Major Depression

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KEYWORDS

• Major depression • Primary care • Diagnosis • Management • Pharmacotherapy

KEY POINTS

- MDD has a lifetime prevalence of 16% in the United States and 25% in those with chronic diseases. Though the natural history of MDD is to eventually remit, 30% or more have refractory or treatment resistant depression and even in those whose depression remits, there is a high rate of recurrence.
- The Patient Health Questionnaire 2 (PHQ2) and PHQ9 are validated and reasonably sensitive screening tools for MDD. The PHQ9 can also be used to monitor symptoms and direct adjustment of treatment.
- Medical conditions, substance abuse, grief, sleep disorders, and other psychiatric conditions can both co-occur and mimic the symptoms of MDD. Providers should assess for the presence of these conditions when diagnosing MDD and consider co-morbid conditions in order to tailor management interventions.
- Of the lifestyle interventions for depression, exercise, and relaxation therapy have the best evidence.
- Psychotherapy effectively treats MDD. While no one type of psychotherapy is thought to be superior to others, there are important differences in the philosophy and approach to different types of therapy that should be considered when recommending psychotherapy for patients.
- Most antidepressants are similar in efficacy, though escitalopram and sertraline may confer a slight advantage. Clinicians should consider patient preferences, cost, side effects, and medication interactions when recommending pharmacotherapy interventions.

INTRODUCTION

Here we review the presentation and treatment of major depressive disorder (MDD) among adults in the primary care setting. To build on prior reviews of epidemiology,[1]

Conflict of Interest: G. Pagalilauan is a reviewer in Johns Hopkins Practical Reviews in Internal Medicine.

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Med Clin N Am 98 (2014) 981–1005
http://dx.doi.org/10.1016/j.mcna.2014.06.013 **medical.theclinics.com**
0025-7125/14/$ – see front matter

pharmacotherapy,[2] and other facets of MDD in primary care,[3–6] we focus on the clinical application of research evidence and treatment guidelines, the identification and differential diagnosis of major depression, and resultant treatment strategies. Other work more specifically addresses depression among children[7] and the elderly.[8,9]

THE SYNDROME OF MAJOR DEPRESSION AND ITS PRESENTATION

For research and clinical purposes, MDD is most commonly diagnosed by criteria in the Diagnostic and Statistical Manual (DSM).[10] Largely unchanged in the new DSM 5th edition (DSM-5), the criteria specify that 5 of 9 symptoms be present for a 2-week period and represent a change in functioning. **Box 1** summarizes the DSM-5 criteria for MDD. The most significant differences in DSM-5 include new emphasis on hopelessness as a feature of depression and the removal of the "bereavement exclusion," described in more detail later.[11]

Through type and severity specifiers, the DSM-5 allows for 14 categorizations of depression. Although the clinical value of this subtyping remains uncertain, it does illustrate the varying clinical symptomatology of MDD[11] and highlights diagnostic challenges. As an example, **Box 2** describes the "with anxious distress" specifier for depressive disorders in DSM- 5.

DEPRESSION SUBTYPES

Other DSM-5 depressive disorder specifiers include atypical features of mood reactivity—significant weight gain or increased appetite, hypersomnia, leaden paralysis, and longstanding patterns of interpersonal rejection sensitivity. This symptom cluster can occur in up to one-third of patients with major depression.[12,13] In clinical trials and community samples, atypical depression has been correlated with female sex,

Box 1
DSM-5 diagnostic criteria for major depression

A. Five (or more) of the following symptoms present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) anhedonia

B. Symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

C. Episode is not attributable to the physiologic effects of a substance or another medical condition

1. Depressed mood most of the day (eg, feels sad, empty, hopeless)
2. Markedly diminished interest or pleasure in almost all activities nearly every day
3. Significant appetite changes or significant weight loss or gain
4. Insomnia or hypersomnia nearly every day
5. Psychomotor agitation or retardation
6. Fatigue or loss of energy
7. Feelings of worthlessness or excessive guilt
8. Diminished ability to think or concentrate or indecisiveness

Adapted from Diagnostic and statistical manual of mental disorders. 5th edition. Washington, DC: American Psychiatric Association; 2013.