



**Tool Kit
for the Management
of Adult Depression**

Tool Kit for Management of Adult Depression

The clinical tool kit is intended to assist the PCP in assessing the needs of adults age 18 and over regarding depression and decisions regarding health care services provided by the PCP or subsequent referral to the RHBA if clinically indicated. Tools include:

- Two Screening Clinical Interview questions (see below)
- Decision making algorithm (use when the HAM-D has a minimum score of 15)
- Hamilton Rating Scale for Depression (HAM-D) Directions for Scoring
- Hamilton Rating Scale for Depression (HAM-D)
- The list of medications universally available **as of 10/1/09** through AHCCCS Health Plans and the Regional Behavioral Health Authority known as the RBHA.

Clinical resources and adaptations of clinical sources are referenced within the individual documents.

SCREENING INTERVIEW QUESTIONS¹

If the answer is yes to both questions below, administer the “Hamilton Rating Scale for Depression

1. During the past month have you often been bothered by feeling down, depressed or helpless?

Yes or No

2. During the past month have you often been bothered by little interest or pleasure in doing things?

Yes or No

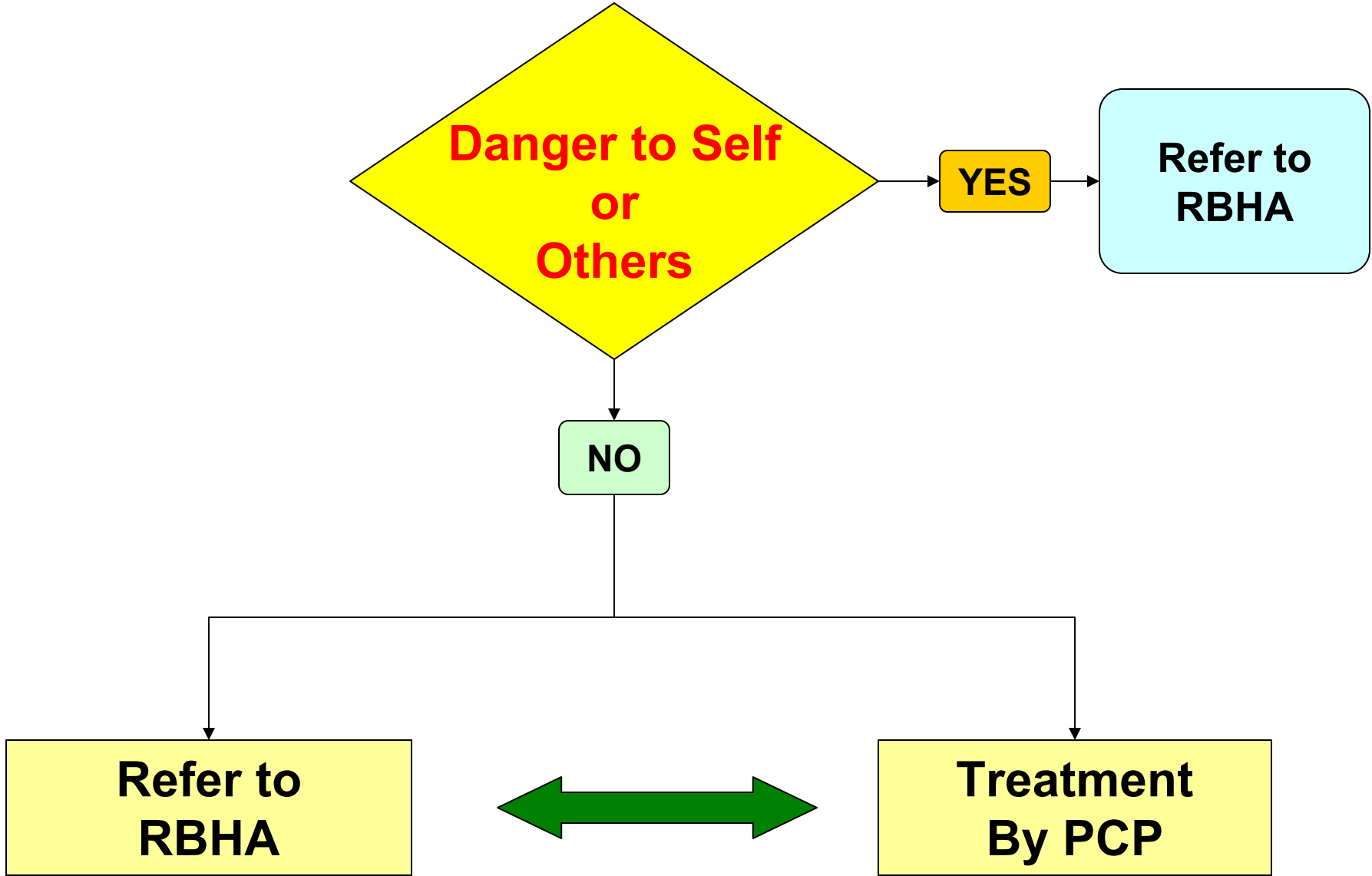
NOTE:

