

Psychiatric NP Cheat Sheet: Major Depressive Disorder

Diagnostic Criteria (DSM-5)

Core Symptoms

≥5 symptoms present during 2-week period, representing change from previous functioning

- 😞 **Depressed mood** most of the day, nearly every day
- 😞 **Markedly diminished interest or pleasure** in almost all activities
- 🍽️ **Significant weight loss/gain** or appetite change
- 😴 **Insomnia or hypersomnia** nearly every day
- ⚡ **Psychomotor agitation or retardation** nearly every day
- 🪫 **Fatigue or loss of energy** nearly every day
- 😞 **Feelings of worthlessness** or excessive/inappropriate guilt
- 😞 **Diminished ability to think/concentrate** or indecisiveness
- 💀 **Recurrent thoughts of death**, suicidal ideation, or suicide attempt

Required Criteria

- At least one symptom must be either **depressed mood** or **loss of interest/pleasure**
- Symptoms cause **clinically significant distress or impairment**
- Episode not attributable to physiological effects of substance or medical condition
- Not better explained by schizoaffective disorder, schizophrenia, or other psychotic disorders
- No history of manic or hypomanic episode

Specifiers

- **With anxious distress:** Presence of anxiety symptoms during episode
- **With mixed features:** Presence of manic/hypomanic symptoms during episode
- **With melancholic features:** Loss of pleasure in all activities, lack of reactivity to pleasurable stimuli
- **With atypical features:** Mood reactivity, significant weight gain, hypersomnia, leaden paralysis, interpersonal rejection sensitivity
- **With psychotic features:** Presence of delusions and/or hallucinations
- **With catatonia:** Presence of catatonic features
- **With peripartum onset:** Onset during pregnancy or within 4 weeks postpartum
- **With seasonal pattern:** Regular temporal relationship between onset and particular time of year



Assessment Tools



Screening/Severity Measures

Depression Screening Tools

Tool	Severity Scale
PHQ-9	0-4 minimal, 5-9 mild, 10-14 moderate, 15-19 moderately severe
HAM-D	0-7 normal, 8-16 mild, 17-23 moderate, '4 severe
MADRS	0-6 normal, 7-19 mild, 20-34 moderate, '5 severe
BDI-II	0-13 minimal, 14-19 mild, 20-28 moderate, 29-63 severe
GDS	0-4 normal, 5-8 mild, 9-11 moderate, 12-15 severe

PHQ-9 = Patient Health Questionnaire-9; HAM-D = Hamilton Depression Rating Scale; MADRS = MADRS; BDI-II = Beck Depression Inventory-II; GDS = Geriatric Depression Scale



Risk Assessment

- **Columbia-Suicide Severity Rating Scale (C-SSRS)**
- **SAD PERSONS Scale:** Sex, Age, Depression, Previous attempt, Ethanol abuse, Rational thinking loss, Social support lacking, Organized plan, No spouse, Sickness



Differential Diagnosis

Medical Conditions

- Hypothyroidism
- Anemia
- Vitamin deficiencies (B12, folate, D)
- Autoimmune disorders
- Neurological disorders (Parkinson's, MS)
- Sleep disorders
- Chronic pain
- Infectious diseases (HIV, hepatitis)
- Endocrine disorders (Cushing's, Addison's)
- Malignancy

Psychiatric Conditions

- Bipolar disorder
- Persistent depressive disorder (dysthymia)
- Adjustment disorder with depressed mood
- Grief/bereavement
- Anxiety disorders
- Substance use disorders
- Personality disorders
- Schizoaffective disorder
- PTSD



Substance-Induced Considerations




- **Medications:** Beta-blockers, corticosteroids, interferon, isotretinoin, hormonal contraceptives, statins
- **Substances:** Alcohol, benzodiazepines, opioids, stimulant withdrawal, cannabis



Recommended Workup

Initial Evaluation

- **Laboratory:** CBC, CMP, TSH, B12, folate, Vitamin D, HbA1c
- **Screening tools:** PHQ-9, C-SSRS

