

# Care Manager

## Forms and Resources

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1)

Template for Discussion with PCP

## **TEMPLATE FOR DISCUSSION WITH PRIMARY CARE PROVIDER**

**ID:** Mr/Ms X is a Y year old patient

### **Baseline Clinical Measures:**

- Baseline PHQ-9 score
- Other baseline scores if relevant like GAD7

### **Current Measures and Symptoms:**

- PHQ-9 score now
- Specific symptoms that are not improving

### **Treatments:**

- Current treatment
- Length of time on current treatment
- Other treatments tried if not fully discussed before

### **Side effects:**

- Problematic side effects to current treatment

### **Other Information (if relevant to this discussion with the PCP):**

- Suicidality
- Medical history that might effect their depression like pain
- Current medications if psychiatrist is concerned about these
- Substance abuse history and current use

### **Action items:**

- Recommendations from psychiatrist
- Medication changes

2)

Template for Discussion with Psychiatrist

## KEY INFORMATION NEEDED FROM CARE MANAGER FOR CONSULTATION WITH PSYCHIATRIST

ID: Mr./Ms. X is a Y-year-old patient

### Depressive symptoms:

- Is the patient's depression mild, moderate, or severe?
- Is the patient having difficulty with sleep? If so, is the patient having difficulty getting to sleep or staying asleep, and how much sleep is she getting a night on average?
- Is the patient's appetite increased, decreased, or normal?

### Suicidality:

- Is the SI passive without plan or intent, active with plan but no intent, or active with a plan and intent? If the SI is active, how immanent is the SI and is there a safety plan in effect?
- Has the patient previously attempted suicide? If so, by what method?

### Previous Med Trials:

- Dosage
- Efficacy
- Side effects

**Bipolar Screening:** Utilizing either the MDQ or CIDI-3 bipolar screeners and always inquiring (1) about a family history of bipolar disorder or schizophrenia and (2) if the patient has previously been diagnosed with bipolar disorder. If the bipolar screen is positive the following follow-up questions are essential to ask:

- How often do the potential hypomanic/manic episodes occur?
- How long do the potential hypomanic/manic episodes last? hours, days, or weeks?
- Do the potential hypomanic/ manic episodes only occur in the context of substance abuse?

### Anxiety symptoms:

- Is the patient's anxiety mild, moderate, or severe?
- Is the patient's anxiety more GAD, PTSD, OCD, panic, or social anxiety disorder in character?
- If PTSD is the case, is the patient experiencing nightmares on a regular basis and what is the cause(s) of her PTSD?

### Psychotic symptoms:

- Are hallucinations present, and if so, are there command hallucinations?
- Are delusions present? If so what kind of delusions (e.g., paranoid vs. grandiose)?

### Other:

- Cognitive Disorder?
- Dementia?
- Head Injury?
- ADHD?
- Eating Disorder?
- Personality Disorder?

### Substance use:

- Current use?
- Past use?
- Drug of choice?
- Previous CD treatment
- Ongoing relapse prevention (e.g., AA or NA)?

### Psychosocial factors:

- Is the patient homeless or does the patient have stable housing?
- Is the patient's support system limited, poor, fair, or good?
- Is the patient a victim or abuse growing up or domestic violence as an adult?
- Does the patient have a legal (e.g., felony) history?
- If the patient is pregnant or post-partum, is the father of the baby involved?

### Medical Problems:

- Pain?
- Body Mass Index (BMI)?
- Endocrine problems
  - Thyroid disease?
  - Diabetes?
- Hypertension?
- Seizure disorder?
- Pregnant or breastfeeding?

### Current medications:

- Dosage?
- Efficacy (for psychotropics)?
- Side effects (for psychotropics)?

3)

Initial Assessment Form

# Initial Assessment

Patient Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

## Depression Assessment

**PHQ-9:** Over the last 2 weeks, how often has the patient been bothered by any of the following problems? Circle the patient's response for each question.

