

Appendix 1

Management of depression in adults in primary care¹

Immediate referral*

Refer at any stage if:

- serious suicidal intent
- psychotic symptoms
- severe self-neglect.

* **Immediate referral:** referral is to be made by the primary care practitioner that day with the expectation of a same-day response to the referral

Urgent referral†

Refer at any stage if:

- significant but not immediate risk of harm to self/others
- suspected new-onset bipolar disorder
- treatment resistant.

† **Urgent referral:** referral is to be made by the primary care practitioner within 24 hours, with the expectation that the person referred will be seen within 7–10 days, or sooner depending on secondary care service availability

Consider referral

Refer at any stage if:

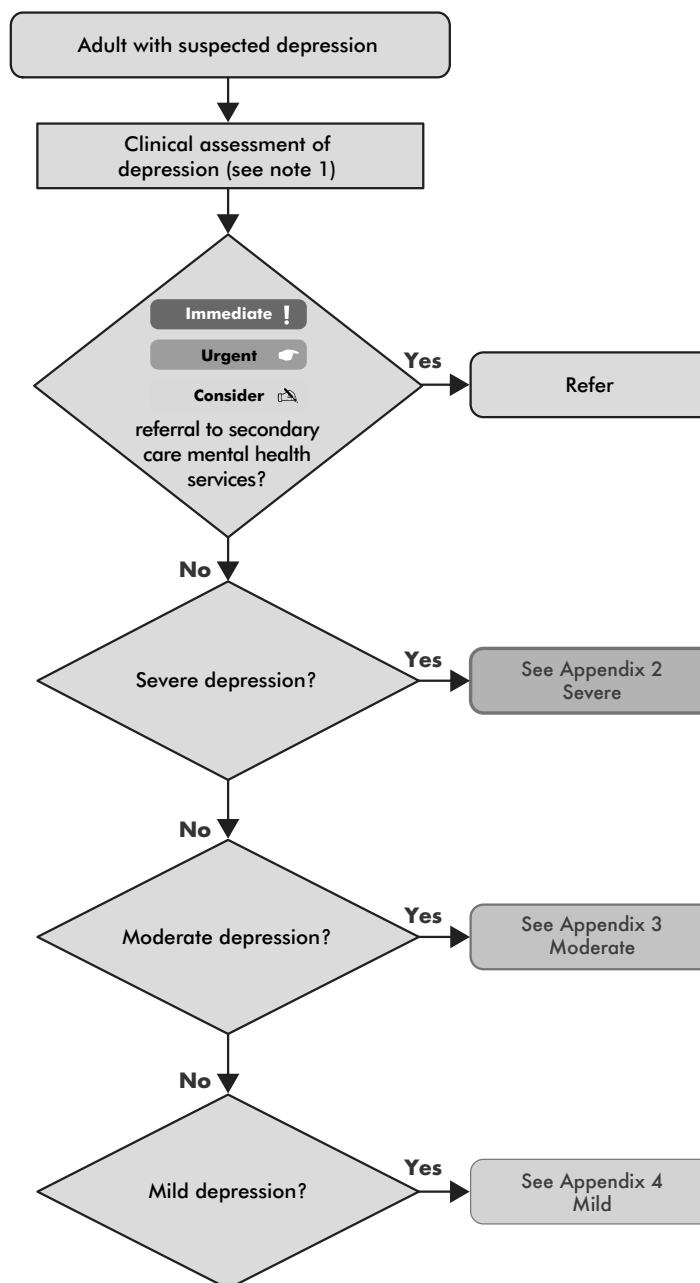
- comorbid medical condition that impacts on antidepressant use
- recurrent depression
- atypical depression resistant to initial treatment
- diagnostic uncertainty.

