STANDARD TREATMENT WORKFLOW (STW)

Depression

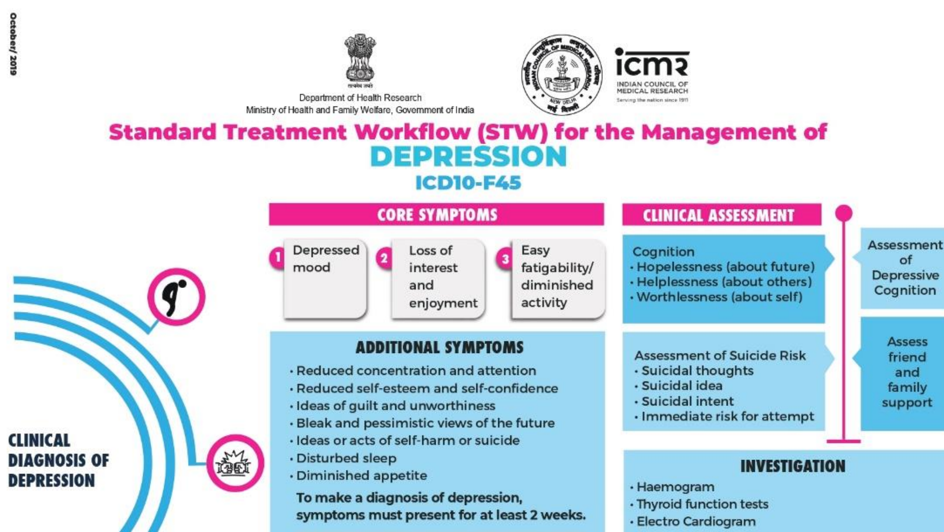
BN Gangadhar[1], Pratap Sharan[2], Jagadisha Thirthalli[3], Subho Chakrabarti[4], Prabha Chandra[5], Janardhan Reddy[6], Anju Dhawan[7], Satish Girimaji[8], L Vijayakumar[9], KS Jacob[10], Rajesh Sagar[11]

[1]National Institute of Mental Health and Neurosciences, Bengaluru;[2]All India Institute of Medical Sciences. New Delhi;[3]National Institute of Mental Health and Neurosciences, Bengaluru; [4]Postgraduate Institute of Medical Education and Research, Chandigarh;[5]National Institute of Mental Health and Neurosciences, Bengaluru;[6]National Institute of Mental Health and Neurosciences, Bengaluru;[7]All India Institute of Medical Sciences. New Delhi;[8]National Institute of Mental Health and Neurosciences, Bengaluru;[9]Sneha, Chennai;[10]Christian Medical College Vellore
[11]All India Institute of Medical Sciences. New Delhi

CORRESPONDING AUTHOR
Dr B N Gangadhar, Professor Emeritus, Department of Integrative Medicine. Former Senior Professor of Psychiatry and Director, National Institute of Mental Health and Neuro Sciences, Bengluru, Karnataka - 560029
Email: bng@nimhans.kar.nic.in

CITATION
Gangadhar BN, Sharan P, Thirthalli J, Chakrabarti S, Chandra P, Reddy J, Dhawan A, Girimaji S, Vijayakumar L, Jacob KS, SagarR. Depression. Journal of the Epidemiology Foundation of India. 2024;2(1Suppl):S185-S186. DOI: https://doi.org/10.56450/JEFI.2024.v2i1Suppl.093
This work is licensed under a Creative Commons Attribution 4.0 International License.
©The Author(s). 2024 Open Access

DISCLAIMER
This article/STW, was originally published by Indian Council of Medical Research (ICMR) under Standard Treatment Workflow. The reprinting of this article in Journal of the Epidemiology Foundation of India (JEFI) is done with the permission of ICMR. The content of this article is presented as it was published, with no modifications or alterations. The views and opinions expressed in the article are those of the authors and do not necessarily reflect the official policy or position of JEFI or its editorial board. This initiative of JEFI to reprint STW is to disseminate these workflows among Health Care Professionals for wider adoption and guiding path for Patient Care.



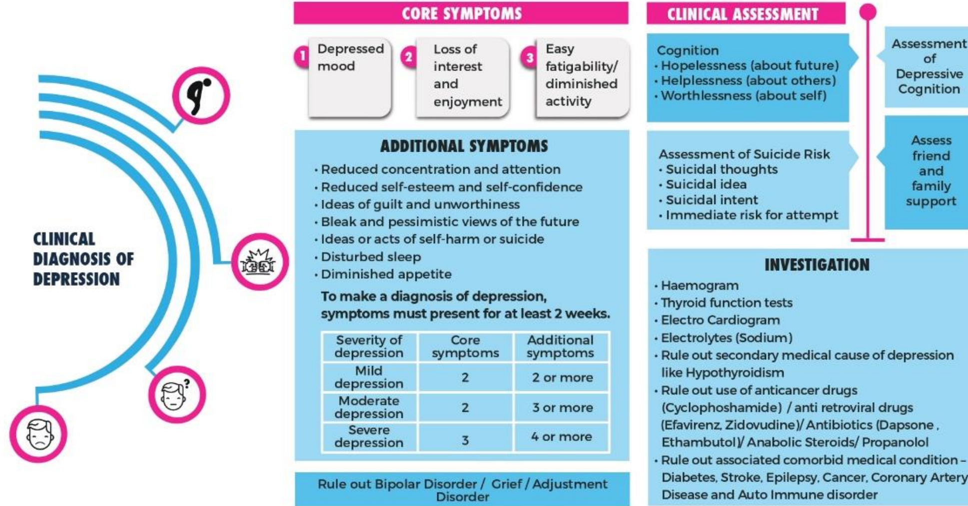
October/ 2019

Department of Health Research
Ministry of Health and Family Welfare, Government of India

icmr INDIAN COUNCIL OF MEDICAL RESEARCH

Standard Treatment Workflow (STW) for the Management of DEPRESSION

ICD10-F45



Severity of depression	Core symptoms	Additional symptoms
Mild depression	2	2 or more
Moderate depression	2	3 or more
Severe depression	3	4 or more

