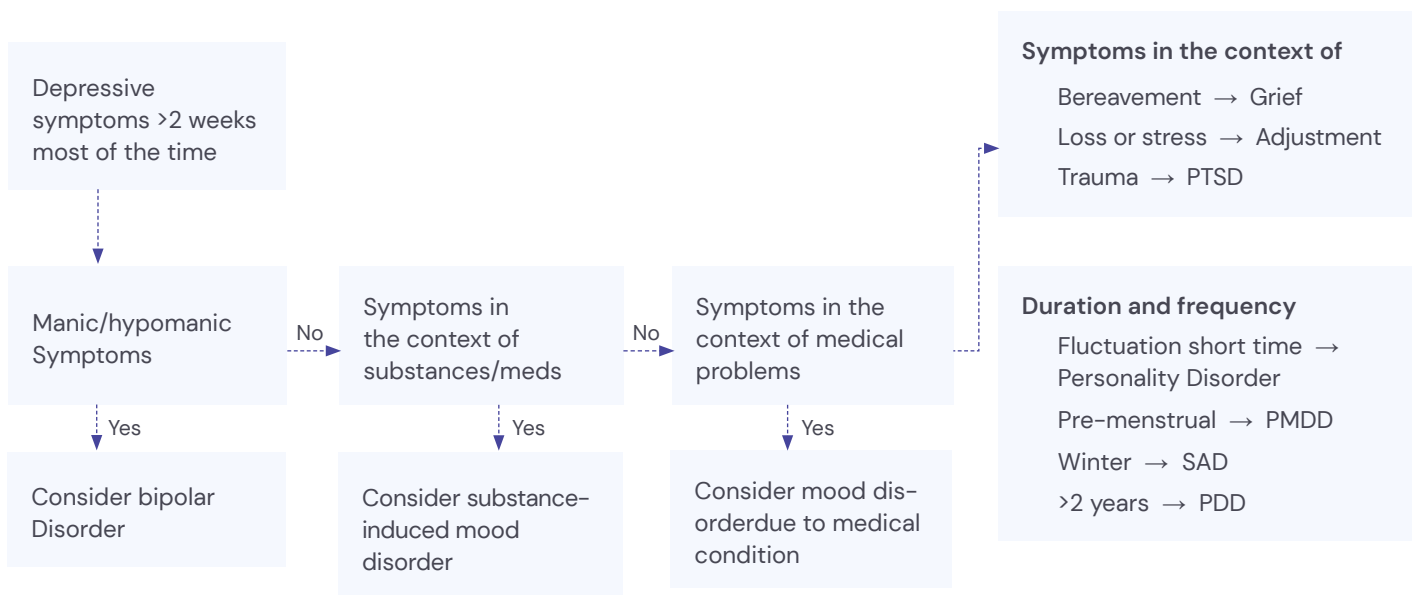


General management of depressive disorders in primary care

The first step when managing depressive disorders in primary care is an assessment to clarify the diagnosis and rule out other psychiatric and medical conditions with similar presentations.

Confirming the diagnosis of depression



Clinical interview: Symptoms (frequency, duration, intensity, impact, precipitants), Past psych history, ROS

Some medical conditions that present with symptoms similar to depression

- > Adrenal insufficiency
- > Anemia
- > Huntington disease
- > Hypercortisolism
- > Hypothyroidism
- > Mononucleosis
- > Multiple sclerosis
- > Obstructive sleep apnea
- > Parkinson disease
- > Stroke
- > Systemic lupus erythematosus
- > Traumatic brain injury
- > Vitamin B12 insufficiency
- > Syphilis

The utility of screening labs for all cases has not been demonstrated

The table below summarizes key aspects to consider when diagnosing and managing depressive disorders in primary care. When indicated, antidepressants are first line medication. You can find more information about how to select an antidepressant [here](#), how to switch antidepressant [here](#), and how to discontinue antidepressants [here](#).



Most commonly identified and managed depressive disorders in primary care clinics

	Major depressive disorder	Grief	Adjustment disorder	Premenstrual Dysphoric Disorder	Seasonal Affective Disorder
Brief description	Depressed mood &/or lack of interest with neurovegetative symptoms and functional impairment	Symptoms in the setting of bereavement	Symptoms secondary to a significant stressor (e.g. loss or change)	Periodic symptoms only present around menstruation	Symptoms with seasonal onset and remission
Duration	At least two weeks	Usual resolution in the first 6 mo, but can persist, becoming complicated grief after a year	Constant, for as long as the stressor is present or the patient learns to cope with it	Usually 1-2 weeks	Depending on the type, usually only during the winter/summer
Non-pharmacological interventions	Psychotherapy, regular exercise, stress management, self-care	Support from family & friends, planning for a meaningful future & developing identity without the diseased	Psychotherapy, regular exercise, stress management, self-care	Psychotherapy, diet, regular exercise, stress management,	Light therapy, dawn stimulation, regular exercise, stress management, psychotherapy
Pharmacological management	Antidepressant treatment indicated in moderate and severe cases and for at least six months after remission	Antidepressant treatment usually not indicated. Sleeping aids as needed	Antidepressant treatment usually not indicated. Sleeping aids as needed	Hormonal contraception, NSAIDs, SSRI (continuous, in luteal phase only, symptom-onset therapy), vitamin supplements	Antidepressant treatment (seasonal or continuous)

Summary

Depressive symptoms are a common chief complaint in primary care visits and can be secondary to different psychiatric or medical problems. Given the similarities with other conditions, a comprehensive assessment is needed to confirm the diagnosis. Although antidepressant medications are indicated in many cases, those are not always a required part of the treatment. Additionally, if available, different psychotherapy modalities can be of great help.

