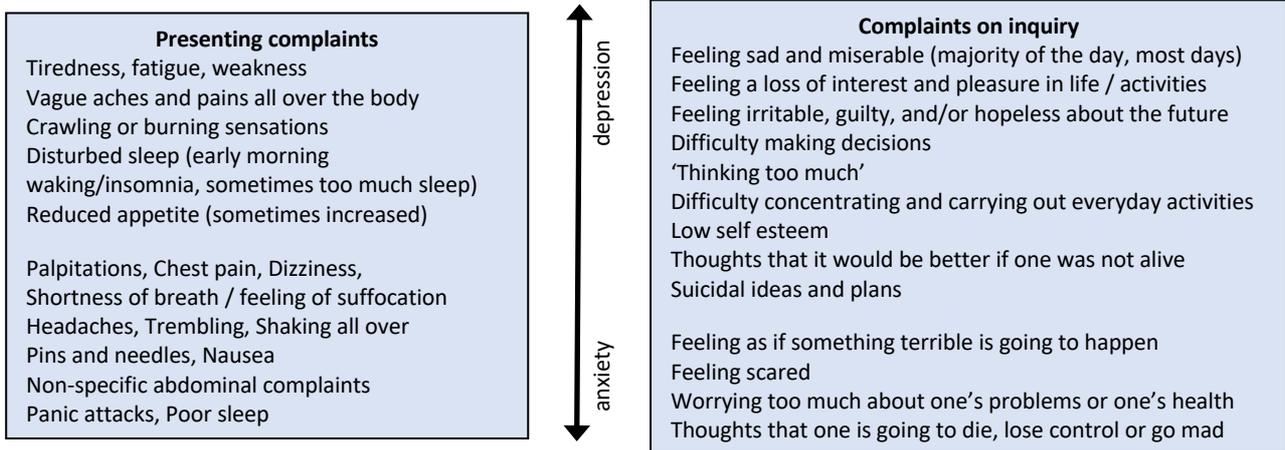


## Common Mental Health Disorders - depression/anxiety

- Even though depression and anxiety are two separate diagnoses, often there is an overlap of symptoms, risk factors and treatments – therefore **we can consider them together**
- These problems are very common but *often missed* because **patients usually present with physical symptoms**
- If someone presents with **multiple, chronic complaints, think of depression**
- **Risk factors for depression/anxiety** = chronic disease, female, money problems, difficult social history, alcohol/drugs

**Clinical Features of depression/anxiety** - Patients often complain of physical symptoms **but on questioning**, they will describe psychological symptoms



### Diagnosis and management of depression/anxiety

Depression and anxiety are normal human experiences in stressful/sad situations, but are **classified as an illness if symptoms last longer than 2 weeks AND symptoms are present most of the day, on most days**

1. Screening and further assessment:

<b>Do you feel down, depressed or hopeless?</b>	If yes to either/both questions, then complete PHQ-9 questionnaire
<b>Do you have little interest or pleasure in doing things?</b>	
<b>Do you feel nervous, anxious or on edge?</b>	If yes to either/both questions, then complete GAD-7 questionnaire
<b>Are you not able to stop or control your worry?</b>	

