Depression screening question
“Have you been depressed most of the time for the past two weeks?”

Assess if depression (A1)
• Hopelessness
• Worthlessness
• Helplessness
• Guilt
• Suicidal ideation (A2)

Review risk factors for depression (A6)

Vegetative symptoms
Due to progressive life-limiting illness (A5)
• Insomnia
• Anorexia
• Weight loss
• Fatigue
• Impaired concentration

Depression (A4)

Assess for and manage pain and other symptoms
Palliative Care Consult for refractory symptoms

Normal Grief (vs. depression)

Non-Pharmacological Treatment for Depression (M1)
• Exercise, rest, nutrition, social and spiritual support
• Psychotherapy
• Cognitive Behavioural Therapy

Pharmacological Treatment for Depression (M2)

< 1 month
Life expectancy
1–3 months
> 3 months

Psychostimulant (M7)
• For rapid onset
• Not if agitation, confusion, insomnia, anxiety, paranoia, cardiac comorbidity

Combination Treatment (M8)
Psychostimulant + Antidepressant

Antidepressant (M4)

First line (M5):
• SSRI or
• SSNRI or
• NaSSA
Second line:
• TCA (M6)

Yes
Age > 65

No

Modafanil
Methyphenidate OR Dextroamphetamine OR Modafanil

See also the associated BC Guidelines.ca – Major Depressive Disorder in Adults – Diagnosis and Management