



# VA/DoD CLINICAL PRACTICE GUIDELINE FOR THE MANAGEMENT OF MAJOR DEPRESSIVE DISORDER

Department of Veterans Affairs

Department of Defense

## Patient Summary

### I. Major Depressive Disorder (MDD)

Major depressive disorder (MDD), commonly known as depression, is a mental health condition in which people experience sadness and/or lack of interest in the normal pleasures of life. Other symptoms also disrupt the life of patients with MDD. Depression is not just a bad mood, but a group of symptoms that last all day, nearly every day, for at least two weeks, and often much longer. There are different kinds of depression, including:

- persistent depressive disorder (previously called dysthymia), which is sadness that may not be as serious as MDD but lasts for at least two years;
- MDD with seasonal pattern (formerly called seasonal affective disorder), which is depression that occurs repeatedly at the same time of year; and
- postpartum depression, which is depression after giving birth.

Depression is a serious condition where those affected feel so sad and hopeless that they are unable to function normally. If untreated, depression may result in a very poor quality of life and even death by suicide. Most people who commit suicide are depressed. Fortunately, there are many effective treatments for depression.

### II. Depression in the Military Personnel and Veterans

Military personnel are especially likely to have depression, which has been associated with traumatic experiences, such as witnessing combat and separation from family during deployment or military trainings.<sup>(1, 2)</sup> Over 25% of military service men and women report symptoms of depression.<sup>(1)</sup> In addition, Veterans have higher rates of depression than the general population, and there is evidence that transition from military to civilian life is a stressor associated with an increased risk of depression.<sup>(3, 4)</sup>

### III. What are the Causes of Depression?

Depression is most likely caused by a combination of genetic, biological, environmental, and psychological factors. Trauma, loss of a loved one, a difficult relationship, or other stressful situations may trigger a depressive episode. However, depressive episodes may occur with or without an obvious trigger. While depression can run in families, it also occurs in people without a family history of depression.

Depression typically presents during the young adult years or between the ages of 20 – 40, though it can happen earlier or later in life.<sup>(5)</sup> Depression is more common in women compared to men, but women are also more likely to seek treatment and less likely to commit suicide.<sup>(5)</sup>

### IV. How do I know if I have Depression?

People don't always realize they have depression. Sometimes they might think they have the blues and should be able to feel better without help. But depression is more than just feeling down for a few days. It can also appear as:<sup>(6, 7)</sup>

- Lack of interest or motivation in things you typically enjoy
- Sad for a long time or unexplained crying
- Eating more or less than usual
- Poor sleep
- Irritability and anger
- Low energy, tired
- Feelings of guilt, worthlessness
- Inability to concentrate
- Unexplained aches and pains
- Recurring thoughts of death or suicide
- Problems making decisions
- Excessive worrying
- Memory problems
- Unable to function normally at home or work

#### ***Frequently Asked Questions:***

##### ***How do I decide which treatment is best for me?***

Discuss medications, talk therapy, and other treatments with your provider to help you decide which treatment might be best for you with the fewest side effects.

##### ***Why do I need to see my provider so often?***

It may take several months and many visits to adjust your treatment to help you feel as well as possible.

##### ***My depression is controlled. Can I stop treatment?***

You should discuss this with your provider. Most people who use medication take it for at least six to 12 months, longer, or even indefinitely to prevent the depression from returning. Talk therapy can often be effective in 12 – 16 sessions and does not necessarily require follow up, but each person's treatment course is unique and there is an increased risk of relapse whenever treatment is ended before the full course has been completed. Speak to your provider before discontinuing any part of your treatment.

## **V. How can I Treat My Depression?**

Depression treatments work and improve outcomes for both mental health and life function. The first step in getting help is to ask for help. You can talk with your primary care provider or a mental health professional about depression. Part of your initial visit will be establishing a relationship with your provider, discussing possible treatment options, and choosing a treatment plan that works best for you. Treatment typically includes medication, talk therapy, both, or other treatments.

## **VI. What can I Expect from My Health Care Provider?**

Your provider will ask you a few questions to see if you might be depressed. Your provider may ask you an extended series of questions as a part of an interview to refine the diagnosis and plan for treatment. Your provider may also do some blood or laboratory testing to see if you have other conditions that can cause or contribute to depression (for example, thyroid test or drug test).

If your provider thinks you might harm yourself or others, you will be referred for emergency treatment with a specialist.

## **VII. Antidepressant Medications**

If you and your provider decide that medication is a treatment option for you, there are many medication options, but they work in different ways and have different side effects. You and your provider should closely track your progress and any side effects so you can adjust or change medications if needed.

## **VIII. Psychotherapy**

Psychotherapy or talk therapy is an effective treatment for depression in which you meet regularly with your provider as an individual or as part of a group. The choice and type of therapy can be tailored to your needs and preferences. There are different approaches to therapy that might involve, for example, focusing on learning skills, self-awareness, or relationships.

## **IX. Other Treatments**

Although your provider will probably suggest medications and/or talk therapy first, other treatments can help people with depression. These other treatment options might be useful in your treatment journey. Discuss these options with your provider to see if they might help you.

## **X. What can I do to Improve My Health?**

In addition to seeking help and sticking to treatment, there are things you can do to help yourself feel better. These include:

- Exercising
- Eating right
- Practicing good sleep habits
- Reading books that provide skills to manage depression and improve wellness (your provider can recommend some)
- Limiting use of tobacco, alcohol, and caffeine

- Reaching out to friends and family for support and company
- Calling your provider or someone immediately if you are feeling worse or thinking about harming yourself

### **Where can I find more information?**

National Institute of Mental Health: <https://www.nimh.nih.gov/health/topics/depression/index.shtml>

U.S. Centers for Disease Control and Prevention:

<https://www.cdc.gov/tobacco/campaign/tips/diseases/depression-anxiety.html>

Depression Treatment for Military Personnel and Families:

<https://www.militaryonesource.mil/health-wellness/mental-health/mental-health-resources/>

Depression Treatment for Veterans:

<https://www.va.gov/health-care/health-needs-conditions/mental-health/depression/>

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