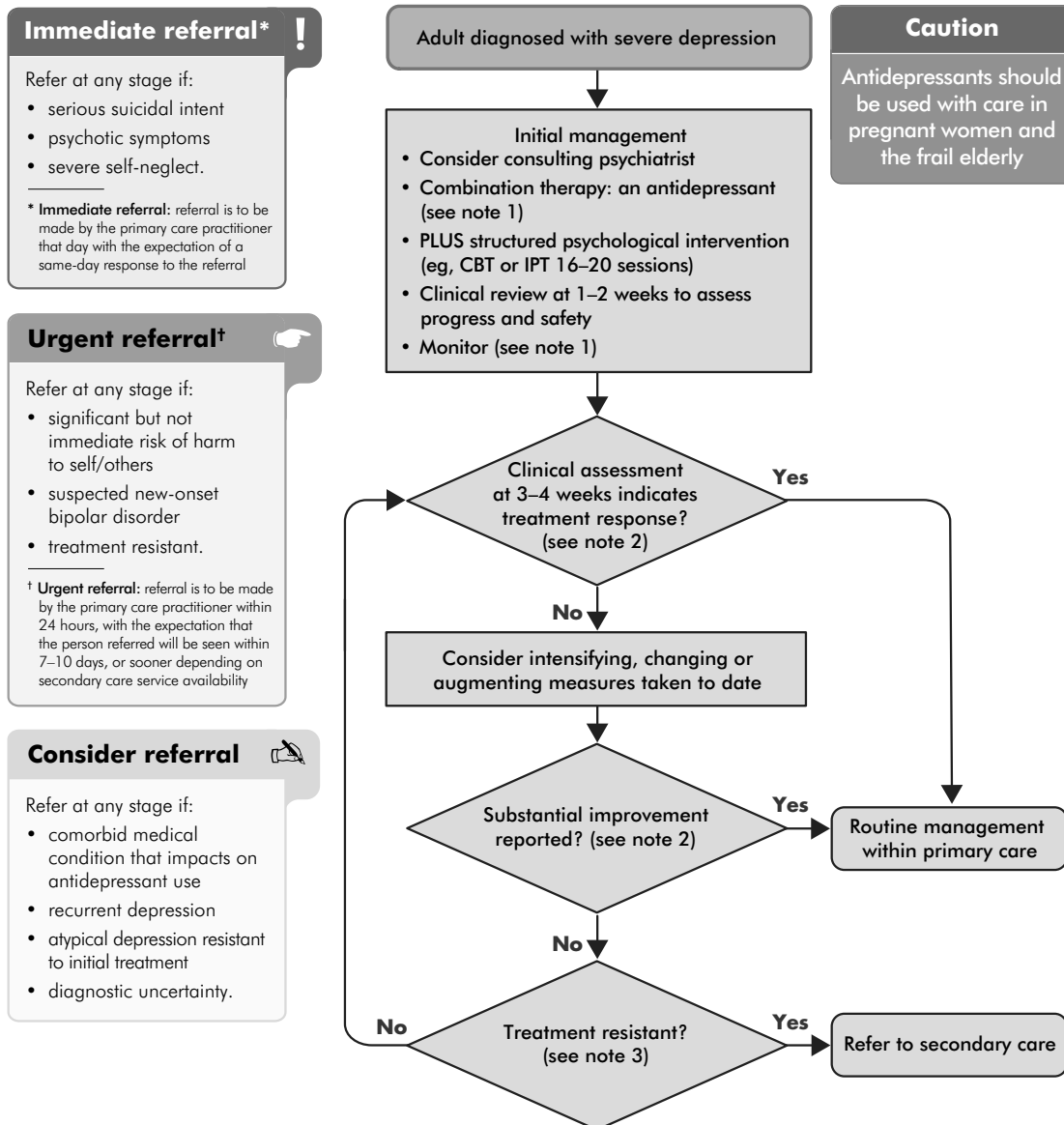
Note 1

Accurate assessment of acuity and severity is important for appropriate management and referral. In addition to the practitioner's clinical assessment, consideration should be given to the use of assessment tools. Tools such as the Patient Health Questionnaire for Depression (PHQ-9) will enable the practitioner to appropriately attribute the degree of severity.

PHQ-9 score for Major Depression

| PHQ-9 score | Provisional diagnosis |
|-------------|-----------------------|
| 10–14* | Mild depression |
| 15–19* | Moderate depression |
| ≥20* | Severe depression |





Note 1: Monitoring after initiation of an antidepressant

If at increased risk of suicide:

see at 1 week, monitor 1–2 weekly, preferably face-to-face, until the risk is not significant, then at least 2-weekly until clear improvement.

If not at increased risk of suicide:

review within 1–2 weeks, then monitor at least 2-weekly until clear improvement.