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
<b>Add columns:</b> _____ + _____ + _____				
<b>Add the 3 column totals to get the PHQ-9 total score:</b> _____				

**PHQ-9 total score:** \_\_\_\_\_ / 27

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### Other Symptoms / Clinical Issues

- Anxiety     
  Pain (Score: \_\_\_\_/10)     
  Drinks (approx \_\_\_\_ drinks of alcohol/ [day / week / month])  
 Manic / Hypomanic symptoms     
  Perceives things not apparent to others

Other: \_\_\_\_\_

### Other Indicators of Depression Severity

- a. Family history of depression?   
 b. Activities affected:  social  personal  family  work  
 c. Patient last felt good \_\_\_\_\_ [days / weeks / months / years] ago

**Current Medical Problems**

**Current Medications**

List both  
prescription &  
non-prescription  
medications  
(Check  
medications which  
may contribute to  
depression)

- |                                   |                                    |                                    |
|-----------------------------------|------------------------------------|------------------------------------|
| 1. <input type="checkbox"/> _____ | 8. <input type="checkbox"/> _____  | 15. <input type="checkbox"/> _____ |
| 2. <input type="checkbox"/> _____ | 9. <input type="checkbox"/> _____  | 16. <input type="checkbox"/> _____ |
| 3. <input type="checkbox"/> _____ | 10. <input type="checkbox"/> _____ | 17. <input type="checkbox"/> _____ |
| 4. <input type="checkbox"/> _____ | 11. <input type="checkbox"/> _____ | 18. <input type="checkbox"/> _____ |
| 5. <input type="checkbox"/> _____ | 12. <input type="checkbox"/> _____ | 19. <input type="checkbox"/> _____ |
| 6. <input type="checkbox"/> _____ | 13. <input type="checkbox"/> _____ | 20. <input type="checkbox"/> _____ |
| 7. <input type="checkbox"/> _____ | 14. <input type="checkbox"/> _____ | 21. <input type="checkbox"/> _____ |

**Allergies**

**Stressors (psychological, physical/health, social, financial, other)**

**Strengths and Resources**

**Behavioral Activation (Pleasant Activities)**

**Treatment History**

a. Prior Treatments?

Was treatment helpful?

Antidepressant(s)

Yes  No

Psychotherapy

Yes  No

Electro-Convulsive Therapy

Yes  No

b. Patient is **now** interested in:

Antidepressant

Psychotherapy

Other: \_\_\_\_\_

**Provisional Diagnostic Impression**

Major Depression

Dysthymia

Other: \_\_\_\_\_

**Other Comments: (For PCP and Patient)**

**Other Comments: (For CM use only)**

**The following question(s) for the primary care provider were identified during the initial meeting:**

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Follow-up Contact Form

# Follow-Up Contact

Patient Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**Problems or Concerns Identified:**

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**Depression Assessment**

**PHQ-9:** Over the last 2 weeks, how often has the patient been bothered by any of the following problems? Circle the patient's response for each question.

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

**Add columns:** \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

**Add the 3 column totals to get the PHQ-9 total score:** \_\_\_\_\_

**PHQ-9 total score:** \_\_\_\_\_ / 27

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**Other Symptoms / Clinical Issues**

- Anxiety       Pain (Score: \_\_\_/10)       Drinks (approx \_\_\_ drinks of alcohol/ [day / week / month])  
 Manic / Hypomanic symptoms       Perceives things not apparent to others

Other: \_\_\_\_\_

**Stressors**

**Strengths and Resources**

**Other Comments**

**Current Treatment**

**a. List current medications and daily dose in mg:**

**Taking as Prescribed?**

**Side effects/Concerns**

_____ mg	<input type="radio"/> Yes	<input type="radio"/> No	_____
_____ mg	<input type="radio"/> Yes	<input type="radio"/> No	_____
_____ mg	<input type="radio"/> Yes	<input type="radio"/> No	_____
_____ mg	<input type="radio"/> Yes	<input type="radio"/> No	_____

**b. Is patient in psychotherapy?**

PST Individual Sessions:

Yes  No

Group Sessions:

Yes  No

**Other psychotherapy?**

Name of Therapist: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**c. Behavioral Activation Plan:** \_\_\_\_\_

**Changes in Treatment Plan**

**a. Medications and Dosages:**

1. \_\_\_\_\_; \_\_\_\_\_ tablet(s) of \_\_\_\_\_ mg \_\_\_\_\_ for \_\_\_\_\_ days
2. \_\_\_\_\_; \_\_\_\_\_ tablet(s) of \_\_\_\_\_ mg \_\_\_\_\_ for \_\_\_\_\_ days

**b. Psychotherapy:** \_\_\_\_\_

**c. Behavioral Activation Plan:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Additional Comments: (For PCP and Patient)**