- A RBHA consultation is available at any time.

¹ Adaptation from the American Academy of Family Physicians Vol. 69/No. 10 (May 15, 2004)

This tool kit was developed by the AHCCCS Tool Kit Workgroup in collaboration with Acute Health Plans and ADHS/DBHS (January, 2008 through January, 2009). This tool kit is only a resource and may not apply to all patients and all clinical situations. It is not intended to replace clinical judgment.

Depression



**Sole usage of Algorithms is not a substitute for a comprehensive clinical assessment*

Hamilton Rating Scale for Depression (HAM-D)

The Hamilton Rating Scale for Depression (HAM-D, HRSD) is the most widely utilized rating scale to assess symptoms of depression. The HAM-D is an observer-rated scale consisting of 17 to 21 items (including two 2-part items, weight and diurnal variation). Ratings are made on the basis of the clinical interview, plus any additional available information, such as nursing or family member report. The items are rated on either a 0 to 4 spectrum (0 = none/absent and 4 = most severe) or a 0 to 2 spectrum (0 = absent/none and 2 = severe). The HAM-D heavily emphasizes somatic symptoms of depression and works best for the assessment of individuals with relatively severe illness. The HAM-D also relies on the clinical interviewing skills and experience of the rater in evaluating individuals with depressive illness. As most patients score zero on rare items in depression (depersonalization, obsessive and paranoid symptoms), the total score on the HAM-D generally consists of only the sum of the first 17 items. A typical baseline score for a depressed patient in a treatment trial is 15-20. The strengths of the HAM-D include its excellent validation/research base, and ease of administration. Although the author intended the scale to be utilized only in patients with primary depression, in real-life settings the scale is sometimes used to evaluate depressive symptoms in patients with other disorders, such as schizophrenia or bipolar disorder. The HAM-D has been translated into nearly all European languages, and is used all over the world.

The scale is generally done by a clinician or trained rater and takes 20-30 minutes to complete.

REFERENCES

Hamilton M. A rating scale for depression. *J Neurol Neurosurg Psychiatry*. 1960;23:56-62.

Hamilton M. Development of a rating scale for primary depressive illness. *Br J Soc Clin Psychol*. 1967;6:278-296.

Faries D, Herrera J, Rayamajhi J, DeBrota D, Demitrack M, Potter WZ. The Responsiveness of the Hamilton Depression Rating Scale. *J Psychiatric Res*. 2000;34:3-10.

THE HAMILTON RATING SCALE FOR DEPRESSION

(to be administered by a health care professional)

Patient's Name _____

Date of Assessment _____

To rate the severity of depression in patients who are already diagnosed as depressed, administer this questionnaire. The higher the score, the more severe the depression.

