

Critical Decision Points (CDPs) for Acute Phase Treatment of Major Depression

CDP	PHQ-9 Severity Parameters from baseline	Treatment Modification	Treatment Options At any point – Medication intolerance is always a compelling reason to switch medications.
WEEK 0 <i>CDP #1</i>	Severity >9		>Initiate antidepressant medication >Adjust dose to lower end of therapeutic dose range
WEEK 1 PHONE CALL	Severity > 20 Others optional		>Evaluate patient status, initial response to therapy, medication tolerance >PHQ-9 question 9 + conduct Suicide Screening >May be from trained physician, therapist, nurse, or care manager (If indicated return appointment scheduled prior to week 4.)
WEEK 2 PHONE CALL	Recommended for all patients		>Evaluate patient status, initial response to therapy, medication tolerance >May be from trained physician, therapist, nurse, or care manager (If indicated return appointment scheduled prior to week 4.)
WEEK 4 <i>CDP #2</i> Goal: 50% symptom reduction	≥ 5 point ↓	None	
	2 - 4 point ↓	Modify based on functionality & pt. preference	>Increase antidepressant dose. >Communicate with psychotherapist about progress (if applicable) >Informal psychiatric consultation.
	0 - 1 point ↓ or any ↑	Modify Treatment	>Maximize antidepressant dose. >Schedule a return appointment for week 6. If no improvement at week 6, recommend switching antidepressant
WEEK 6 PHONE CALL based on resources	Evidence shows effectiveness		>Evaluate patient status, initial response to therapy, medication tolerance >PHQ-9 question 9 + conduct Suicide Screening >May be from trained physician, therapist, nurse, or care manager (If indicated return appointment scheduled prior to week 8.)
WEEK 8 <i>CDP #3</i>	Score < 5	None	Enter Continuation Phase (if 4 wks. continuous antidepressant therapy completed)
	≥ 5 point ↓	None	
	2 - 4 point ↓	Modify based on functionality & pt. preference	>Increase antidepressant dose. >Communicate with psychotherapist about progress (if applicable) >Informal psychiatric consultation.
	0 - 1 point ↓ or any ↑	Modify Treatment	>Maximize antidepressant dose. >Switch antidepressant >Add antidepressant from a different class (e.g., bupropion or mirtazapine to SSRI). >Augment therapy w/ lithium, buspirone (Buspar), T3 thyroid hormone (Cytomel).
WEEK 10 PHONE CALL Based on resources	Evidence shows effectiveness		>Evaluate patient status, initial response to therapy, medication tolerance >PHQ-9 question 9 + conduct Suicide Screening >May be from trained physician, therapist, nurse, or care manager (If indicated return appointment scheduled prior to week 12.)
WEEK 12 (q 4 weeks) <i>CDP #4</i> Goal: 100% Symptom reduction	Score < 5	None	Enter Continuation Phase
	≥ 5 point ↓	None	
	2 - 4 point ↓	Modify based on functionality & pt. preference	>Increase antidepressant dose. >Communicate w/psychotherapist about progress (if applicable) >Informal psychiatric consultation.
	0 - 1 point ↓ or any ↑	Modify Treatment	>Maximize antidepressant dose. >Switch antidepressant >Add antidepressant from a different class (e.g. bupropion or mirtazapine to SSRI) >Augment therapy w/ lithium, buspirone (Buspar), T3 thyroid hormone (Cytomel).

Patients who do not achieve remission after 2 adequate 4 week trials of antidepressant &/or psychological counseling or by 20-30 weeks should have a psychiatric consultation for diagnostic & management suggestions