Depression Outpatient Guidelines

Depression Screening, Identification and Diagnosis

Date: September 2, 2016

Guideline(s) Reviewed:

1. **Addressing Mental Health Concerns in Primary Care: A Clinicians Toolkit.** American Academy of Pediatrics.
5. **Mental Health Screening and Assessment Tools for Primary Care.** American Academy of Pediatrics
6. **PAL Washington Primary Care Principles for Child Mental Health:** Depression Summer 2015
7. **Practice Parameter for the Assessment and Treatment of Children and Adolescents with Depressive Disorders.** Journal of the American Academy of Child and Adolescent Psychiatry, 46:11, November 2007
8. **Seattle Children's Hospital Depressive Disorders Pathway** April 2012
9. **US Preventive Services Task Force Depression in Children and Adolescent:** Screening February 2016

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Screening, Identification and Diagnosis

Objectives:

1. Perform universal depression screening for all children and adolescents 11 years and older
2. Provide criteria for identifying children and adolescents at risk for depression
3. Provide diagnostic criteria for depression in children and adolescents
4. Provide standardized depression tools to aid in assessment of high-risk children and adolescents as well as those presenting with emotional problems
Summary:

Screening/Identification

1. Recommend annual screening for depression in all children and adolescents 11 years and older
2. Identify and monitor over time patients with depression risk factors such as history of previous depressive episodes, family history of depression or other psychiatric disorder, substance abuse, trauma or other psychosocial adversities

Assessment/Diagnosis

1. Evaluate for depression in high-risk children and adolescents as well as patients who present with emotional problems as the chief complaint.
2. Use standardized tools to aid in the assessment of depression.
3. Assessment for depression should include direct interviews with the patient and family/caregivers. It is important to meet with child or adolescent privately to assess symptoms. Consider collateral from school if possible.
4. Assess functional impairment in different domains and consider other existing psychiatric conditions.
5. Assessment for safety/suicide risk should be included in the interview. Also assess for non-suicidal self injury.

Inclusion Criteria

All children and adolescents 11 years and older

Exclusion Criteria

Significant developmental delay
Screening Tools

Universal

- Recommend use of simple, easy to administer, validated screening tool such as Patient Health Questionnaire 2 (PHQ-2) annually for all patients 11 years and older
- Recommend use of HEEADSSS¹ psychosocial screen annually as part of health supervision visit for all patients 11 years and older

High Risk Patients

- Recommend use of Strengths and Difficulties Questionnaire (SDQ OR Pediatric Symptom Checklist-17 (PSC-17) for all patients 11 years and older AT RISK for depression

For more comprehensive preventive health approach consider use of Bright Futures developed by the American Academy of Pediatrics and/or the Guidelines for Adolescent Preventive Services (GAPS)³ developed by the American Medical Association.

Assessment/Diagnostic Tools

- Recommend use of Short Mood and Feeling Questionnaire Child and Parent Version as diagnostic tool for depression in patients 11-12 years old.
- Recommend use of Patient Health Questionnaire 9 (PHQ-9) or Patient Health Questionnaire for Adolescents (PHQ-A) as diagnostic tool for depression in patients 13 years and older.

Diagnosis

History of present illness

- History should be obtained from the patient and may often involve parents and other caregivers.
- Establish presence of depressive symptoms
  - Depressed mood most the day
  - Loss of interest or pleasure in most or all activities
  - Insomnia or hypersomnia
  - Significant weight loss or weight gain (eg, 5 percent within a month) or decrease or increase in appetite nearly every day
  - Psychomotor retardation or agitation nearly every day that is observable by others
Fatigue or low energy
Decreased ability to concentrate, think, or make decisions
Thoughts of worthlessness or excessive or inappropriate guilt
Recurrent thoughts of death or suicidal ideation, or a suicide attempt

- Determine chronology of current depressive symptoms and any prior history of depression
- Determine impact of depressive episode on current functioning (academic, interpersonal, occupational, etc)
- Elicit alleviating or aggravating factors (stressful life events, social circumstances, etc)
- Include screening for mania or hypomania
- Include screening for suicidal and homicidal ideation and behavior
- Include detailed sleep history
- Consider use of helpful mnemonic ‘SIG E CAPS’ as part of history of present illness when assessing for depression. Note: in children/adolescents, predominant mood can be sad/depressed OR irritable.
- Important to address patient confidentiality and consent when sources other than patient are considered.