**Other Comments: (For CM use only)**

**Next Primary Care Follow-up:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ With: \_\_\_\_\_

**Next Care Manager Follow-up:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ [At the clinic / By telephone/In person/other]

Discussed with:     Primary Care Provider                       Treatment Team                      Other: \_\_\_\_\_

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Relapse Prevention Plan

# Relapse Prevention Plan

Patient Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

## Maintenance Medications

1. \_\_\_\_\_; \_\_\_\_\_ tablet(s) of \_\_\_\_\_ mg \_\_\_\_\_ Take at least until \_\_\_\_\_
2. \_\_\_\_\_; \_\_\_\_\_ tablet(s) of \_\_\_\_\_ mg \_\_\_\_\_ Take at least until \_\_\_\_\_
3. \_\_\_\_\_; \_\_\_\_\_ tablet(s) of \_\_\_\_\_ mg \_\_\_\_\_ Take at least until \_\_\_\_\_
4. \_\_\_\_\_; \_\_\_\_\_ tablet(s) of \_\_\_\_\_ mg \_\_\_\_\_ Take at least until \_\_\_\_\_

Call your primary care provider or your care manager with any questions (see contact information below).

## Other Treatments

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Personal Warning Signs

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

## Things I do to Prevent Symptoms from Returning

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

If symptoms return, contact: \_\_\_\_\_

## Contact/Appointment Information

Primary Care Provider: \_\_\_\_\_ Tel. Number: \_\_\_\_\_  
Next appointment: Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Care Manager: \_\_\_\_\_ Tel. Number: \_\_\_\_\_

6)

Care Manager Resources for  
Supporting Medication Therapy

## Care Manager Resources

### Common Questions & Answers about Treatments for Depression

#### Questions about antidepressant medications:

##### 1. How do antidepressants work?

- Antidepressants help restore the correct balance of certain chemicals called **neurotransmitters** in the brain.

##### 2. My problem is inability to sleep. How can an antidepressant help with this?

- In many cases, poor sleep is a by-product of a major depression. Once the depression lifts, sleep often improves as well.
- Antidepressants can help restore normal sleep, even in people who do not have major depression. They are advantageous over other sleeping pills in that they are not habit-forming, and they usually do not impair concentration or coordination.

##### 3. I have a problem with pain. How can an antidepressant help with this?

- Some antidepressants have been shown to be successful (even in the absence of major depression) in a number of pain conditions such as diabetic neuropathy, postherpetic neuralgia, and limb pain, headaches, back pain, and irritable bowels.
- Antidepressants may also help restore normal sleep and 'reverse' a vicious cycle of pain and poor sleep.

##### 4. I have low energy and feel tired a lot of the time. How can an antidepressant help with this?

- Low energy and fatigue commonly occur in people with major depression. Once the depression improves, their energy starts to return as well.
- Antidepressants can help restore energy in patients who are depressed. With successful treatment, patients will feel less tired and more able to do their usual activities.

##### 5. I have a lot of stress in my life. How can an antidepressant help with this?

- Life stress can cause or worsen the symptoms of depression. The depression can then worsen the impact of such stressors (such as work stress, family problems, physical disabilities or financial worries) and your ability to cope with them. Treating the depression can help some patients break out of this vicious circle.

##### 6. Are antidepressants addictive?

- **No.** Antidepressants are not habit-forming or addictive. They do not produce a 'high' feeling, but slowly alter the amount of certain chemicals called neurotransmitters in the brain over a number of weeks. Restoring the levels to a more normal balance usually brings the depression under control.
- Some people have been taking antidepressants continually for up to 30 years without any significant (physical or psychological) adverse effects.

##### 7. My problem is anxiety or panic attacks, not depression. How can antidepressants help?

- In many cases, anxiety is a by-product of depression. Once the depression lifts, the anxiety improves as well.
- Some antidepressant medications are also among the most effective medical treatments for anxiety disorders, including panic disorder and generalized anxiety disorder.

## 8. How long will it take the medications to work?

- It usually takes from one to six weeks for patients to start feeling better. In many cases, sleep and appetite improve first. It may take a little longer for your mood, energy, and negative thinking to improve.
- If the depression has not improved after 4 to 6 weeks, you may need an increase in the dose or a change to another antidepressant.