Note 2: Antidepressants

At 3–4 weeks

If only a partial response, consider increasing the dose.

If no response or minimal response, or unacceptable side effects, consider changing antidepressant, or changing to or adding a psychological therapy.

At 4–6 weeks

If the person has not responded to treatment, consider increasing the dose, changing antidepressant, or changing to or adding a psychological therapy.

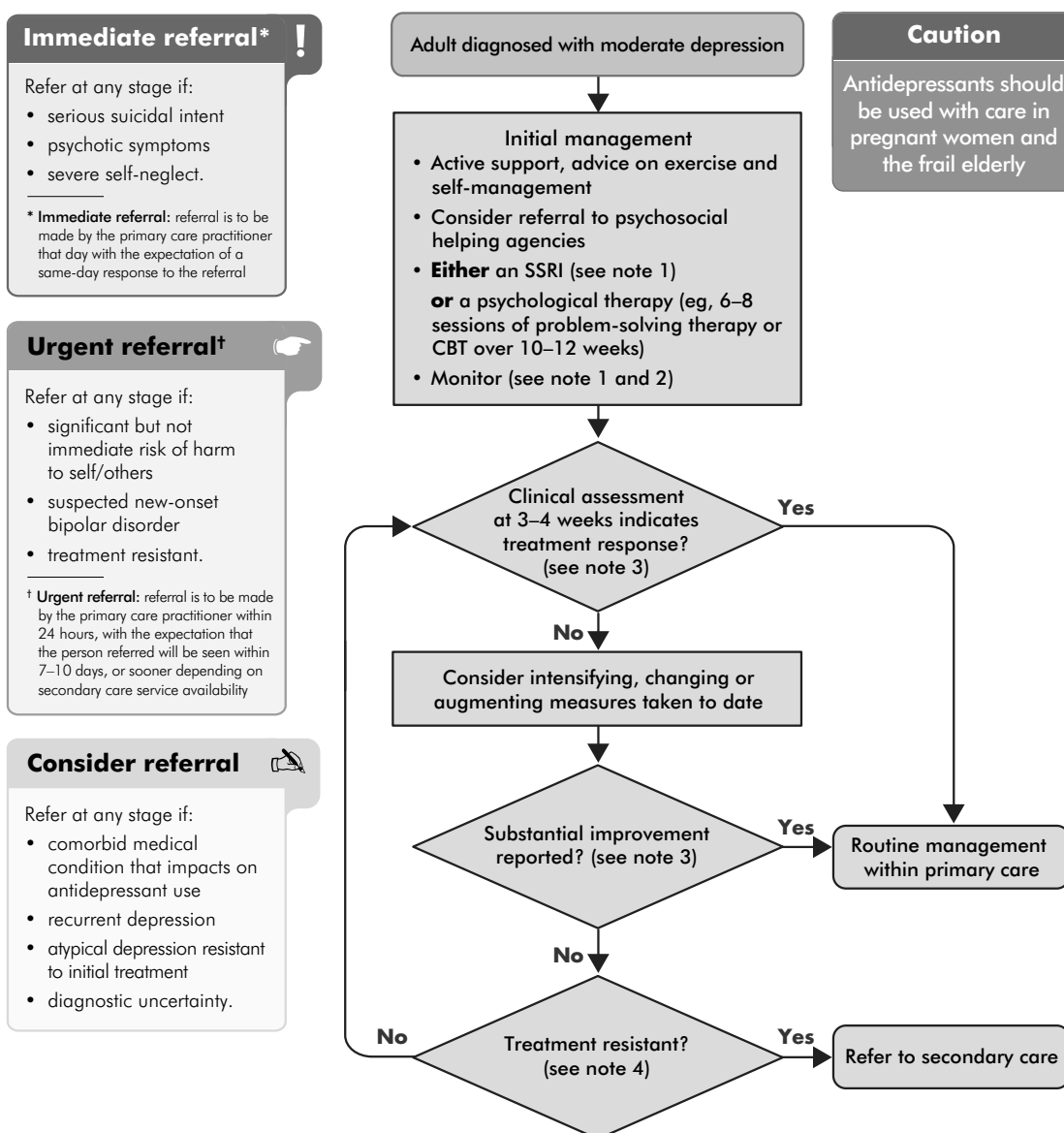
Antidepressants should normally be continued for at least 6 months after remission, to reduce the risk of relapse.