-  **History:** Previous episodes, treatment response, family history, substance use
-  **Risk assessment:** Suicidality, homicidality, psychosis
-  **Rule out:** Bipolar disorder, medical conditions, substance-induced mood disorder

Treatment Approaches

First-Line Pharmacotherapy (Karrouri et al., 2021)

First-Line Antidepressants	
SSRIs Selective Serotonin Reuptake Inhibitors	SNRIs Serotonin-Norepinephrine Reuptake Inhibitors
Fluoxetine (Prozac): 20-80 mg/day Sertraline (Zoloft): 50-200 mg/day Escitalopram (Lexapro): 10-20 mg/day Citalopram (Celexa): 20-40 mg/day Paroxetine (Paxil): 20-50 mg/day	Venlafaxine (Effexor): 37.5-225 mg/day Duloxetine (Cymbalta): 30-120 mg/day Levomilnacipran (Fevella): 40-120 mg/day Desvenlafaxine (Pristiq): 50-100 mg/day
Other First-Line Bupropion, Mirtazapine, Vilazodone	Second-Line/Adjuncts TCAs, MAOIs, Atypical antipsychotics, L

SSRIs = Selective Serotonin Reuptake Inhibitors; SNRIs = Serotonin-Norepinephrine Reuptake Inhibitors
 TCAs = Tricyclic Antidepressants; MAOIs = Monoamine Oxidase Inhibitors

Psychotherapy

- **Cognitive-Behavioral Therapy (CBT):** Addresses negative thought patterns and behaviors
- **Interpersonal Therapy (IPT):** Focuses on improving interpersonal relationships and social functioning
- **Behavioral Activation (BA):** Increases engagement in positive activities
- **Problem-Solving Therapy (PST):** Develops skills to effectively manage life problems
- **Mindfulness-Based Cognitive Therapy (MBCT):** Combines mindfulness practices with cognitive therapy

⚡ Other Treatment Modalities

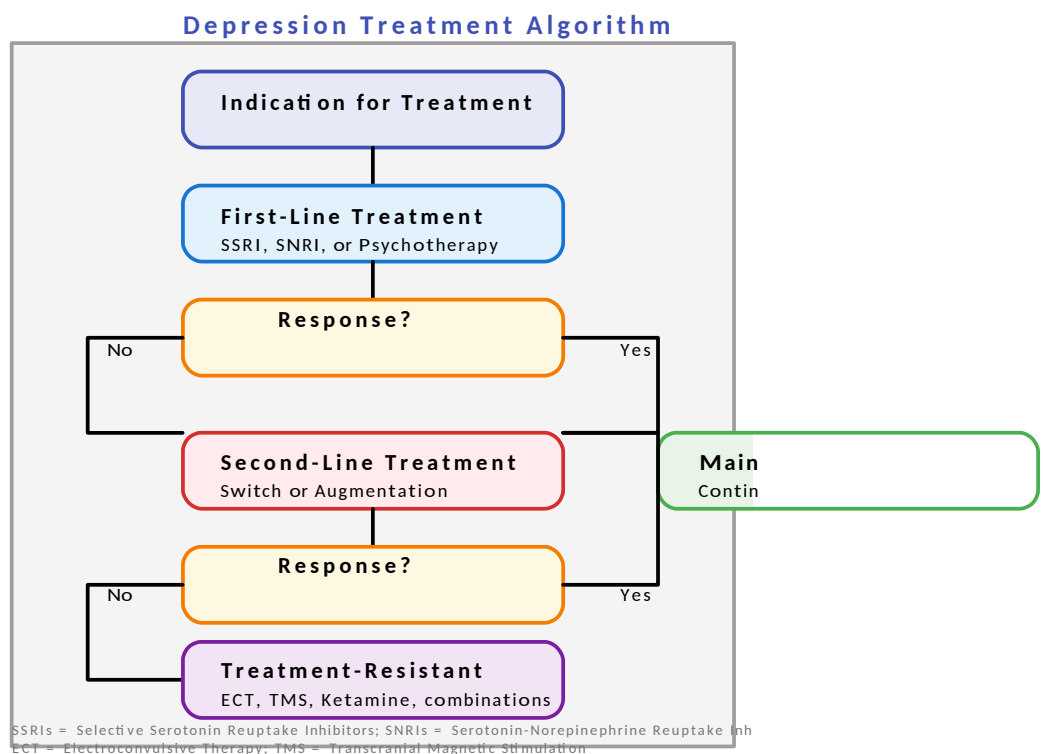
Somatic Treatments (Preskorn & Burke, 1992)