## 9. How long will I have to take the medication?

- Once you are completely recovered from your depressive episode, you should stay on the medication for another 6 months to prevent a relapse.
- Some patients who have had previous depressive episodes or are otherwise at high risk for a recurrence should be kept on a 'maintenance' dose of antidepressants for longer periods of time.

## 10. Are there any dangerous side effects?

- Side effects from antidepressants are usually mild. You should ask your doctor or Depression Care Manager (who will coordinate with your doctor) what to expect and what to do if you have a problem.
- In many cases, your body will get used to the medication and you won't be bothered with the side effect for long. In other cases, your doctor may suggest that you lower the dose, add another medication, or change to another antidepressant. If used properly, there are no dangerous or life-threatening side effects.

## 11. Is it safe to take antidepressants together with alcohol or other medications?

- In general, antidepressants can safely be taken with other medications. You should let your doctor or Depression Care Manager know exactly which other medications (including over the counter medications) you are taking so that he/she can make sure that there are no problems.
- Antidepressants can increase the sedating effects of alcohol. Be careful to avoid excessive alcohol intake while on these medications.

## 12. What should I do if I miss the medication one day?

- Don't 'double up' and take the dose you forgot. Just keep taking your medication as prescribed each day.

## 13. Can I stop the medication once I am feeling better?

- **No.** You would be at high risk for having the depression come back, and may experience some temporary withdrawal symptoms. After one episode of depression, there is a 50 % risk that the depression will return. After two episodes, the risk goes to 70%; and after three episodes, the chances are 90 % that you will have a recurrence if you stop using the medication. In most cases, you should continue the medication for at least 6 months after you and your doctor agree that your recovery is complete.
- **DON'T STOP THE MEDICATION BEFORE DISCUSSING IT WITH YOUR PHYSICIAN OR IMPACT CARE MANAGER.**

## 14. Will I get better?

- With adequate treatment, between 50 and 80 % of patients will have a complete recovery.
- Should you not respond to the first antidepressant treatment you try, there is an excellent chance that you will respond favorably to another medication or to psychotherapy.

## Patient Information about Antidepressant Medications

### How do antidepressants work?

Both life stresses and medical problems can change chemical messengers in the brain that maintain the balance in how you feel emotionally and physically. This chemical imbalance results in some of the common symptoms of depression such as sleep and appetite problems, loss of energy, poor concentration, and greater sensitivity to pain. Antidepressant medications can help restore a normal balance of these chemical messengers, which helps to relieve emotional and physical symptoms.

Antidepressants can take up to 8 weeks to work. It usually takes two to four weeks until people start feeling better emotionally and physically. The improvement may be gradual, and often family members or friends may notice a difference in how you are doing before you do. Your sleep and appetite may improve first, and your mood, energy, and negative thinking may take some more time to improve.

Once you are feeling better, do not stop the medication right away. Your doctor may recommend taking the medication for six to nine months or longer to prevent a relapse of the depression.

### How to find an antidepressant that works for you?

Scientific studies show that antidepressant medications do not differ in the percentage of patients that get better. However, different medications are effective for different people, and the side effects of the medications differ. Some medications also cost more than others. Your doctor can help you decide which medication may be best for you.

Between 50 and 80 % of patients will get better after 4 to 8 weeks on an antidepressant medication. By working together, you and your doctor can decide whether the medication you started is the right one for you. If you need to switch to another antidepressant because of side effects or because you are not improving, chances are still excellent that you will improve on a second medication.

### What about side effects?

Some people may experience side effects when taking antidepressant medications. While these side effects can be annoying, they are rarely dangerous to your health. They usually occur in the first few weeks and then gradually decrease as your body adapts to the medication. Because of these early side effects, patients sometimes feel a little worse before they start getting better and may give up too soon. If you have side effects that are bothering you, discuss these with your doctor or your Depression Care Manager. Your doctor will help you determine if these side effects will decrease over time or if you should decrease or switch your medication.