Family History
- Depression, suicide, psychosis and bipolar disorder

Social History
- Include interpersonal, educational/academic, occupation and financial stressors.
- Assess family functioning and illicit possible sources of support

Medications
- Prescription
- Over the counter, herbals and supplements
- Drugs of abuse

Mental Status Examination
- Level of consciousness (arousal)
- Attention and concentration
- Memory
- Language
- Visual spatial perception
- Executive functioning
- Mood and thought content
- Praxis
- Calculations
Review of Systems

- Complete review of systems focusing on neurologic and endocrinologic systems

Physical Examination

- General exam with focus on signs of medication effects, infection, malignancy, neurologic and endocrine disorder

Laboratory Evaluation

- In most cases of mild to moderate depression, diagnostic evaluation is NOT indicated
- Consider for new onset of depression especially if no psychosocial context or precipitant not clear, severe depression or depression resistant to treatment
- CBC with diff, ferritin, basic metabolic panel, urinalysis, thyroid stimulating hormone (TSH), human chorionic gonadotropin (HCG pregnancy), urine toxicology for drugs of abuse
- Additional laboratory evaluation guided by history, review of systems and physical examination

Neuroimaging

- Reserved for patients with focal neurologic signs or persistent cognitive impairment

DSM-5 Diagnostic Criteria for Major Depressive Disorder

A. Five (or more) of the following symptoms have been present during the same two-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed/irritable mood or (2) loss of interest or pleasure.

NOTE: Do not include symptoms that are clearly attributable to another medical condition.

1) Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observations made by others (e.g., appears tearful). (NOTE: In children and adolescents, can be irritable mood.)

2) Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation)

3) Significant weight loss when not dieting or weight gain (e.g., a change of more than 5 percent of body weight in a month), or decrease or increase in appetite nearly every day.
(NOTE: In children, consider failure to make expected weight gain.)

4) **Insomnia** or **hypersomnia** nearly every day

5) **Psychomotor agitation** or **retardation** nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)

6) **Fatigue** or **loss of energy** nearly every day

7) Feelings of **worthlessness** or **excessive** or **inappropriate guilt** (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)

8) **Diminished** ability to **think or concentrate**, or **indecisiveness**, nearly every day (either by their subjective account or as observed by others)

9) Recurrent **thoughts of death** (not just fear of dying), recurrent **suicidal ideation** without a specific plan, or a **suicide attempt** or a **specific plan** for committing suicide

**B.** The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

**C.** The episode is **not attributable** to the direct physiological effects of a **substance** or to another **medical condition**.

**NOTE:** Criteria A through C represent a major depressive episode.

**Addendum**

**Depression facts:**

1. Lifetime prevalence of MDD by age 18 up to 20% or 1 in 5 teens
2. More common post-puberty and in females
3. More common in youth with chronic medical conditions

**Screening Mnemonics**

1. **HEEADSSS**
   
   H ome environment
   
   E ducation and employment
   
   E ating
   
   A ctivities
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2. **SIG E CAPS**

- Sleep
- Interest
- Guilt
- Energy
- Concentration
- Appetite
- Psychomotor agitation/retardation
- Suicide

*Other common symptoms of depression in children/adolescents: fatigue, unexplained medical symptoms, crying easily, acting out, boredom*

3. **Washington State Medical Records - Health Care Information Access and Disclosure**

**Differential Diagnosis of Depression:**

a. Medications/Poisons:
   i. beta-blockers
   ii. corticosteroids
   iii. contraceptives
   iv. anti-epileptics
   v. heavy metals
   vi. chemotherapy agents
   vii. cholinesterase inhibitors

b. Medical disorders:
   i. Disturbed Sleep
      1. Sleep deprivation
2. Sleep apnea
3. Other sleep disorders
4. Esophageal reflux
5. Allergic rhinitis

ii. Autoimmune/rheumatologic
   1. Inflammatory bowel disease
   2. Lupus
   3. Other collagen vascular disorders

iii. Cardiopulmonary
   1. Chronic heart failure

iv. Endocrine/Metabolic
   1. Addison’s disease
   2. Chronic renal failure
   3. Cushing’s disease
   4. Diabetes mellitus
   5. Hypercalcemia
   6. Hyperparathyroidism
   7. Hypokalemia
   8. Hyponatremia
   9. Hypothyroidism/hyperthyroidism
   10. Pituitary insufficiency
   11. Porphyria
   12. Wilson’s disease

v. Infectious
   1. Cytomegalovirus
   2. Encephalitis
   3. Endocarditis
   4. Hepatitis
   5. HIV
   6. Mononucleosis
   7. Parasitic disease
   8. Post-influenza
   9. Tuberculosis
Neoplastic/Hematologic
1. Anemia
2. Malignancy

Neurologic
1. Multiple sclerosis
2. Subdural hematoma
3. Stroke
4. Post-traumatic brain injury syndromes
5. Cerebral tumors

c. Psychiatric disorders:
   i. ADHD
   ii. adjustment disorders
   iii. anxiety disorders
   iv. conduct disorder
   v. eating disorders
   vi. substance use

d. Typical development

Screening/Assessment Tools

PHQ-2

PHQ-9 Pediatric Symptom Checklist 17

Short Mood and Feeling Questionnaire

Strengths and Difficulties

Additional Screening/Assessment Tools

Bright Futures

Bright Futures in Practice: Mental Health

Guidelines for Adolescent Depression in Primary Care

Guidelines for Adolescent Preventive Services (GAPS) Middle-Older Adolescent Questionnaire

Guidelines for Adolescent Preventive Services (GAPS) Parent Questionnaire