



**TOOL KIT**  
**FOR THE MANAGEMENT**  
**OF**  
**ADULT DEPRESSION**

## TOOL KIT FOR THE MANAGEMENT OF ADULT DEPRESSION

The clinical tool kit is intended to assist the PCP in assessing the needs of adults age 18 and over regarding depression and decisions regarding health care services provided by the PCP or subsequent referral to the Regional Behavioral Health Authority (RBHA) if clinically indicated.

Tools include:

- Two Screening Clinical Interview questions (see below)
- Decision making algorithm (use when the HAM-D has a minimum score of 15)
- Hamilton Rating Scale for Depression (HAM-D) Directions for Scoring
- Hamilton Rating Scale for Depression (HAM-D)
- The list of medications universally available through AHCCCS Health Plans and the RBHA.

Clinical resources and adaptations of clinical sources are referenced within the individual documents.

### SCREENING INTERVIEW QUESTIONS<sup>1</sup>

If the answer is yes to both questions below, administer the “Hamilton Rating Scale for Depression

1. During the past month have you often been bothered by feeling down, depressed or helpless?

Yes or No

2. During the past month have you often been bothered by little interest or pleasure in doing things?

Yes or No

NOTE:

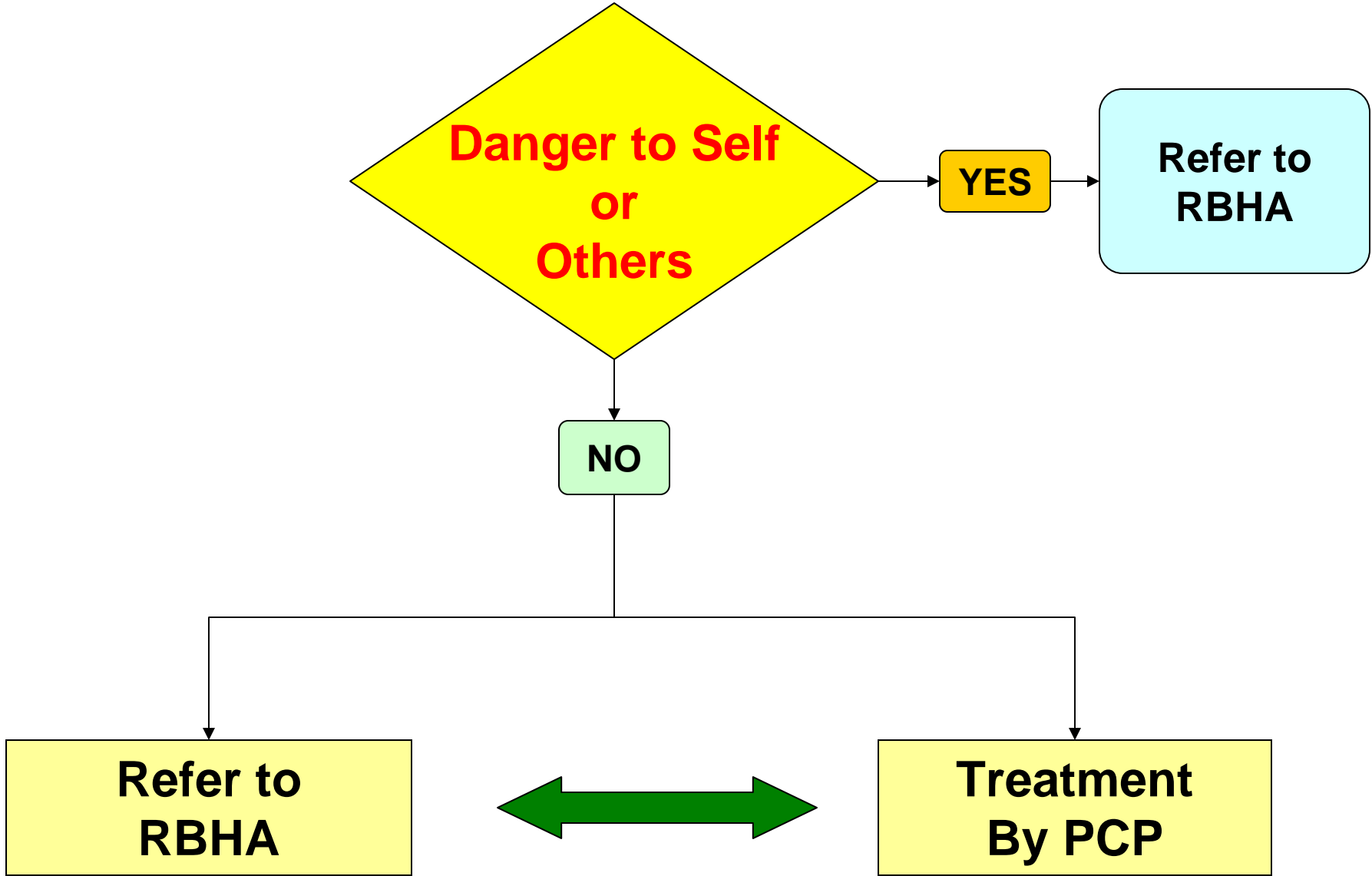
- A RBHA consultation is available at any time.