Note 3: Treatment resistance

Treatment resistance is defined as lack of a satisfactory response after trial of two antidepressants given sequentially at an adequate dose for an adequate time (with or without psychological therapy).

Appendix 3

Management of moderate depression in adults in primary care¹



Note 1: Monitoring

Initial monitoring

Monitor at 1–2 weeks by face-to-face/ phone/text/email to:

- check severity
- gauge progress
- encourage treatment adherence
- take remedial action.

Note 2: Monitoring after initiation of an antidepressant

If at increased risk of suicide:

see at 1 week, monitor 1–2 weekly, preferably

face-to-face, until the risk is not significant, then at least 2-weekly until clear improvement.

If not at increased risk of suicide:

review within 1–2 weeks, then monitor at least 2-weekly until clear improvement.

Note 3: Antidepressants

At 3–4 weeks

If only a partial response, consider increasing the dose.

If no response or minimal response, or unacceptable side effects, consider changing antidepressant, or changing to or adding a psychological therapy.

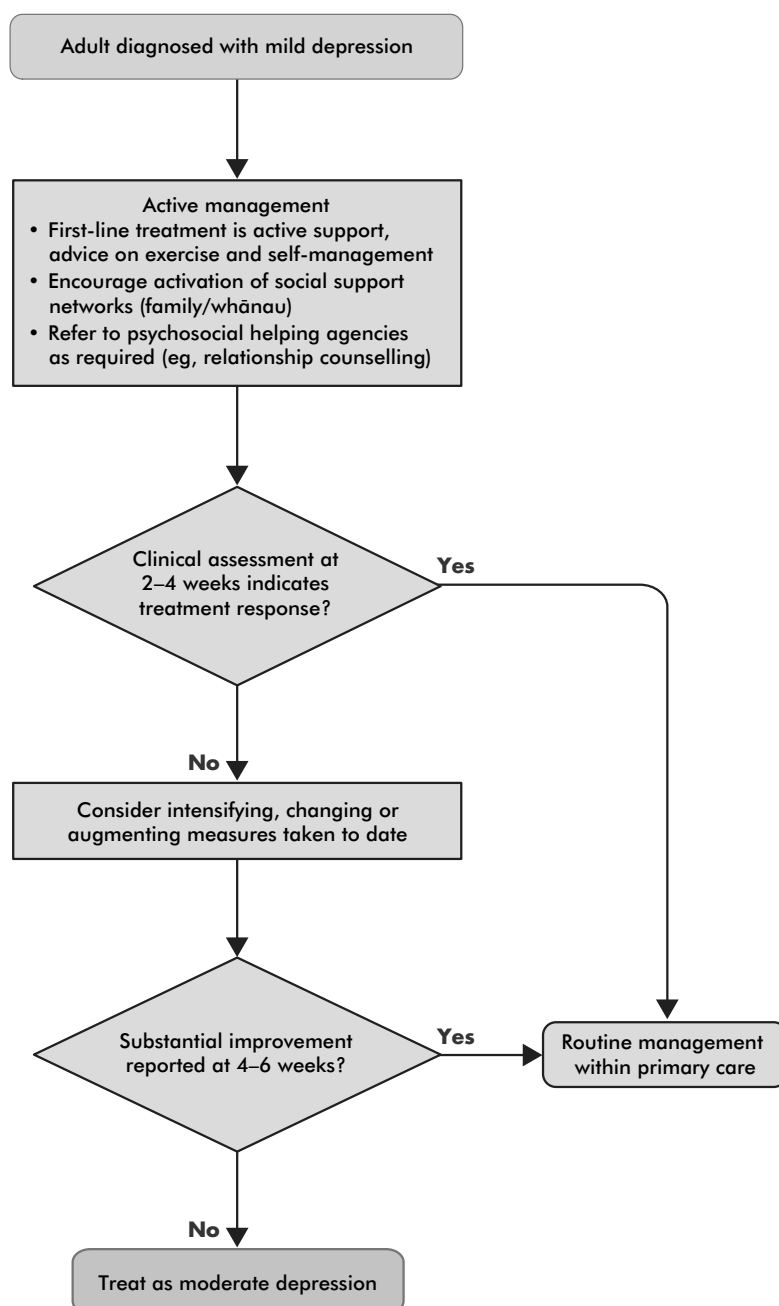
At 4–6 weeks

If the person has not responded to treatment, consider increasing the dose, changing antidepressant, or changing to or adding a psychological therapy.

