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

<table>
<thead>
<tr>
<th>Depression Type</th>
<th>Guided Self-help: Evidence-based Tools And Techniques</th>
<th>Rx</th>
<th>Both Guided Self-help And Rx</th>
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</thead>
<tbody>
<tr>
<td>Major Depression Symptoms</td>
<td>++</td>
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<tr>
<td>Dysthymia Symptoms</td>
<td>++</td>
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<tr>
<td>Depression Due To Medical Illness Or Other Mental Illness Or Substance Use</td>
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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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