#### **Some of the side effects that can occur with antidepressants include**

- Nausea
- Headaches
- Jitteriness
- Weight gain
- Diarrhea
- Insomnia
- Sedation
- Urinary hesitancy
- dizziness
- rapid heart rate
- temporary difficulty in achieving orgasm
- blurred vision
- dry mouth
- constipation
- *other:* \_\_\_\_\_

#### **Remember:**

1. Take the medications daily
2. Keep track of side effects and discuss them with your physician.
3. Antidepressants are not addicting or habit forming. They do not make people 'high', and they do not lead to serious withdrawal symptoms once you stop them.
4. It may take 2-10 weeks to feel the full benefits of antidepressants.
5. Continue to take the medication even when you feel better.
6. **Don't stop the medications before talking with your primary care provider.**

## (5) Strategies for Managing Antidepressant Side Effects

### a. General Strategies:

1. Explore whether the side effects are 'physical' or 'psychological'?
2. Wait and support. Many side effects (i.e., GI distress with SSRIs) will subside over 1-2 weeks of treatment.
3. Lower the dose (temporarily).
4. 'Treat' the side effects (see below).
5. Change to a different antidepressant.
6. Change to or add PST-PC.

### b. Treatment Strategies for Specific Side Effects:

Sedation	<ul style="list-style-type: none"> <li>- Give medication at bedtime</li> <li>- Try caffeine</li> </ul>
Orthostatic hypotension /dizziness	<ul style="list-style-type: none"> <li>- Consider switching to a different antidepressant</li> <li>- Adequate hydration</li> <li>- Sit-stand-get up slowly</li> <li>- Support hose</li> </ul>
Anticholinergic (dry mouth/eyes, constipation, urinary retention, tachycardia)	<ul style="list-style-type: none"> <li>- Consider switching to a different antidepressant</li> <li>- Hydration</li> <li>- Sugarless gum/candy</li> <li>- Dietary fiber</li> <li>- Artificial tears</li> <li>- Bethanechol 10 – 20 mg bid – tid</li> <li>- For confusion – stop medication and rule out other causes</li> </ul>
GI distress / nausea	<ul style="list-style-type: none"> <li>- This often improves or resolves over 1-2 weeks</li> <li>- Take with meals</li> <li>- Consider antacids or H2 blockers</li> </ul>
Activation / jitters / tremors	<ul style="list-style-type: none"> <li>- Start with small doses (especially with underlying anxiety disorder)</li> <li>- Reduce dose</li> <li>- Try beta blocker (propranolol 10 – 20 mg bid / tid)</li> <li>- Consider short term trial of benzodiazepine</li> </ul>
Headache	<ul style="list-style-type: none"> <li>- Lower dose</li> <li>- Try acetaminophen</li> </ul>
Insomnia	<ul style="list-style-type: none"> <li>- Trazodone 25 – 100 mg po qhs (can cause orthostatic hypotension and priapism)</li> <li>- Make sure activating antidepressants are taken in a.m.</li> </ul>
Sexual dysfunction	<ul style="list-style-type: none"> <li>- May be part of depression or medical disorders</li> <li>- Consider switch to bupropion, nefazodone, or mirtazapine</li> <li>- Decrease dose</li> <li>- Try adding bupropion 75 mg qhs or bid</li> <li>- Try adding buspirone 15-30 mg bid</li> <li>- Try adding cyproheptadine 4 mg 1-2 hrs before intercourse</li> <li>- Consider a trial of sildenafil, tadalafil, or vardenafil in consultation with PCP or urologist</li> </ul>

## (7) Troubleshooting: What to Do if Patients Don't Improve as Expected

Common problem	Possible Solution
<b>1. Wrong diagnosis</b>	<ul style="list-style-type: none"> <li>• Reconsider diagnosis and differential diagnosis</li> <li>• Consider psychiatric consultation</li> </ul>
<b>2. Insufficient dose</b>	Increase dose
<b>3. Insufficient length of treatment</b> (Remember: it may take 8-10 weeks for patients to respond to treatment)	Support and encourage patient to stay on medication for a full trial (8-10 weeks) at a therapeutic dose.
<b>4. Problems with adherence</b>	<ul style="list-style-type: none"> <li>• Try to understand the patient's perspective and concerns</li> <li>• Address barriers to adherence and problem-solve together</li> <li>• Consider serum drug levels if using tricyclic antidepressants</li> </ul>
<b>5. Side effects</b> (Remember: side effects may be physiological or psychological)	<ul style="list-style-type: none"> <li>• <b>Wait and reassure patient</b> - the body often gets used to them (e.g., GI side effects from SSRIs or SNRIs)</li> <li>• Reduce dose</li> <li>• Treat side effect(s)</li> <li>• Change medication</li> <li>• See "Strategies for Managing Antidepressant Side Effects" – section 5(F5)</li> </ul>
<b>6. Other complicating factors</b> <ol style="list-style-type: none"> <li>a. psychosocial stressors / barriers</li> <li>b. medical problems / medications</li> <li>c. psychological barriers (low self esteem, guilt, unwillingness to let go of "sick" role)</li> <li>d. active substance abuse</li> <li>e. other psychiatric problems</li> </ol>	<ul style="list-style-type: none"> <li>• Address problems directly</li> <li>• Consider psychiatric consultation</li> <li>• Consider adding psychotherapy</li> </ul>
<b>7. Treatment is not effective</b> despite adequate trial of medication at adequate dose	<b>Psychiatric consultation</b> for difficult to treat depression