For each item, write the correct number on the line next to the item. (Only one response per item)

- _____ **1. DEPRESSED MOOD** (Sadness, hopeless, helpless, worthless)
- 0=** Absent
 - 1=** These feeling states indicated only on questioning
 - 2=** These feeling states spontaneously reported verbally
 - 3=** Communicates feeling states non-verbally—i.e., through facial expression, posture, voice, and tendency to weep
 - 4=** Patient reports VIRTUALLY ONLY these feeling states in his spontaneous verbal and non-verbal communication
- _____ **2. FEELINGS OF GUILT**
- 0=** Absent
 - 1=** Self reproach, feels he has let people down
 - 2=** Ideas of guilt or rumination over past errors or sinful deeds
 - 3=** Present illness is a punishment. Delusions of guilt
 - 4=** Hears accusatory or denunciatory voices and/or experiences threatening visual hallucinations
- _____ **3. SUICIDE**
- 0=** Absent
 - 1=** Feels life is not worth living
 - 2=** Wishes he were dead or any thoughts of possible death to self
 - 3=** Suicidal ideas or gesture
 - 4=** Attempts at suicide (any serious attempt rates 4)
- _____ **4. INSOMNIA EARLY**
- 0=** No difficulty falling asleep
 - 1=** Complains of occasional difficulty falling asleep—i.e., more than 1/2 hour
 - 2=** Complains of nightly difficulty falling asleep
- _____ **5. INSOMNIA MIDDLE**
- 0=** No difficulty
 - 1=** Patient complains of being restless and disturbed during the night
 - 2=** Waking during the night—any getting out of bed rates 2 (except for purposes of voiding)

6. INSOMNIA LATE

_____ **0=** No difficulty

1= Waking in early hours of the morning but goes back to sleep

2= Unable to fall asleep again if he gets out of bed

7. WORK AND ACTIVITIES

_____ **0=** No difficulty

1= Thoughts and feelings of incapacity, fatigue or weakness related to activities; work or hobbies

2= Loss of interest in activity; hobbies or work—either directly reported by patient, or indirect in listlessness, indecision and vacillation (feels he has to push self to work or activities)

3= Decrease in actual time spent in activities or decrease in productivity

4= Stopped working because of present illness

8. RETARDATION: PSYCHOMOTOR (Slowness of thought and speech; impaired ability to concentrate; decreased motor activity)

_____ **0=** Normal speech and thought

1= Slight retardation at interview

2= Obvious retardation at interview

3= Interview difficult

4= Complete stupor

9. AGITATION

_____ **0=** None

1= Fidgetiness

2= Playing with hands, hair, etc.

3= Moving about, can't sit still

4= Hand wringing, nail biting, hair-pulling, biting of lips

10. ANXIETY (PSYCHOLOGICAL)

_____ **0=** No difficulty

1= Subjective tension and irritability

2= Worrying about minor matters

3= Apprehensive attitude apparent in face or speech

4= Fears expressed without questioning

11. ANXIETY SOMATIC: Physiological concomitants of anxiety, (i.e., effects of autonomic overactivity, "butterflies," indigestion, stomach cramps, belching, diarrhea, palpitations, hyperventilation, paresthesia, sweating, flushing, tremor, headache, urinary frequency). Avoid asking about possible medication side effects (i.e., dry mouth, constipation)

_____ **0=** Absent

1= Mild

2= Moderate

3= Severe

4= Incapacitating

12. SOMATIC SYMPTOMS (GASTROINTESTINAL)

_____ **0=** None

1= Loss of appetite but eating without encouragement from others. Food intake about normal

2= Difficulty eating without urging from others. Marked reduction of appetite and food intake

13. SOMATIC SYMPTOMS GENERAL

_____ **0=** None

1= Heaviness in limbs, back or head. Backaches, headache, muscle aches. Loss of energy and fatigability

2= Any clear-cut symptom rates 2

14. GENITAL SYMPTOMS (Symptoms such as: loss of libido; impaired sexual performance; menstrual disturbances)

_____ **0=** Absent

1= Mild

2= Severe

15. HYPOCHONDRIASIS

_____ **0=** Not present

1= Self-absorption (bodily)

2= Preoccupation with health

3= Frequent complaints, requests for help, etc.

4= Hypochondriacal delusions

16. LOSS OF WEIGHT

_____ **A.** When rating by history:

0= No weight loss

1= Probably weight loss associated with present illness

2= Definite (according to patient) weight loss

3= Not assessed

17. INSIGHT

_____ **0=** Acknowledges being depressed and ill

1= Acknowledges illness but attributes cause to bad food, climate, overwork, virus, need for rest, etc.

