission
• Unsure of diagnosis • Attempted suicide • Active suicidal ideas/plans • Failure to respond to treatment • Advice on further treatment • Clinical deterioration • Recurrent episode within one year • Psychotic symptoms • Severe agitation • Self-neglect	• Risk of harm to self • Psychotic symptoms • Inability to care for self • Lack of impulse control • Danger to others • Any other reason that the healthcare provider deems significant

MANAGEMENT OF MAJOR DEPRESSIVE DISORDER

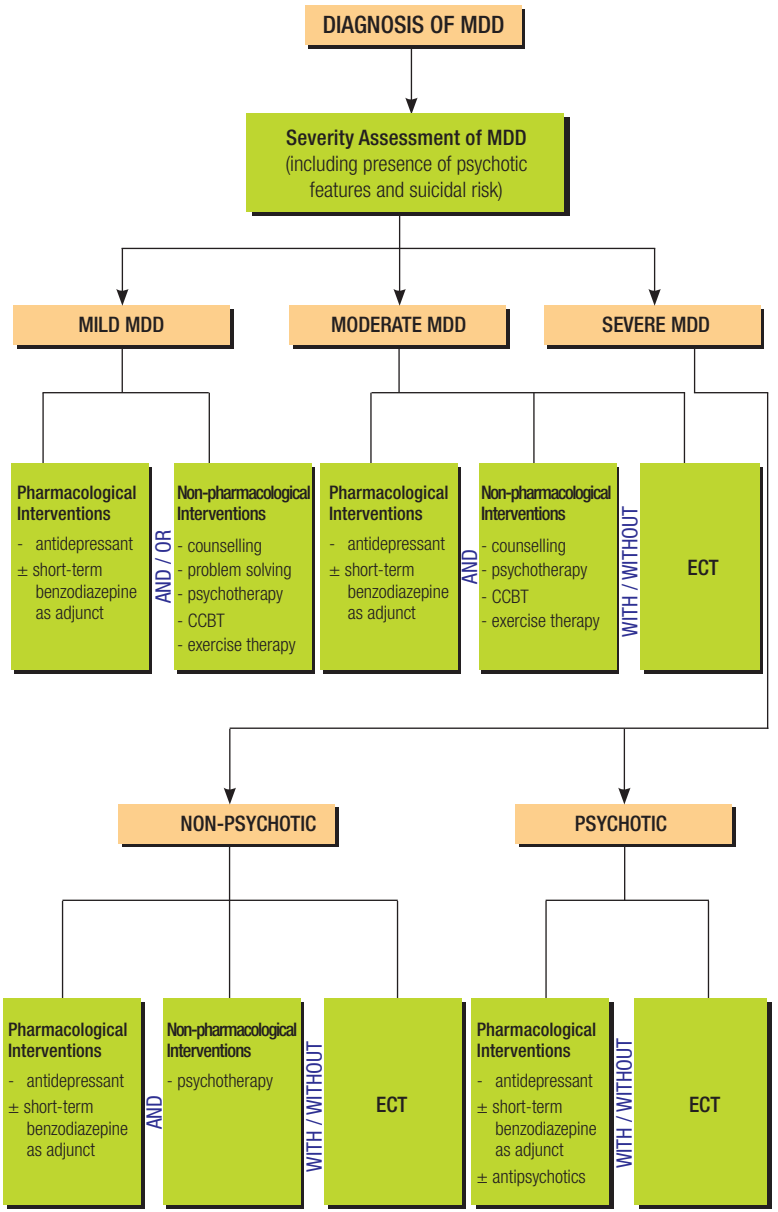
SEVERITY	MANAGEMENT OF MDD
Mild MDD	Where patient is not started on pharmacotherapy, non-pharmacological interventions should be given. The patient should be followed up closely with a follow-up appointment within 2 weeks. i. Psychological intervention:- - Supportive therapy - Problem-solving therapy - Counselling - Cognitive behavioural therapy (CBT) - Interpersonal therapy (IPT) - Computerised CBT (CCBT) ii. Other therapy:- - Exercise therapy
	Pharmacotherapy – SSRIs should be considered as the first line if medication is indicated
Moderate to Severe MDD	Pharmacotherapy – SSRIs should be considered as the first line
	Non-pharmacological therapy i. Psychological intervention:- Cognitive behavioural therapy (CBT) ii. Other therapy:- Exercise therapy Electro-convulsive therapy (ECT)

