

Treatment of Adult Major Depressive Disorder Psychotic

Measurement-based Care

Effective and safety tolerability of medication treatment must be systematically assessed by use of appropriate rating scales and side-effect assessment protocols.

Recommended scales for major depressive disorder – psychotic

- Hamilton Rating Scale for Depression (HRSD)
- Patient Health Questionnaire (PHQ)
- Montgomery-Asberg Depression Rating Scale (MADRS) as an acceptable alternative to HRSD
- Brief Psychiatric Rating Scale (BPRS) or
- Positive and Negative Symptom Subscale (PANSS) – not in the public domain

Level 0 Comprehensive Assessment

- Assess comorbidities (e.g. substance abuse, anxiety disorders), and clinical features (psychosis, suicidality)
- Assess for bipolarity

Level 1 Initial Treatment

- Discuss treatment options, including evidence-based psychotherapy (CBT, IPT)*
- Antidepressant + antipsychotic

Level 1A

- The addition of Lithium may augment response in MDD

Level 2 *If Level 1 is ineffective or not well tolerated*

- Antipsychotic + SSRI or SNRI
- Electroconvulsive Therapy (ECT) with patient consent, if severe

Level 3 *If levels 1-2 ineffective or not tolerated*

- Other drug combinations including Lithium
- Electroconvulsive therapy with patient consent if not attempted earlier
- Antidepressant (any including tricyclic) + antipsychotic (including perphenazine)
- Re-evaluate diagnosis if the patient has failed to respond to two or more treatments

* Evidence-based psychotherapy: Cognitive behavior therapy (CBT) Interpersonal therapy (IPT)

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References:

1. Lam RW, Kennedy SH, Grigoriadis S, et al. Canadian Network for Mood and Anxiety Treatments (CANMAT). Canadian Network for Mood and Anxiety Treatments clinical guidelines for the management of major depressive disorder in adults. III. Pharmacotherapy. *J Affect Disord* 2009; 117 Suppl. 1: S26-43.
2. Connolly RK, Thase ME. If at first you don't succeed. A review of the evidence for antidepressant augmentation, combination and switching strategies. *Drugs* 2011;71 (1):43-64.