Figure 5. Diagnosis and Follow-up of PPD for intervention practices

EPDS screening self-administered

EPDS <10
No SI*

"Usual care"

EPDS >10
without
SI*

PHQ-9 assessment
MD or
clinician
administered

PHQ-9 <10

PHQ-9 10-14

PHQ-9 >15

PHQ-9 >15
or
SI*(Q #10)

Assess
- Intent
- Means
- Likelihood
- Impulsivity

Drug Rx by
Shared
Decision
Making &
patient
preference

Drug Rx recommended
+/-
counseling or
referral

Without
activity
impairment

With activity
impairment

Reassess
PHQ-9
4 weeks

Follow-up Program
- Patient completes Depression Self-care Action Plan.
- Nurse-initiated phone calls weekly x 2 and then monthly contacts (either phone call or visit) for first year.
- Office Visit week 4-5 to reassess PHQ-9, treatment side effects, adherence, and patient satisfaction.

* If PHQ-9 is decreased by 5 points, monthly
contact:
- Nurse-initiated phone call
- Office Visits at 3, 6, 9, and 12 months.

OR

* If PHQ-9 is not decreased by 5 points, modify Rx:
- Continue with more frequent contacts
- Repeat Office Visit in 4 weeks. Recheck
PHQ-9.
- Follow-up with nurse call in 1-2 weeks.
- Continue cycle or refer until response
obtained.

Immediate
Action
Protocol

Return to
PHQ-9
Score and
proceed

*SI = Suicidal Ideation defined as:
- EPDS
  - >19
- Q #10 "sometimes" or yes’
- PHQ-9
  - >15
  - Q #9 more than "not at all"