Antidepressants should normally be continued for at least 6 months after remission, to reduce the risk of relapse.

Note 4: Treatment resistance

Treatment resistance is defined as lack of a satisfactory response after trial of two antidepressants given sequentially at an adequate dose for an adequate time (with or without psychological therapy).



Appendix 5

KESSLER 10 (K10)

| KESSLER 10 Questionnaire | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| The following ten questions ask about how you have been feeling in the last four weeks . For each question, select the option that best describes the amount of time you felt that way. | | | | | |
| In the last four weeks... | None of the time | A little of the time | Some of the time | Most of the time | All of the time |
| | 1 | 2 | 3 | 4 | 5 |
| 1. About how often did you feel tired out for no good reasons? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. About how often did you feel nervous? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. About how often did you feel so nervous that nothing could calm you down? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. About how often did you feel hopeless? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. About how often did you feel restless or fidgety? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. About how often did you feel so restless you could not sit still? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. About how often did you feel depressed? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. About how often did you feel that everything was an effort? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. About how often did you feel so sad that nothing could cheer you up? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. About how often did you feel worthless? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

K10 provisional diagnosis

Scoring — add up answers to questions on K10

None of the time = 1; A little of the time = 2; Some of the time = 3; Most of the time = 4; All of the time = 5

- | | |
|--------------------------------|---|
| Score between 10 and 19 | This score indicates that the patient may currently not be experiencing significant feelings of distress. |
| Score between 20 and 24 | The patient may be experiencing mild levels of distress consistent with the diagnosis of mild depression and/or anxiety disorder. |
| Score between 25 and 30 | The patient may be experiencing moderate levels of distress consistent with the diagnosis of moderate depression and/or anxiety disorder. |
| Score between 30 and 50 | The patient may be experiencing severe levels of distress consistent with the diagnosis of severe depression and/or anxiety disorder. |

See www.nzgg.org.nz/CMD-assessmenttools for more information

| Patient health questionnaire for depression | | | | |
|---|-----------------------|-----------------------|-------------------------|-----------------------|
| Over the last 2 weeks, how often have you been bothered by any of the following problems? | | | | |
| For each question select the option that best describes the amount of time you felt that way. | | | | |
| In the last 2 weeks | Not at all | Several days | More than half the days | Nearly every day |
| | 0 | 1 | 2 | 3 |
| 1. Little interest or pleasure in doing things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Feeling down, depressed, or hopeless | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Trouble falling or staying asleep, or sleeping too much | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Feeling tired or having little energy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Poor appetite or overeating | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Thoughts that you would be better off dead, or of hurting yourself in some way | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

PHQ-9 provisional diagnosis**Scoring — add up answers to questions on PHQ-9**

Not at all = 0; Several days = 1; More than half the days = 2; Nearly every day = 3

| Total Score | Depression Severity |
|-------------|---------------------|
| 10–14 | Mild |
| 15–19 | Moderate depression |
| ≥ 20 | Severe depression |

See www.nzgg.org.nz/CMD-assessmenttools for more information

Appendix 7 GAD-7

Designed primarily as a screening and severity measure for generalised anxiety disorder, the GAD-7 also has moderately good operating characteristics for three other common anxiety disorders - panic disorder, social anxiety disorder, and post-traumatic stress disorder

| Generalised Anxiety Disorder Scale (GAD-7) | | | | |
|---|-----------------------|-----------------------|-------------------------|-----------------------|
| Over the last two weeks how often have you been bothered by any of the following problems? For each question, select the option that best describes the amount of time you felt that way. | | | | |
| In last 2 weeks... | Not at all | Several days | More than half the days | Nearly every day |
| | 0 | 1 | 2 | 3 |
| 1. Feeling nervous, anxious or on edge | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Not being able to stop worrying | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Worrying too much about different things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Having trouble relaxing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Being so restless it is hard to sit still | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Becoming easily annoyed or irritable | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Feeling afraid as if something awful might happen | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

GAD-7 provisional diagnosis

Scoring — add up answers to questions on GAD-7

Not at all = 0; Several days = 1; More than half the days = 2; Nearly every day = 3

Mild anxiety Score 5 - 9

A score of 5 represents a cutpoint for mild anxiety.

