Guideline 6: Nonpsychotic Major Depressive Disorder

6A. Diagnosis of Nonpsychotic Major Depressive Disorder[Question 5]

The experts considered depressed mood, most of the day, every day, markedly diminished interest or pleasure in activities, and recurrent thoughts of death or suicidal ideation or behavior the three most important discriminating features in diagnosing nonpsychotic major depression in an older patient. These three symptoms have consistently been endorsed in studies of depression in the elderly and were considered the most important symptoms in diagnosing depression in an older patient by a survey of experts on the treatment of depressive disorders in older patients.*

(***bold italics*** = features rated "extremely important" by at least 50% of the experts)

Most important discriminating features	Also consider
Depressed mood most of the day, every day	Change in sleep patterns (insomnia or hypersomnia)
Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day	Fatigue or loss of energy nearly every day
Recurrent thoughts of death, recurrent suicidal ideation, or a suicide attempt	Psychomotor agitation or retardation nearly every day
Feelings of worthlessness or excessive or inappropriate guilt nearly every day	Significant weight loss (when not dieting) or weight gain or a decrease or increase in appetite nearly every day
	Diminished ability to think or concentrate or indecisiveness nearly every day
	Workup rules out a medical illness (e.g., Parkinson's disease) that could be causing the depression
	The symptoms are not better accounted for by schizoaffective disorder, schizophrenia, or delusional disorder
	The patient has never had a hypomanic, manic, or mixed episode
	No evidence that the patient has recently used a drug (e.g., interferon) that can cause depression

*Alexopoulos GS, Katz IR, Reynolds CF, et al. The Expert Consensus Guideline Series: Pharmacotherapy of Depressive Disorders in Older Patients. Postgrad Med Special Report 2001;October:22.

6B. Selecting Treatments for Nonpsychotic Major Depressive Disorder[Question 15]

The experts first-line recommendation for agitated nonpsychotic major depression in an older patient was an antidepressant alone (rated first line by 77%). Second-line options were an antidepressant plus an antipsychotic (44% first line), ECT (31% first line), an antidepressant plus a benzodiazepine (25% first line), and an antidepressant plus a mood stabilizer (23% first line). For nonpsychotic major depression accompanied by severe anxiety, the experts again recommended an antidepressant alone (79% first line). They would also consider adding a benzodiazepine to the antidepressant (51% first line) or using ECT (25% first line).

	Preferred	Also consider
With Agitation	An antidepressant alone	An antipsychotic plus an antidepressant
With Severe Anxiety	An antidepressant alone	A benzodiazepine plus an antidepressant

6C. Selecting Antidepressants for Nonpsychotic Major Depressive Disorder[Question 16]

When asked which specific antidepressants they preferred for the treatment of nonpsychotic major depression in an older patient, the experts recommended a selective serotonin reuptake inhibitor (SSRI) as the first-line choice, followed by venlafaxine and mirtazapine as high second-line options. There was much less support for tricyclic antidepressants, trazodone, and bupropion, while the monoamine oxidase inhibitors received third-line ratings.

	Preferred	**Also consider**
With Agitation	A selective serotonin reuptake inhibitor (SSRI)	Venlafaxine Mirtazapine
With Severe Anxiety	SSRI	Venlafaxine Mirtazapine

6D. Use of Atypical Antipsychotics in Treatment-Resistant Nonpsychotic Major Depressive Disorder[Question 17]

We asked the experts about adding an atypical antipsychotic to an antidepressant in an older patient with treatment-resistant nonpsychotic major depression. We specified that the trials had involved adequate therapeutic doses of antidepressants and were of adequate duration. There was limited support for this strategy; 36% of the experts would add an atypical antipsychotic if a patient had failed adequate trials of two antidepressants.