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<sup>1</sup> Adaptation from the American Academy of Family Physicians Vol. 69/No. 10 (May 15, 2004)

This tool kit was developed by the AHCCCS Tool Kit Workgroup in collaboration with Acute Health Plans and ADHS/DBHS (January, 2008 through January, 2009). This tool kit is only a resource and may not apply to all patients and all clinical situations. It is not intended to replace clinical judgment.

# Depression



*\*Sole usage of Algorithms is not a substitute for a comprehensive clinical assessment*

# HAMILTON RATING SCALE FOR DEPRESSION (HAM-D)

The Hamilton Rating Scale for Depression (HAM-D, HRSD) is the most widely utilized rating scale to assess symptoms of depression. The HAM-D is an observer-rated scale consisting of 17 to 21 items (including two 2-part items, weight and diurnal variation). Ratings are made on the basis of the clinical interview, plus any additional available information, such as nursing or family member report. The items are rated on either a 0 to 4 spectrum (0 = none/absent and 4 = most severe) or a 0 to 2 spectrum (0 = absent/none and 2 = severe). The HAM-D heavily emphasizes somatic symptoms of depression and works best for the assessment of individuals with relatively severe illness. The HAM-D also relies on the clinical interviewing skills and experience of the rater in evaluating individuals with depressive illness. As most patients score zero on rare items in depression (depersonalization, obsessive and paranoid symptoms), the total score on the HAM-D generally consists of only the sum of the first 17 items. A typical baseline score for a depressed patient in a treatment trial is 15-20. The strengths of the HAM-D include its excellent validation/research base, and ease of administration. Although the author intended the scale to be utilized only in patients with primary depression, in real-life settings the scale is sometimes used to evaluate depressive symptoms in patients with other disorders, such as schizophrenia or bipolar disorder. The HAM-D has been translated into nearly all European languages, and is used all over the world.

The scale is generally done by a clinician or trained rater and takes 20-30 minutes to complete.

## REFERENCES:

Hamilton M. A rating scale for depression. *J Neurol Neurosurg Psychiatry*. 1960;23:56-62.

Hamilton M. Development of a rating scale for primary depressive illness. *Br J Soc Clin Psychol*. 1967;6:278-296.

Faries D, Herrera J, Rayamajhi J, DeBrotta D, Demitrack M, Potter WZ. The Responsiveness of the Hamilton Depression Rating Scale. *J Psychiatric Res*. 2000;34:3-10.

## THE HAMILTON RATING SCALE FOR DEPRESSION

(to be administered by a health care professional)

Patient's Name \_\_\_\_\_

Date of Assessment \_\_\_\_\_

To rate the severity of depression in patients who are already diagnosed as depressed, administer this questionnaire. The higher the score, the more severe the depression.

**For each item, write the correct number on the line next to the item. (Only one response per item)**

- \_\_\_\_\_ **1. DEPRESSED MOOD** (Sadness, hopeless, helpless, worthless)
- 0=** Absent
  - 1=** These feeling states indicated only on questioning
  - 2=** These feeling states spontaneously reported verbally
  - 3=** Communicates feeling states non-verbally—i.e., through facial expression, posture, voice, and tendency to weep
  - 4=** Patient reports VIRTUALLY ONLY these feeling states in his spontaneous verbal and non-verbal communication
- \_\_\_\_\_ **2. FEELINGS OF GUILT**
- 0=** Absent
  - 1=** Self reproach, feels he has let people down
  - 2=** Ideas of guilt or rumination over past errors or sinful deeds
  - 3=** Present illness is a punishment. Delusions of guilt
  - 4=** Hears accusatory or denunciatory voices and/or experiences threatening visual hallucinations
- \_\_\_\_\_ **3. SUICIDE**
- 0=** Absent
  - 1=** Feels life is not worth living
  - 2=** Wishes he were dead or any thoughts of possible death to self
  - 3=** Suicidal ideas or gesture
  - 4=** Attempts at suicide (any serious attempt rates 4)
- \_\_\_\_\_ **4. INSOMNIA EARLY**
- 0=** No difficulty falling asleep
  - 1=** Complains of occasional difficulty falling asleep—i.e., more than 1/2 hour
  - 2=** Complains of nightly difficulty falling asleep
- \_\_\_\_\_ **5. INSOMNIA MIDDLE**
- 0=** No difficulty
  - 1=** Patient complains of being restless and disturbed during the night
  - 2=** Waking during the night—any getting out of bed rates 2 (except for purposes of voiding)

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**6. INSOMNIA LATE**

0= No difficulty

1= Waking in early hours of the morning but goes back to sleep

2= Unable to fall asleep again if he gets out of bed

**7. WORK AND ACTIVITIES**

0= No difficulty

1= Thoughts and feelings of incapacity, fatigue or weakness related to activities; work or hobbies

2= Loss of interest in activity; hobbies or work—either directly reported by patient, or indirect in listlessness, indecision and vacillation (feels he has to push self to work or activities)

3= Decrease in actual time spent in activities or decrease in productivity

4= Stopped working because of present illness

**8. RETARDATION: PSYCHOMOTOR** (Slowness of thought and speech; impaired ability to concentrate; decreased motor activity)

0= Normal speech and thought

1= Slight retardation at interview

2= Obvious retardation at interview

3= Interview difficult

4= Complete stupor

**9. AGITATION**

0= None

1= Fidgetiness

2= Playing with hands, hair, etc.