SUGGESTED ANTIDEPRESSANT DOSAGES AND ADVERSE EFFECTS

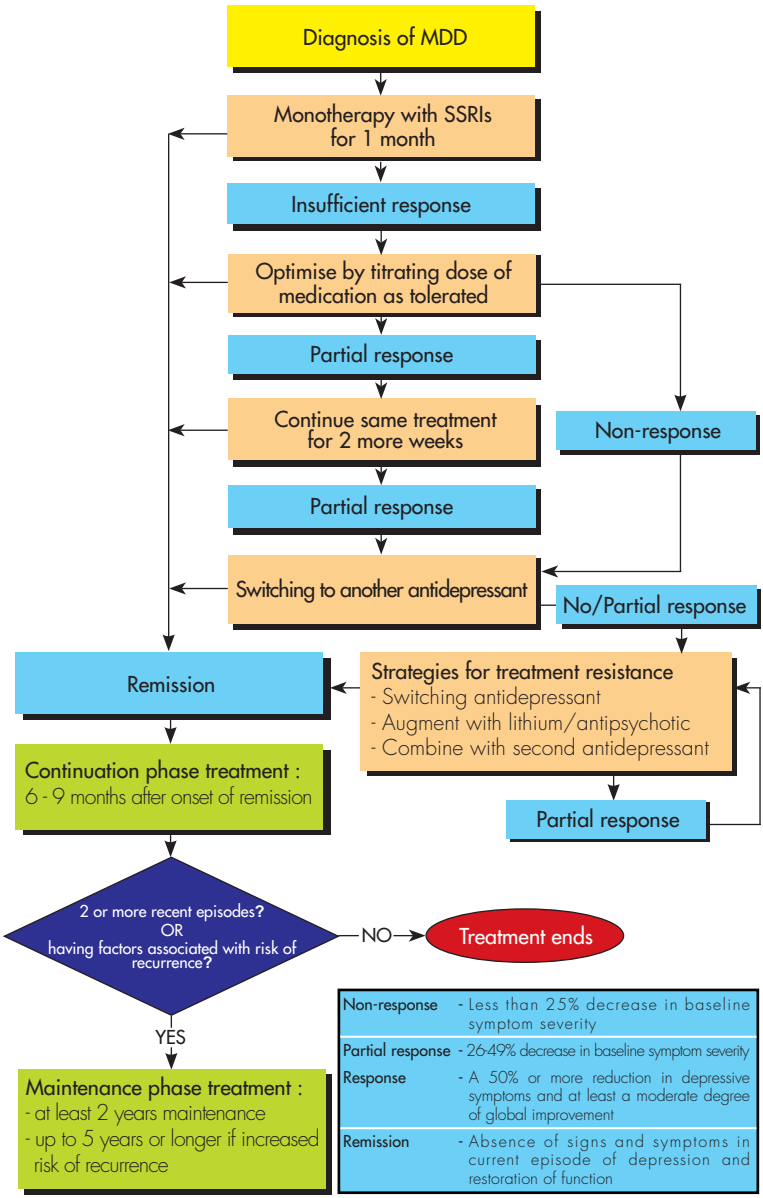
NAME	STARTING DOSE* (mg/day)	USUAL DOSE (mg/day)	MAIN ADVERSE EFFECTS
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)			
Escitalopram	10	10 - 20	Nausea, vomiting, dyspepsia, abdominal pain, diarrhoea, rash, sweating, agitation, anxiety, headache, insomnia, tremor, sexual dysfunction (male & female), hyponatraemia, cutaneous bleeding disorder. Discontinuation symptoms may occur.
Sertraline	50	50 - 200	
Fluoxetine	20	20	
Fluvoxamine	50 -100	100 - 200 (max 300)	
TRICYCLICS AND TETRACYCLICS			
Amitriptyline	25 - 75	75 - 200	Sedation, often with hangover, postural hypotension, tachycardia/ arrhythmia, dry mouth, blurred vision, constipation, urinary retention.
Clomipramine	10 - 75	75 - 150	
Dothiepin	50 - 75	75 - 225	
Imipramine	25 - 75	75 - 200 (up to 300mg for in - patients)	
Maprotiline	25 - 75	75 - 150 (up to 225mg for in - patients)	
REVERSIBLE INHIBITOR OF MAO-A (RIMA)			
Moclobemide	150	150 - 600	Sleep disturbances, nausea, agitation, confusion. Hypertension reported may be related to tyramine ingestion.
SEROTONIN AND NORADRENALINE REUPTAKE INHIBITOR (SNRIs)			
Venlafaxine, extended release	37.5 - 75	75 - 225 (up to 375mg/ day in severe depression)	Nausea, insomnia, dry mouth, somnolence, dizziness, sweating, nervousness, headache, sexual dysfunction.
Duloxetine	40 - 60	60(max 120)	
NORADRENERGIC AND SPECIFIC SEROTONERGIC ANTIDEPRESSANT (NaSSA)			
Mirtazapine	15	15 - 45	Increased appetite, weight gain, drowsiness, oedema, dizziness, headache, blood dyscrasia. Nausea/sexual dysfunction relatively uncommon.

* Lower starting doses are recommended for elderly patients and for patients with significant anxiety, hepatic disease, or medical co-morbidity.

ALGORITHM (1) FOR THE MANAGEMENT OF MDD



ALGORITHM (2) FOR THE PHARMACOTHERAPY OF MDD



Non-response	- Less than 25% decrease in baseline symptom severity
Partial response	- 26-49% decrease in baseline symptom severity
Response	- A 50% or more reduction in depressive symptoms and at least a moderate degree of global improvement
Remission	- Absence of signs and symptoms in current episode of depression and restoration of function

CPG Secretariat
Health Technology Assessment Section
Medical Development Division
Ministry of Health Malaysia
4th Floor, Block E1, Parcel E
62590 Putrajaya