2= Denies being ill at all

18. DIURNAL VARIATION

_____ **A.** Note whether symptoms are worse in morning or evening. If NO diurnal variation, mark none

0= No variation

1= Worse in A.M.

2= Worse in P.M.

_____ **B.** When present, mark the severity of the variation. Mark "None" if NO variation

0= None

1= Mild

2= Severe

19. DEPERSONALIZATION AND DEREALIZATION (Such as: Feelings of unreality; Nihilistic ideas)

- _____ **0=** Absent
1= Mild
2= Moderate
3= Severe
4= Incapacitating

20. PARANOID SYMPTOMS

- _____ **0=** None
1= Suspicious
2= Ideas of reference
3= Delusions of reference and persecution

21. OBSESSIVE AND COMPULSIVE SYMPTOMS

- _____ **0=** Absent
1= Mild
2= Severe

Total Score _____

ESCALA DE DEPRESIÓN DE HAMILTON

(Debe ser administrada por un profesional de la salud)

Nombre del paciente: _____

Fecha de la evaluación _____

Administre este cuestionario para calificar la gravedad de la depresión en pacientes que ya fueron diagnosticados como depresivos. Mientras más alto sea el puntaje, más grave es la depresión.

Para cada punto escriba el número correcto en la línea que está al lado. (Coloque sólo una respuesta por punto)

- _____ 1. **ÁNIMO DEPRESIVO** (tristeza, desesperanza, desamparo, sensación de que no vale nada)
- 0= Ausente
 - 1= Estos estados de ánimo sólo se señalan cuando se pregunta
 - 2= Estos estados de ánimo se informan verbalmente en forma espontánea
 - 3= Comunica los estados de ánimo en forma no verbal; es decir, a través de la expresión facial, la postura, la voz y la tendencia a llorar
 - 4= El paciente PRÁCTICAMENTE SÓLO informa estos estados de ánimo en su comunicación espontánea y no verbal
- _____ 2. **SENTIMIENTOS DE CULPA**
- 0= Ausentes
 - 1= Autorreproche, siente que ha decepcionado a las personas
 - 2= Ideas de culpa o reflexiona sobre los errores del pasado o las malas acciones
 - 3= La enfermedad que tiene es un castigo. Delirios de culpa
 - 4= Escucha voces acusadoras o condenatorias o experimenta alucinaciones visuales amenazantes
- _____ 3. **SUICIDIO**
- 0= Ausente
 - 1= Siente que no vale la pena vivir
 - 2= Desea estar muerto o tiene pensamientos de la posibilidad de su muerte
 - 3= Ideas o gestos suicidas
 - 4= Intenta suicidarse (cualquier intento grave se califica con un 4)
- _____ 4. **INSOMNIO TEMPRANO**
- 0= No tiene dificultades para dormir
 - 1= Se queja de dificultades ocasionales para quedarse dormido; por ej., más de 1/2 hora
 - 2= Se queja de dificultades para quedarse dormido en la noche
- _____ 5. **INSOMNIO INTERMEDIO**
- 0= Ninguna dificultad
 - 1= El paciente se queja de sentirse inquieto y alterado durante la noche
 - 2= Camina durante la noche; si se levanta de la cama se califica con 2 (salvo para orinar)

6. INSOMNIO TARDÍO

0= Ninguna dificultad

1= Camina temprano en la mañana, pero vuelve a dormirse

2= No puede volver a quedarse dormido si se levanta de la cama

7. TRABAJO Y ACTIVIDADES

0= Ninguna dificultad

1= Pensamientos y sentimientos de incapacidad, fatiga o debilidad relacionada con las actividades, el trabajo o los pasatiempos

2= Pérdida de interés en las actividades, pasatiempos o trabajo. Lo informa directamente el paciente, o en forma indirecta con desgano, indecisión y vacilación (siente que tiene que obligarse a sí mismo a trabajar o realizar actividades)

3= Disminuye el tiempo real ocupado en actividades o reduce la productividad

4= Deja de trabajar debido a la enfermedad actual

8. RETRASO: PSICOMOTOR (Lentitud de pensamiento y habla; dificultad para concentrarse; disminuye la actividad motora)

0= Habla y pensamiento normales

1= Retraso leve en la entrevista

2= Retraso obvio en la entrevista

3= La entrevista resulta difícil

4= Aletargamiento completo

9. AGITACIÓN

0= Ninguna

1= Intranquilidad

2= Juega con las manos, el pelo, etc.

