

## Guideline 7: Psychotic Major Depressive Disorder

### 7A. Diagnosis of Psychotic Major Depressive Disorder<sup>Question 5</sup>

To diagnose psychotic major depression in an older patient, the experts required the presence of both delusions and the following three key depressive symptoms: 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 (see Guideline 6A).

Most important discriminating features	Also consider
Depressed mood most of the day, every day Delusions that occur only when the depressive symptoms are present Recurrent thoughts of death, recurrent suicidal ideation, or a suicide attempt Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day A previous episode of psychotic depression Feelings of worthlessness or excessive or inappropriate guilt nearly every day The symptoms are not better accounted for by schizoaffective disorder, schizophrenia, or delusional disorder Psychomotor agitation or retardation nearly every day Change in sleep patterns (insomnia or hypersomnia)	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 Fatigue or loss of energy nearly every day Workup rules out a medical illness (e.g., Parkinson's disease) that could be causing the depression 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

### 7B. Selecting Treatments for Psychotic Major Depressive Disorder<sup>Question 18</sup>

The treatment of choice for psychotic major depression in an older patient was an antipsychotic plus an antidepressant, which was rated first line by 98% of the experts. Electroconvulsive therapy (ECT) is another first-line option (rated first line by 71%). Other second-line options—an antidepressant alone or a mood stabilizer plus an antipsychotic—received only limited support.

(***bold italics*** = treatment of choice)

Preferred	Also consider
<b><i>An antipsychotic plus an antidepressant</i></b> Electroconvulsive therapy (ECT)	(None)

### 7C. Selecting Antipsychotics to Treat Psychotic Major Depressive Disorder<sup>Question 19</sup>

Risperidone at the dosages shown below was the first-line option for use in combination with an antidepressant for psychotic major depression (rated first line by 91% of the experts). Olanzapine and quetiapine were high second-line options (rated first line by approximately 70% of the experts). There was no consensus on aripiprazole or ziprasidone.

Preferred	Also consider
Risperidone 0.75–2.25 mg/day	Olanzapine 5–10 mg/day Quetiapine 50–200 mg/day