Major Depressive Disorder in Adults

WellCare adheres to the 2010 practice guideline set forth by the American Psychiatric Association (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.


The Centers for Medicare & Medicaid Services (CMS) has determined that the evidence is adequate to conclude that screening for depression in adults, which is recommended with a grade of B by the U.S. Preventive Services Task Force (USPSTF), is reasonable and necessary for the prevention or early detection of illness or disability and is appropriate for individuals entitled to benefits under Part A or enrolled under Part B. Highlights from the USPSTF research 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.

CMS will cover annual screening for depression for Medicare beneficiaries in primary care settings that have staff-assisted depression care supports in place to assure accurate diagnosis, effective treatment and follow-up. A primary care setting is defined as one in which there is provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. (This excludes emergency departments, inpatient hospital settings, ambulatory surgical centers, independent diagnostic testing facilities, skilled nursing facilities, inpatient rehabilitation facilities and hospice.) At a minimum level, support consists of clinical staff (e.g., nurse, physician assistant) who can advise physician of screening results and who can facilitate and coordinate referrals to mental health treatment.

Screening tests do not diagnose depression but rather indicate severity of depression symptoms within a given time period, i.e., the past several days, past week or past two weeks including today. To evaluate the large number of available screening tools for older and elderly adults, refer to:

- Screening for Depression Across the Lifespan: A Review of Measures for Use in Primary Care Settings (Sharp & Lipsky, 2002);
- Meeting the Mental Health Needs of Older Adults: Implications for Primary Care Practice (Karlin & Fuller, 2007);
The National Institute for Health and Clinical Excellence (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)

References


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