3= Se mueve por los alrededores, no puede quedarse quieto

4= Se estruja las manos, se come las uñas, se tira el pelo, se muerde los labios

10. ANSIEDAD (PSICOLÓGICA)

0= Ninguna dificultad

1= Tensión e irritabilidad subjetivas

2= Se preocupa de asuntos sin importancia

3= Actitud aprensiva evidente en el rostro o el habla

4= Expresa temores sin que se le pregunte

11. ANSIEDAD SOMÁTICA: Factores concomitantes fisiológicos de la ansiedad, (por ej., efectos de la hiperactividad autónoma, "mariposas", indigestión, calambres estomacales, eructos, diarrea, palpitaciones, hiperventilación, parestesia, sudor, rubor, temblor, dolor de cabeza, frecuencia urinaria). Evita preguntar sobre los posibles efectos secundarios de los medicamentos (por ej., boca seca, estreñimiento)

0= Ausente

1= Leve

2= Moderado

3= Grave

4= Incapacitante

12. SÍNTOMAS SOMÁTICOS (GASTROINTESTINALES)

_____ 0= Ninguno

1= Pérdida del apetito pero come sin que los demás se lo tengan que pedir. Ingesta de alimentos casi normal

2= Dificultad para comer sin que otros lo insten. Notoria reducción del apetito e ingesta de alimentos.

13. SÍNTOMAS SOMÁTICOS GENERALES

_____ 0= Ninguno

1= Pesadez en las extremidades, la espalda o la cabeza. Dolor de espalda, de cabeza y de músculos. Pérdida de energía y fatiga.

2= Cualquier síntoma bien definido se califica con un 2

14. SÍNTOMAS GENITALES (Síntomas tales como: Pérdida de la libido; dificultades en el desempeño sexual; trastornos menstruales)

_____ 0= Ausentes

1= Leve

2= Grave

15. HIPOCONDRIA

_____ 0= No existe

1= Ensimismamiento (corporal)

2= Piensa demasiado en la salud

3= Quejas, solicitudes de ayuda frecuentes, etc.

4= Delirios hipocondriacos

16. PÉRDIDA DE PESO

_____ A. Cuando se califica por los antecedentes:

0= No hay pérdida de peso

1= Probablemente la pérdida de peso está relacionada con la enfermedad actual

2= Pérdida de peso definitiva (según el paciente)

3= No evaluada

17. COMPRENSIÓN

_____ 0= Reconoce estar deprimido y enfermo

1= Reconoce la enfermedad pero atribuye la causa a la mala alimentación, clima, demasiado trabajo, virus, necesidad de descanso, etc.

2= Niega estar enfermo

18. VARIACIÓN DIURNA

_____ A. Observe si los síntomas empeoran en la mañana o la noche. Si NO hay variación diurna, marque ninguna

0= Ninguna variación

1= Peor en la mañana

2= Peor en la noche

_____ B. Cuando están presentes, marque la gravedad de la variación. Marque "Ninguna" si NO hay variación

0= Ninguna

1= Leve

2= Grave

Depression

Universally available medications, as of 10/1/09,
through AHCCCS Health Plans and RBHA Providers*

Selective Serotonin Reuptake Inhibitor
Fluoxetine (Prozac)
Citalopram (Celexa)
Paroxetine (Paxil)
Sertraline (Zoloft)

Serotonin Norepinephrine Reuptake Inhibitor
Venlafaxine (Effexor)

Norepinephrine Dopamine Reuptake Inhibitor
Bupropion (Wellbutrin)

* Refer to health plan for prior authorization requirement and medication availability **prior to 10/1/09**.