The Supplemental and Measurable Guideline provides objective and consensus-based measurable components to the Best Practice Guideline for Major Depressive Disorder. The guidelines, as written, are meant to measure a minimum standard of care. Two aspects of this Supplemental Guideline are measured on at least an annual basis, and the data are then used to identify opportunities for improvement.

The efficacy of psychotherapy and antidepressant medications for the treatment of adults with Major Depressive Disorder (MDD) has been established in the literature. Guidelines and quality measures for treatment of the acute phase of MDD in adults recommend psychotherapy and, if initiating antidepressant treatment, medication management with frequent visits by the patient with a clinician for the first 12 to 16 weeks following diagnosis (e.g. APA, 2010; NCQA, 2007; Health Disparities Collaboratives, 2007).

Psychotherapy alone is commonly an effective treatment for MDD of mild to moderate severity, whereas vegetative, somatic and psychotic symptoms often occurring with severe MDD may be reduced with antidepressant treatment (Hegerl et al, 2004). When using medication to treat MDD, treatment outcomes for depression are generally better when combining medication treatment and psychotherapy (Schramm et al, 2007; Hollon et al, 2005). The APA guideline recommends a minimum of weekly psychotherapy for acute phase treatment. In practice, psychotherapy may be delivered by the prescribing clinician (e.g. psychiatrist or advanced nurse practitioner) or non-prescribing clinician (e.g. clinical psychologist or licensed master’s-level behavioral health clinician), who is trained in a treatment approach that has been scientifically validated as effective for assisting with achievement of remission and, preferably, for reducing the likelihood of relapse or recurrence. The guideline reviews the evidence base and efficacy of specific psychotherapies (APA, 2010).

Effective treatment of depression with medications also requires that pharmacological treatment be of sufficient duration to induce and sustain symptom reduction. It is recommended that persons receiving antidepressant treatment continue this treatment for at least the duration of the acute phase of

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1 Optum is a brand name used by United Behavioral Health and its affiliates.
treatment (8-12 weeks). If treated successfully with antidepressants during the acute phase, to prevent relapse during the continuation phase of treatment, it is recommended that individuals continue antidepressant treatment for 4 to 9 months to avoid the risk of relapse. Individuals with a history of three or more prior major depressive episodes or who have chronic Major Depressive Disorder are recommended to proceed from the continuation phase of treatment to a maintenance phase, and continue antidepressant treatment under the guidance of a qualified psychiatrist. Whenever an individual chooses to discontinue antidepressant treatment, the recommendation is for this to occur only under the careful supervision of a qualified psychiatrist to minimize the risk of discontinuation symptoms and discontinuation syndrome. Where multiple clinicians provide care to a patient, ongoing consultation and collaboration among this clinicians can support optimal treatment outcomes (APA, 2010).

To promote quality care for plan members during the acute and continuation phases of antidepressant treatment, Optum and OptumHealth Behavioral Solutions of California (OHBS-CA) provide this supplemental guideline specific for the treatment of MDD:

1. Patients diagnosed with MDD receive a minimum of six (6) medication management and/or psychotherapy visits during the 84 (12 weeks) days following a new diagnosis of MDD.

2. Patients diagnosed with MDD receiving care from a mental health practitioner continue antidepressant medication for at least 180 days following a new diagnosis and prescription.

References