- **Electroconvulsive Therapy (ECT):** For severe, treatment-resistant depression or when rapid response needed
- **Transcranial Magnetic Stimulation (TMS):** Non-invasive brain stimulation
- **Vagus Nerve Stimulation (VNS):** Implanted device for chronic treatment-resistant depression
- **Ketamine/Esketamine:** Rapid-acting option for treatment-resistant depression

Lifestyle Interventions

- **Exercise:** 30 minutes of moderate activity most days
- **Sleep hygiene:** Regular sleep schedule, limit screen time
- **Nutrition:** Mediterranean diet, omega-3 fatty acids
- **Light therapy:** Especially for seasonal pattern
- **Social connection:** Reduce isolation, increase support
- **Stress reduction:** Mindfulness, relaxation techniques

🔄 Treatment Algorithm



Special Populations

Pregnancy/Postpartum

- Psychotherapy is first-line
- SSRIs (except paroxetine) generally considered safe
- Sertraline has most safety data
- Avoid TCAs and MAOIs
- Monitor for peripartum onset
- Screen for postpartum depression at 2, 4, and 6 weeks

Elderly

- Start low, go slow with medications
- Consider drug interactions and medical comorbidities
- SSRIs preferred over TCAs (less anticholinergic effects)
- Monitor for hyponatremia
- Use Geriatric Depression Scale for screening
- Consider cognitive assessment

Adolescents




- Psychotherapy is first-line
- Fluoxetine FDA-approved for ages 8+
- Escitalopram FDA-approved for ages 12+
- Monitor closely for suicidality (black box warning)
- Family involvement is important
- Consider school accommodations

Medical Comorbidities






- Cardiovascular: Avoid TCAs, consider sertraline
- Seizures: Avoid bupropion, consider SSRIs
- Parkinson's: Consider SNRIs, avoid SSRIs
- Chronic pain: Consider duloxetine, milnacipran
- Diabetes: Monitor glucose with all antidepressants

Follow-Up and Monitoring

Recommended Schedule

-  **Initial phase:** Every 1-2 weeks for first 6-8 weeks
-  **Continuation phase:** Every 2-4 weeks for 4-6 months
-  **Maintenance phase:** Every 1-3 months

Monitoring Parameters

-  **Symptom severity:** PHQ-9 or other validated scale
-  **Suicidality:** Especially in first 4 weeks of treatment and with dose changes
-  **Medication side effects:** Sexual dysfunction, GI issues, sleep changes
-  **Treatment adherence:** Assess barriers and address concerns
-  **Functional improvement:** Work, relationships, self-care

Relapse Prevention

- **Duration of treatment:** Continue for at least 6-12 months after remission
- **Recurrent depression:** Consider longer maintenance (2+ years or indefinite)
- **Tapering:** Gradual taper over 2-4 weeks when discontinuing
- **Psychotherapy:** CBT and MBCT reduce relapse risk
- **Lifestyle:** Regular exercise, sleep hygiene, stress management
- **Early warning signs:** Educate patient about recognizing symptoms early
- **Wellness plan:** Develop written plan for managing early symptoms

Documentation Tips

- Document specific DSM-5 criteria met

- Include severity assessment (PHQ-9 score)
- Note presence/absence of suicidal ideation and risk assessment
- Document treatment rationale and patient education provided
- Include functional impact of symptoms
- Note response to previous treatments
- Document informed consent discussion for medications
- Include follow-up plan and monitoring parameters



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2. American Psychiatric Association. Practice Guideline for the Treatment of Patients with Major Depressive Disorder, 3rd Edition
3. NICE Guidelines. Depression in adults: treatment and management
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