

# PHYSICIANS HEALTH CHOICE

## Exhibit 6.5

### Clinical Practice Guideline - Depression

INTERVENTION	RECOMMENDATION
Stage I: Acute Phase Medication Therapy	<ol style="list-style-type: none"><li>1. Medication for all patients with chronic, highly recurrent, severe or melancholic symptoms, psychosis or elevated suicide or homicide risk.</li><li>2. Selection of antidepressant depends on the following factors:<ul style="list-style-type: none"><li>• Short/long term side effects</li><li>• Prior response to medication</li><li>• First degree relative's responses to medications</li><li>• Concurrent medical illness</li><li>• Concomitant non-psychotropic medications</li><li>• Likelihood of adherence based on history</li><li>• Type of depression</li><li>• Effectiveness if given once/day vs. multiple times/day</li><li>• Interference in lifestyle due to treatment</li><li>• Cost of medications</li><li>• Practitioner experience with specific medication</li><li>• Consideration of Patient preference</li></ul></li></ol>



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	<ul style="list-style-type: none"> <li>• Suicide/homicide risk persists or emerges</li> </ul>
<p>Stage II: Continuation Phase (4-9 months beyond remission) Goal: Ensure continued remission</p>	<ol style="list-style-type: none"> <li>1. Patient responsive to acute phase medication continue at same dosage for 4-9 months</li> <li>2. For those with previous episodes, continuation of treatment should be for at least 9 months</li> <li>3. Evaluate every 1-3 months</li> <li>4. Patients at high risk for relapse (history of 3&gt; depressive episodes, persistent residual symptoms) should be considered for Stage III maintenance.</li> <li>5. Objective is to decrease likelihood of relapse and relieve persisting symptoms</li> <li>6. Educate patient and support givers that symptoms can recur</li> </ol>
INTERVENTION	RECOMMENDATION
<p>Stage III: Maintenance Phase (Indefinite) Goal: Prevent New Episodes</p>	<ol style="list-style-type: none"> <li>1. Patients should be considered for maintenance antidepressant therapy who: <ul style="list-style-type: none"> <li>• Have had 3 or more episodes of major depression</li> <li>• Have had 2 episodes of major depression and a family history of recurrent major depressive or bipolar I or II disorder</li> <li>• Have a recurrence shortly following continuation therapy</li> </ul> </li> <li>2. Those identified as low risk patients (MDD, recurrent with 2 or fewer episodes and no family history) should be considered for discontinuation with tapering and with careful monitoring for relapse.</li> <li>3. Psychotherapy is generally not useful at this stage unless patient unable to take medication.</li> <li>4. Consultation with a psychiatrist should be considered for patients needing maintenance therapy.</li> <li>5. Educate patient that symptoms can recur</li> </ol>
<p><b>REFERENCES:</b> This guideline is adapted from the following sources: The Depression in Primary Care: Treatment of Major Depression. AHCPR 1999, TMAP clinical algorithm for major depression and AMHG, APA Guideline 2000</p>	