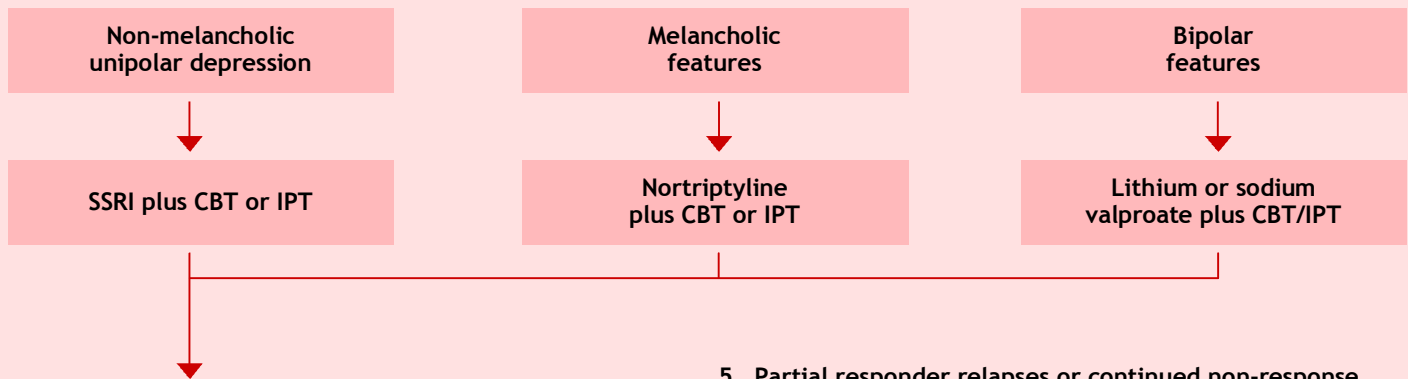


Algorithm for management of depression in primary care

Patient presents with depression



Assess progress at two weeks

- 1. Responder (at least 50% improvement)**
Continue treatment
- 2. Partial responder (25-50% improvement)**
Optimise and continue current treatment
- 3. Non-responder (less than 25% improvement)**
Review diagnosis
Optimise current treatment
 - If melancholic features on SSRI, change to nortriptyline
 - If bipolar on mood stabilizer alone, add antidepressant

Assess progress at four weeks

- 1. Responder achieves remission**
Continue treatment for 6-12 months
- 2. Responder continues to be responder**
Continue treatment
- 3. Responder shows partial or complete relapse**
Review diagnosis
Optimise treatment if not already optimal
Consider entering partial responder pathway
- 4. Partial responder or non-responder becomes responder**
Continue treatment
- 5. Continued partial response**
If on SSRI, review for melancholic features
 - If present, change to nortriptyline
 - If absent, augment with lithium (0.7-0.9 mmol/L)If on nortriptyline, augment with lithium (0.7-0.9 mmol/L)
- 6. Partial responder relapses or continued non-response**
If on SSRI, change to nortriptyline
If on nortriptyline, augment with lithium (0.7-0.9 mmol/L)
If bipolar, refer for specialist opinion

Assess progress at six weeks

- 1. Responder achieves remission**
Continue treatment for 6-12 months
- 2. Partial responder becomes responder; continued response**
Continue treatment
- 3. Continued partial response**
Ensure treatment is optimal and continue
If bipolar, refer for specialist opinion
- 4. Responder shows partial or complete relapse**
If on SSRI, change to nortriptyline
If on nortriptyline, augment with lithium (0.7-0.9 mmol/L)

- 5. Partial responder relapses or continued non-response**
If on SSRI plus lithium, change SSRI to nortriptyline
If on nortriptyline, augment with lithium (0.7-0.9 mmol/L)
If on nortriptyline plus lithium
 - Consider switching to venlafaxine
 - Consider adding risperidone (0.5-2.0mg)
 - Consider specialist referral, ECT?

Assess progress at eight weeks

- 1. Responder achieve remission**
Continue treatment for up to 12 months
- 2. Partial responder becomes responder; continued response**
Continue treatment
- 3. Continued partial response**
If on SSRI plus lithium, change SSRI to nortriptyline
If on nortriptyline, augment with lithium (0.7-0.9 mmol/L)
If on nortriptyline plus lithium
 - Consider switching to venlafaxine
 - Consider adding risperidone (0.5-2.0mg)
 - Consider specialist opinion
- 4. Responder or partial responder shows relapse**
Refer for specialist advice
- 5. Non-responder becomes partial or full responder**
Ensure treatment is optimal and continue
- 6. Continued non-response**
Refer for specialist advice, ECT?

Assess progress at 10 weeks

- 1. Partial or full responder achieves remission**
Continue treatment for at least 12 months
- 2. Partial responder becomes responder; continued response**
Continue treatment
- 3. Continued partial response**
Refer for specialist advice
- 4. Responder or partial responder shows relapse**
Refer for specialist advice

Assess progress at 12 weeks

- 1. Patient in remission**
Continue treatment for up to 12 months
- 2. Patient continues to show response without remission**
If continuing to improve, continue treatment
If not improving any further
 - Additional strategy may be of assistance
 - Refer for specialist adviceIf deteriorating, refer for specialist advice

Note: any patient in remission who relapses should re-enter pathway at the point of having responded and adopt the appropriate strategy for non-responder at that point.