AT PRIMARY CARE

MILD DEPRESSION

- Advise Behavioral Activation to patients
- Practicing activity monitoring - write down your activities / rate your depression / schedule activities that make you feel good / make a to do list/ set clear and specific goals
- Focusing on your value categories – make time for your family / friends / set clear goals at work / contribute to community
- Reccomend yoga & mediatation
- Handling daily task - monitor sleep /diet and practice good personal hygiene
- Supportive psychotherapy / Brief Counselling
- Validate the problems and ensure frequent follow-up
- If no improvement in 4 to 6 weeks, consider pharmacotherapy

MODERATE / SEVERE DEPRESSION

- Tab Escitalopram 10 mg-20 mg /day or Cap. Fluoxetine 20mg -40mg /day
- Tab. Clonazepam 0.25mg – 0.5mg /day for sleep disturbance / anxiety symptoms and consider taper and stop after 2 weeks.
- If patient responds to SSRI in 2 to 4 weeks, then continue treatment for 6 to 9 months and taper and stop

REFERRAL TO SECONDARY CARE

- Difficulty in making diagnosis
- No improvement after 4 to 6 weeks of treatment with first line medications
- Depression in special population: Elderly / Pregnancy / Lactation / Children / Adolescents
- Comorbid medical illness / Substance use
- Suicidal risk assessment

BROAD MANAGEMENT PLANS

- Selective Serotonin Reuptake Inhibiters (SSRI) are usually first choice (watch for GI bleed and drug interaction)
- Improvement starts in in 2nd week and expect adequate response by 6 weeks
- Duration of treatment typically lasts 6-9 months and Gradual tapering of medication advised for first episode
- Restart SSRI , In case of resurgence and recurrence of depressive symptoms
- Observe for switch / activation with Antidepressants
- Watch for risk of overdose with TCA (Amitriptyline / Imipramine) and Mirtazapine

AT SECONDARY CARE

- Confirm Diagnosis and Suicide risk assessment
- Assess for other Medical Comorbidities
- Investigations – Haemoglobin,Thyroid Function Test, Electrocardiogram
- Non Responder - Switch over to SNRI (Venlafaxine 75 – 150 mg, Mirtazapine 30 mg) or TCA (Amitriptyline 75 - 225mg / Imipramine 75 -225mg)
- Cognitive Behavioral Therapy / Problem Solving Therapy
- Add on Yoga Therapy / Meditation

REFERRAL TO TERTIARY CARE

- No improvement in 2nd line treatment
- Immediate risk for suicidal attempt / thought
- Needing intense counselling/ psychotherapy
- Co Morbid Substance - Cannabis / Poly substance

SPECIAL POPULATION

- Pregnancy / Lactation period - Pre Conception counselling and preferred drug is Tab. Sertraline 50 mg – use lowest possible dose
- Elderly - Tab. Escitalopram 10 -20 mg or Tab. Sertraline 100 mg (monitor for hyponatremia)
- Avoid TCAs like Amitriptyline / Imipramine in Elderly (due to anticholinergic side effects)
- Adolescents- Cap. Fluoxetine 20 -40 mg /day (observe for switch / activation/ suicidality)

AT TERTIARY CARE

- Reconfirm Diagnosis
- Assess other psychiatric comorbidities
- Partial Responder - Optimise the SNRI /TCA or Augment with Tab. Lithium 300 to 600mg /per day or Tab. Thyroxine 25 - 50 ug per day.
- Non Responder – Add Tab. Sertraline 100mg or Tab. Bupropion 300mg to existing Venlafaxine 150mg / Tab. Mirtazapine 30mg / Amitriptyline 225mg / Imipramine 225mg.
- Add on Electro Convulsive Therapy for Catatonia / Suicidality
- Add on Cognitive Behavioural Therapy/ Inter Personal Therapy / Problem Solving Therapy
- Add on low dose antipsychotic treatment (Risperidone 2 -4 mg / Tab. Olanzapine 5 – 10 mg) for psychotic symptoms

REFERENCES

- Gautam S et al., Clinical Practice Guidelines for the management of Depression. Indian J Psychiatry. 2017;59(Suppl 1):S34-S50.
- Avasthi A, Grover S. Clinical practice guidelines for management of depression in elderly. Indian J Psychiatry 2018;60, Suppl S3:341-62
- Sarkar S, Grover S. A systematic review and meta-analysis of trials of antidepressants in India for treatment of depression. Indian J Psychiatry. 2014;56:29-38
- National Institute for Clinical Excellence. Depression: management of depression in primary and secondary care. Clinical Guideline 23. London: NICE, 2004.
- mhGAP Intervention Guide - Version 2.0 for mental, neurological and substance use disorders in non-specialized health settings. World Health Organisation, 2016

KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit our web portal (stw.icmr.org.in) for more information.

© Indian Council of Medical Research and Department of Health Research, Ministry of Health & Family Welfare, Government of India.