2. Perform PHQ-9/GAD-7 questionnaires as indicated to confirm diagnosis, to assess severity and to give baseline (see following pages or MDCalc)
3. If thoughts of death, then establish risk of suicide (see page 3)
4. Rule out bipolar disorder (periods of increased energy? periods of decreased *need* for sleep?) and normal bereavement (usually resolves within 4 months).
5. Consider medical disorders or medication that could resemble or exacerbate depression:
  - Consider malnutrition; look at management of any chronic diseases
  - Investigations: **TSH and Hb as minimum**, other tests if indicated
  - Check drug history (steroids, oestrogens, beta-blockers especially)
  - Check for substance use (ask if patient drinks alcohol at all. If YES, see p3)
6. Holistic self-care advice – for all patients with depression/anxiety, give **patient information leaflet: “Tough times: There is Hope”**. Talk through relevant points as time allows. If the patient agrees, include supportive members of the family in discussions. (Printable version: [https://kijabehospital.org/uploads/1704980184\\_Depression & anxiety - holistic counselling.pdf](https://kijabehospital.org/uploads/1704980184_Depression_%20anxiety_-_holistic_counselling.pdf))
7. Offer referral to psychology team, especially if significant symptoms (1000/- for up to 60 minutes)
8. Consider pharmacological treatment, especially if severe symptoms (fluoxetine best first choice) – **see guideline ‘Medication in depression/anxiety’** <https://kijabehospital.org/guidelines/>
9. **Active follow-up** (even if no medication given) – to check response / level of symptoms, side effects, adherence, risk of suicide and to reinforce advice/counselling

**Discuss with consultant if:**

- suicidal ideation
- unsure about diagnosis
- possible bipolar disorder
- substance abuse
- not improving with treatment
- pregnant or breast-feeding
- age under 18 years
- considering stopping medication

## *Kijabe OPD Guidelines*

### PHQ-9 Questionnaire

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
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	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

PHQ-9 score	Depression severity	Comments
0-4	Minimal or none	Monitor, may not require active treatment
5-9	Mild	Use clinical judgement (symptom duration, functional impairment) to determine necessity of treatment
10-14	Moderate	
15-19	Moderately severe	
20-27	Severe	Warrants active treatment

### GAD-7 Questionnaire

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Bring so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

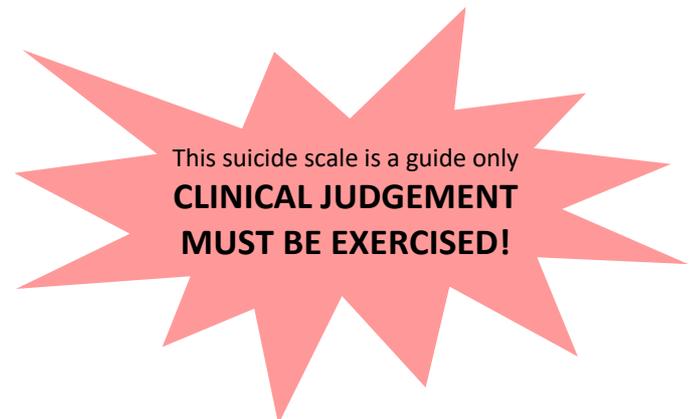
GAD-7 score	Symptom severity	Comments
5-9	Mild	Monitor
10-14	Moderate	Possibly clinically significant condition
>15	Severe	Active treatment probably warranted

## Assessing suicide risk

Modified SAD PERSONS scale of Hockbeyer and Rothstein

Parameter	Finding	Points	Patient's score
Sex/Gender of Patient	Male	1	
	Female	0	
Age	< 19	1	
	19 – 45	0	
	> 45	1	
Depression or Hopelessness	Present	2	
	Absent	0	
Previous suicide attempts or psychiatric care	Present	1	
	Absent	0	
Excessive Alcohol or drug use	Excessive	1	
	Not excessive or more	0	
Rational thinking loss	Loss due to organic brain syndrome or psychosis	2	
	Intact	0	
Separated, divorced or widowed	Separated, divorced or widowed	1	
	Married or always single	0	
Organised or serious attempt	Organised, well thought out or serious	2	
	Neither	0	
No social support	None (no close family, friends, job or active religious affiliation)	1	
	Present	0	
Stated future intent	Determined to repeat attempt or ambivalent about the prospect	2	
	No intent	0	

Score	Management
0 – 5	May be safe to discharge, depending on circumstances, rarely requires hospitalization
6 – 8	Emergency psychiatric/psychologist consultation
9 – 14	Probably requires hospitalization, liaise with senior doctor and psychologist



## Screening for alcohol dependence