3= Moving about, can't sit still

4= Hand wringing, nail biting, hair-pulling, biting of lips

**10. ANXIETY (PSYCHOLOGICAL)**

0= No difficulty

1= Subjective tension and irritability

2= Worrying about minor matters

3= Apprehensive attitude apparent in face or speech

4= Fears expressed without questioning

**11. ANXIETY SOMATIC:** Physiological concomitants of anxiety, (i.e., effects of autonomic overactivity, "butterflies," indigestion, stomach cramps, belching, diarrhea, palpitations, hyperventilation, paresthesia, sweating, flushing, tremor, headache, urinary frequency). Avoid asking about possible medication side effects (i.e., dry mouth, constipation)

0= Absent

1= Mild

2= Moderate

3= Severe

4= Incapacitating

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**12. SOMATIC SYMPTOMS (GASTROINTESTINAL)**

\_\_\_\_\_ **0=** None

**1=** Loss of appetite but eating without encouragement from others. Food intake about normal

**2=** Difficulty eating without urging from others. Marked reduction of appetite and food intake

**13. SOMATIC SYMPTOMS GENERAL**

\_\_\_\_\_ **0=** None

**1=** Heaviness in limbs, back or head. Backaches, headache, muscle aches. Loss of energy and fatigability

**2=** Any clear-cut symptom rates 2

**14. GENITAL SYMPTOMS** (Symptoms such as: loss of libido; impaired sexual performance; menstrual disturbances)

\_\_\_\_\_ **0=** Absent

**1=** Mild

**2=** Severe

**15. HYPOCHONDRIASIS**

\_\_\_\_\_ **0=** Not present

**1=** Self-absorption (bodily)

**2=** Preoccupation with health

**3=** Frequent complaints, requests for help, etc.

**4=** Hypochondriacal delusions

**16. LOSS OF WEIGHT**

\_\_\_\_\_ **A.** When rating by history:

**0=** No weight loss

**1=** Probably weight loss associated with present illness

**2=** Definite (according to patient) weight loss

**3=** Not assessed

**17. INSIGHT**

\_\_\_\_\_ **0=** Acknowledges being depressed and ill

**1=** Acknowledges illness but attributes cause to bad food, climate, overwork, virus, need for rest, etc.

**2=** Denies being ill at all

**18. DIURNAL VARIATION**

\_\_\_\_\_ **A.** Note whether symptoms are worse in morning or evening. If NO diurnal variation, mark none

**0=** No variation

**1=** Worse in A.M.

**2=** Worse in P.M.

\_\_\_\_\_ **B.** When present, mark the severity of the variation. Mark "None" if NO variation

**0=** None

**1=** Mild

**2=** Severe

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**19. DEPERSONALIZATION AND DEREALIZATION** (Such as: Feelings of unreality; Nihilistic ideas)

- \_\_\_\_\_
- 0=** Absent
  - 1=** Mild
  - 2=** Moderate
  - 3=** Severe
  - 4=** Incapacitating

**20. PARANOID SYMPTOMS**

- \_\_\_\_\_
- 0=** None
  - 1=** Suspicious
  - 2=** Ideas of reference
  - 3=** Delusions of reference and persecution

**21. OBSESSIVE AND COMPULSIVE SYMPTOMS**

- \_\_\_\_\_
- 0=** Absent
  - 1=** Mild
  - 2=** Severe

Total Score \_\_\_\_\_

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# DEPRESSION

UNIVERSALLY AVAILABLE MEDICATIONS THROUGH  
AHCCCS HEALTH PLANS AND RBHA PROVIDERS\*

## SELECTIVE SEROTONIN REUPTAKE INHIBITOR

Fluoxetine (Prozac)

Citalopram (Celexa)

Paroxetine (Paxil)

Sertraline (Zoloft)

## SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITOR

Venlafaxine (Effexor)

## NOREPINEPHRINE DOPAMINE REUPTAKE INHIBITOR

Bupropion (Wellbutrin)

### **NOTE FOR USE WITH PREGNANT WOMEN:**

For pregnant women experiencing depression, sertraline (Zoloft) is the preferred antidepressant for treatment. Paroxetine should be avoided due to its FDA Pregnancy Category of D. Drugs given an FDA Category Level of D indicate that studies in humans and other reports show that when pregnant women use the medicine, some babies are born with problems related to the medicine. However, in some serious situations, the medicine may still help the mother and the baby more than it might harm.

\*Refer to health plan for prior authorization requirements.

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