

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, 20-27 severe |
| HAM-D | 0-7 normal, 8-16 mild, 17-23 moderate, 24-34 severe |
| MADRS | 0-6 normal, 7-19 mild, 20-34 moderate, 35-48 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 = Montgomery-Asberg Depression Rating Scale; 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 (Karroui et al., 2021)

| First-Line Anti depressants | |
|--|---|
| 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 (Feveffa): 40-120 mg/day Desvenlafaxine (Pristiq): 50-100 mg/day |
| Other First-Line Bupropion, Mirtazapine, Vilazodone | Second-Line/Adjuncts TCAs, MAOIs, Atypical antipsychotics, Lithium |

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

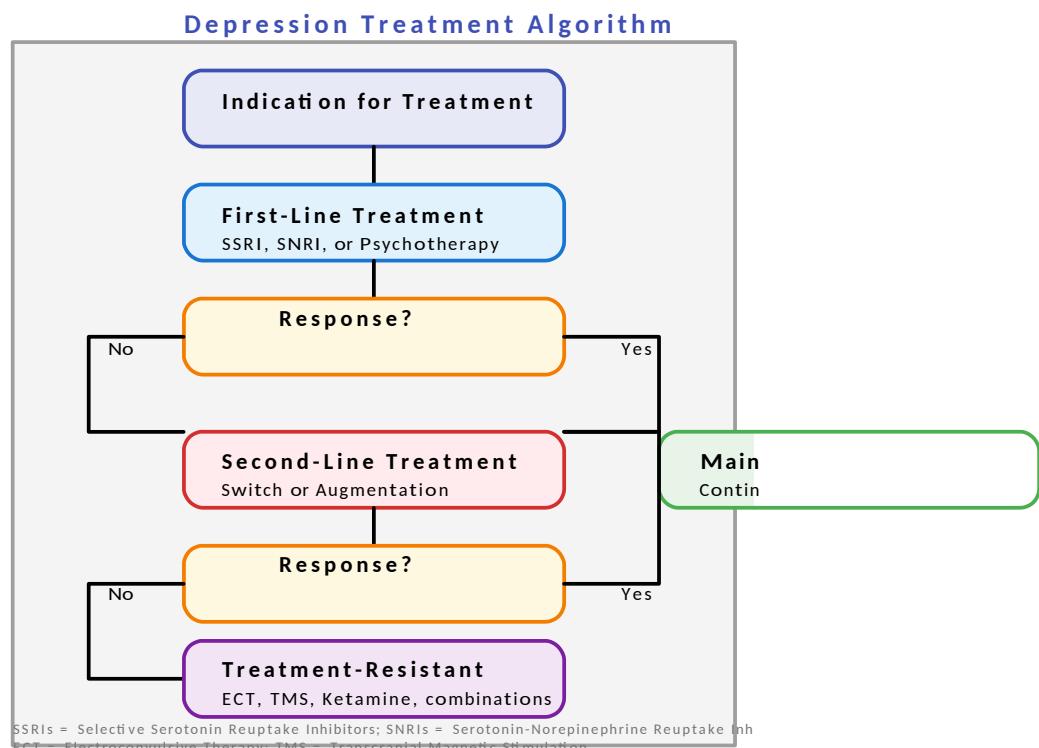
Somatic Treatments (Preskorn & Burke, 1992)

- **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

References

1. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5)
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
4. Malhi GS, et al. Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for mood disorders
5. Kennedy SH, et al. Canadian Network for Mood and Anxiety Treatments (CANMAT) 2016 Clinical Guidelines for the Management of Adults with Major Depressive Disorder

References

Bains, N., & Abdijadid, S. (2023, April 10). *Major depressive disorder*. PubMed; StatPearls Publishing.

<https://www.ncbi.nlm.nih.gov/books/NBK559078/>

Karrouri, R., Hammani, Z., Benjelloun, R., & Otheman, Y. (2021). Major Depressive disorder: Validated Treatments and Future Challenges. *World Journal of Clinical Cases*, 9(31), 9350–9367.

<https://doi.org/10.12998/wjcc.v9.i31.9350>

Preskorn, S. H., & Burke, M. (1992). Somatic therapy for major depressive disorder: selection of an antidepressant. *The Journal of Clinical Psychiatry*, 53 Suppl, 5–18.

<https://pubmed.ncbi.nlm.nih.gov/1522080/>

Substance Abuse and Mental Health Services Administration. (2020, June). *DSM-IV to DSM-5 Major Depressive Episode/Disorder Comparison*. Nih.gov; Substance Abuse and Mental Health Services Administration (US). <https://www.ncbi.nlm.nih.gov/books/NBK519712/table/ch3.t5/>