

Treatment and Timelines

Translating PHQ-9 Depression Scores into Practice Based on DSM-5 Criteria

PHQ-9 Symptoms and Impairment	PHQ-9 Scores	Intensity	Treatment Recommendations
1-4 symptoms minimal functional impairment	5-9	Subclinical	<ul style="list-style-type: none"> • Education to call if deteriorates • Physical activity • Behavioral activation • If no improvement after one or more months, consider referral to behavioral health for evaluation • Consider for persistent depressive disorder*
2 symptoms, #1 or #2 > 0 score 2+, functional impairment	10-14	Mild Major Depression	<ul style="list-style-type: none"> • Pharmacotherapy, psychotherapy, or both • Education • Physical activity • Behavioral activation • Initially consider weekly contacts to ensure adequate engagement, then at least monthly
≥ 3 symptoms, #1 or #2 > 0 score 2+, functional impairment	15-19	Moderate Major Depression	<ul style="list-style-type: none"> • Pharmacotherapy psychotherapy, or both • Education • Physical activity • Behavioral activation • Initially consider weekly contacts to ensure adequate engagement, then minimum every 2-4 weeks
≥ 4 symptoms, question #1 or #2 > 0 score 2+, marked functional impairment, motor agitation	≥ 20	Severe Major Depression	<ul style="list-style-type: none"> • Pharmacotherapy necessary and psychotherapy when patient is able to participate • Education • Physical activity • Behavioral activation • Weekly contacts until less severe

This table is designed to translate the PHQ-9 scores into DSM-5 categories and then integrate evidence-based best practice.

(Sources: Fournier, 2010 [Meta-analysis]; Trivedi, 2009 [Low Quality Evidence]; Cuijpers, 2007 [Meta-analysis]; Hunot, 2007 [Low Quality Evidence]; Kroenke, 2010 [Systematic Review])

* Persistent depressive disorder is defined as low-level depression most of the day for more days than not for at least two years. Must include presence of at least two of the listed DSM-5 criteria affecting appetite, sleep, fatigue, self-esteem, concentration/decision-making or hopelessness). Initiate pharmacotherapy or refer to mental health specialty clinician for evaluation, or both.

Referral or co-management with mental health specialty clinician if patient has:

- High suicide risk
- Inadequate treatment response
- Other psychiatric disorders such as bipolar, substance abuse, etc.
- Complex psychosocial needs

Depression Medication Treatment Duration Based on Episode

Episode	Treatment Duration*
1 st episode (major depression, single episode 296.2x [F32.x])	<ul style="list-style-type: none"> • Acute phase typically lasts 6-12 weeks. • Continue psychotherapy/medication treatment for 4-9 months once remission is reached. • Total = approximately 6-12 months
2 nd episode (major depression, recurrent 296.3x [F33.x])	Continue medication treatment for 3 years once remission is reached. Withdraw gradually.
Persistent depressive disorder (300.4 [F34.1]) or 3+ episodes or 2 episodes (major depression, recurrent 296.3x [F33.x]) with complicating factors such as: <ul style="list-style-type: none"> • Rapid recurrent episodes • More than 60 years of age at onset of major depression • Severe episodes or family history 	Continue medication treatment indefinitely.

Sources: (American Psychiatric Association, 2013 [Guideline]; Segal, 2010 [High Quality Evidence]; Dobson, 2008 [High Quality Evidence]; Hollon, 2005b [High Quality Evidence])

* Treat to remission. Full remission is defined as a two-month absence of symptoms.