7)

Behavioral Activation Cycle of Depression

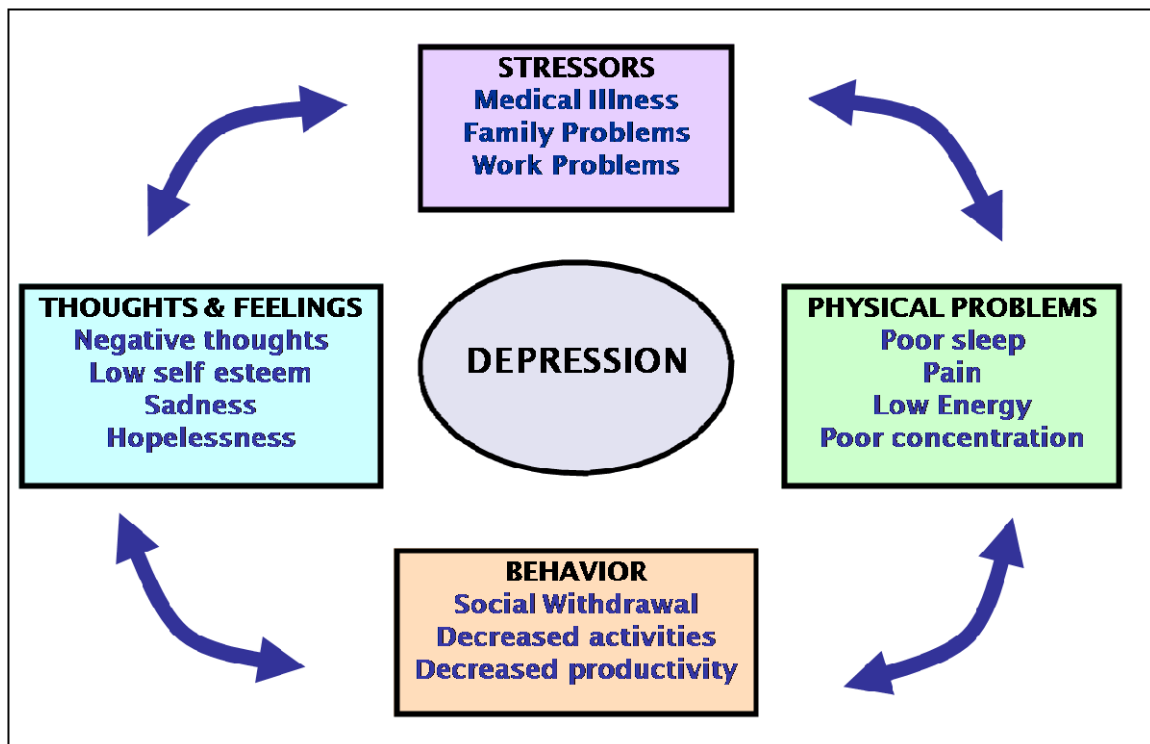
## Scheduling Activities

### Why scheduling activities is important

- When people are stressed or depressed they often stop doing activities that they used to enjoy and that helped them feel good.

### Spiraling Down

- It works both ways – the less you do the more depressed you feel and the more depressed you feel the less you do.



### Spiraling Up

- By doing more pleasant activities, even if you don't initially feel like it, you can break the vicious cycle of depression.

### Types of pleasant activities

- Pleasant activities are ones that make you feel better because they are rewarding, meaningful, inspiring, relaxing or fun.
- They don't have to be special activities. In fact, most are everyday activities.

### Remembering pleasant activities

- When a person is depressed, it's hard for them to remember that any activities have ever been pleasant.
- Ask them what it is that they used to enjoy, no matter how long ago.