A recommended cutpoint for further evaluation is a score of 10 or greater.

Moderate anxiety Score 10 - 14

A score of 10 represents a cutpoint for moderate anxiety.

A recommended cutpoint for further evaluation is a score of 10 or greater.

Severe anxiety Score 15 - 21

A score of 15 represents a cutpoint for severe anxiety.

A recommended cutpoint for further evaluation is a score of 10 or greater.

See www.nzgg.org.nz/CMD-assessmenttools for more information

| Alcohol Use Disorders Identification Test (AUDIT) | | |
|---|---|----------------------|
| PLEASE TICK THE ANSWER THAT IS NEAREST TO CORRECT FOR YOU | | |
| 1. | How often do you have a drink containing alcohol? <input type="radio"/> Never <input type="radio"/> Monthly or less <input type="radio"/> 2 – 4 times a month <input type="radio"/> 2 – 3 times a week <input type="radio"/> 4 or more times per week | <input type="text"/> |
| 2. | How many drinks containing alcohol do you have on a typical day when you are drinking? (code number of standard drinks) <input type="radio"/> One to two <input type="radio"/> 3 or 4 <input type="radio"/> 5 or 6 <input type="radio"/> 7 to 9 <input type="radio"/> 10 or more | <input type="text"/> |
| 3. | How often do you have six or more drinks on one occasion? <input type="radio"/> Never <input type="radio"/> Less than monthly <input type="radio"/> Monthly <input type="radio"/> Weekly <input type="radio"/> Daily or almost daily | <input type="text"/> |
| 4. | How often during the last year have you found that you were not able to stop drinking once you had started? <input type="radio"/> Never <input type="radio"/> Less than monthly <input type="radio"/> Monthly <input type="radio"/> Weekly <input type="radio"/> Daily or almost daily | <input type="text"/> |
| 5. | How often during the last year have you failed to do what was normally expected from you because of drinking? <input type="radio"/> Never <input type="radio"/> Less than monthly <input type="radio"/> Monthly <input type="radio"/> Weekly <input type="radio"/> Daily or almost daily | <input type="text"/> |
| 6. | How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? <input type="radio"/> Never <input type="radio"/> Less than monthly <input type="radio"/> Monthly <input type="radio"/> Weekly <input type="radio"/> Daily or almost daily | <input type="text"/> |
| 7. | How often during the last year have you had a feeling of guilt or remorse after drinking? <input type="radio"/> Never <input type="radio"/> Less than monthly <input type="radio"/> Monthly <input type="radio"/> Weekly <input type="radio"/> Daily or almost daily | <input type="text"/> |
| 8. | How often during the last year have you been unable to remember what happened the night before because you had been drinking? <input type="radio"/> Never <input type="radio"/> Less than monthly <input type="radio"/> Monthly <input type="radio"/> Weekly <input type="radio"/> Daily or almost daily | <input type="text"/> |
| 9. | Have you or someone else been injured as a result of your drinking? <input type="radio"/> No <input type="radio"/> Yes, but not in the last year <input type="radio"/> Yes, during the last year | <input type="text"/> |
| 10. | Has a relative, friend or doctor, or other health worker been concerned about your drinking or suggested that you should cut down? <input type="radio"/> No <input type="radio"/> Yes, but not in the last year <input type="radio"/> Yes, during the last year | <input type="text"/> |

Scores range from 0 to 4 for each question. See NZGG website below for more details.

AUDIT provisional diagnosis

A score of 8 or more for the whole questionnaire suggests your patient has a harmful pattern of drinking.

Section A: (questions 1, 2, 3) enquires about “at risk” alcohol consumption.

A score of **4 (or more) for women**, or **5 (or more) for men** suggests a level of drinking that places the person at risk of harm.

Section B: (questions 4, 5, 6) enquires about symptoms of dependence.

