



**NATIONAL REGISTER**  
OF HEALTH SERVICE PSYCHOLOGISTS

# Depression

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# Tools for Assessment and Tracking

- **EMR (Electronic Medical Record) Based**
  - Vital Signs
  - Somatic Symptoms
  - PQRS (Physician Quality Reporting System) **CMS**
    - Depression (PHQ – 2, PHQ – 9)
- **Tools and Questionnaires – Multiple Evidence-Based Examples**

## **Severity: See Criteria for Major Depressive Disorder**

- **Depressed mood or anhedonia** (loss of the capacity to experience pleasure) for at least 2 weeks
- **Not caused by medical illness**
- **At least 5 of the cardinal symptoms** indicative of major depression, broadly:
  - **Insomnia Or Hypersomnia**
  - **Anorexia Or Hyperphagia**
  - **Psychomotor Agitation Or Retardation**
  - **Fatigue**
  - **Executive Function Impairment**
  - **Negative Thinking**
  - **Suicidal Ideation Or Intent**

# Depression

- **Step 1 – Consultation** = obtain significant history (hx) from PCP – review chart
- **Step 2 – Risk Assessment** = suicide and/or homicide
  - **High risk** -> Refer to specialty care, hospitalization, safety plan
  - **Lower risk** -> Establish safety plan & begin guided self-help for depression

# Depression

Depression Type	Guided Self-help: Evidence-based Tools And Techniques	Rx	Both Guided Self-help And Rx
Major Depression Symptoms	++	++	+++
Dysthymia Symptoms	++		+
Depression Due To Medical Illness Or Other Mental Illness Or Substance Use	++		+

Safety Plan Established as Needed

# Medication choice – most important factors

- **How anxious is the patient? → SSRI**
- **How much pain is the patient experiencing? → SNRI**
- **How low energy is the patient? → NDRI**
- **How much trouble is the patient having in sleeping? → SARI, Tricyclic AD**
- **How hypersensitive is the patient to side effects? → SSRI with long half-life & “start low and go slow”**

# **Most Common Behavioral Goals**

- **Increased Physical & Social Activity**
- **Reduced Negative Thinking**
- **Stress Reduction**
- **Improved Sleep**
- **Reduction in suicidal ideation**





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