A score 4 (or more) indicates that person may be psychologically or physically dependent on alcohol.

Section C: (questions 7, 8, 9, 10) enquires about problems relating to drinking.

A score of 4 (or more) indicates significant problems already.

See www.nzgg.org.nz/CMD-assessmenttools for more information

| Case-finding and Help Assessment Tool (CHAT) |
|--|
| PLEASE TICK THE ANSWER THAT IS NEAREST TO CORRECT FOR YOU |
| How many cigarettes do you smoke on average a day? |
| <input type="radio"/> None <input type="radio"/> Less than 1 a day <input type="radio"/> 1–10 <input type="radio"/> 11–20 <input type="radio"/> 21–30 <input type="radio"/> 31 or more |
| Do you ever feel the need to cut down or stop your smoking? (Tick no if you do not smoke) |
| <input type="radio"/> No <input type="radio"/> Yes |
| Do you want help with your smoking? |
| <input type="radio"/> No <input type="radio"/> Yes but not today <input type="radio"/> Yes |
| Do you ever feel the need to cut down on your drinking alcohol? (Tick no if you do not drink alcohol OR do not feel the need to cut down) |
| <input type="radio"/> No <input type="radio"/> Yes |
| In the last year, have you ever drunk more alcohol than you meant to? |
| <input type="radio"/> No <input type="radio"/> Yes |
| Do you want help with your drinking? |
| <input type="radio"/> No <input type="radio"/> Yes but not today <input type="radio"/> Yes |
| Do you ever feel the need to cut down on your non-prescription or recreational drug use? (Tick no if you do not use other drugs OR do not feel the need to cut down) |
| <input type="radio"/> No <input type="radio"/> Yes |
| In the last year, have you ever used non-prescription or recreational drugs more than you meant to? |
| <input type="radio"/> No <input type="radio"/> Yes |
| Do you want help with your drug use? |
| <input type="radio"/> No <input type="radio"/> Yes but not today <input type="radio"/> Yes |
| Do you sometimes feel unhappy or worried after a session of gambling? (Tick no if you do not gamble OR do not feel unhappy about gambling) |
| <input type="radio"/> No <input type="radio"/> Yes |
| Does gambling sometimes cause you problems? |
| <input type="radio"/> No <input type="radio"/> Yes |
| Do you want help with your gambling? |
| <input type="radio"/> No <input type="radio"/> Yes but not today <input type="radio"/> Yes |

| |
|--|
| Over the last 2 weeks, how often have you been bothered by having little interest or pleasure in doing things? |
| <input type="radio"/> Not at all <input type="radio"/> Several days <input type="radio"/> More than half the days <input type="radio"/> Nearly every day |
| Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless? |
| <input type="radio"/> Not at all <input type="radio"/> Several days <input type="radio"/> More than half the days <input type="radio"/> Nearly every day |
| Do you want help with this? |
| <input type="radio"/> No <input type="radio"/> Yes but not today <input type="radio"/> Yes |
| Over the last 2 weeks have you been worrying a lot about everyday problems? |
| <input type="radio"/> No <input type="radio"/> Yes |
| Do you want help with your anxiety or worrying? |
| <input type="radio"/> No <input type="radio"/> Yes but not today <input type="radio"/> Yes |
| Is there anyone in your life of whom you are afraid or who hurts you in any way? |
| <input type="radio"/> No <input type="radio"/> Yes |
| Is there anyone in your life who controls you and prevents you doing what you want? |
| <input type="radio"/> No <input type="radio"/> Yes |
| Do you want help with any abuse or violence that you are experiencing? |
| <input type="radio"/> No <input type="radio"/> Yes but not today <input type="radio"/> Yes |
| Is controlling your anger sometimes a problem for you? |
| <input type="radio"/> No <input type="radio"/> Yes |
| Do you want help with controlling your anger? |
| <input type="radio"/> No <input type="radio"/> Yes but not today <input type="radio"/> Yes |
| As a rule, do you do less than 30 minutes of moderate or vigorous exercise (such as walking or a sport) on 5 days of the week? |
| <input type="radio"/> No <input type="radio"/> Yes |
| Do you want help with getting more exercise? |
| <input type="radio"/> No <input type="radio"/> Yes but not today <input type="radio"/> Yes |

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