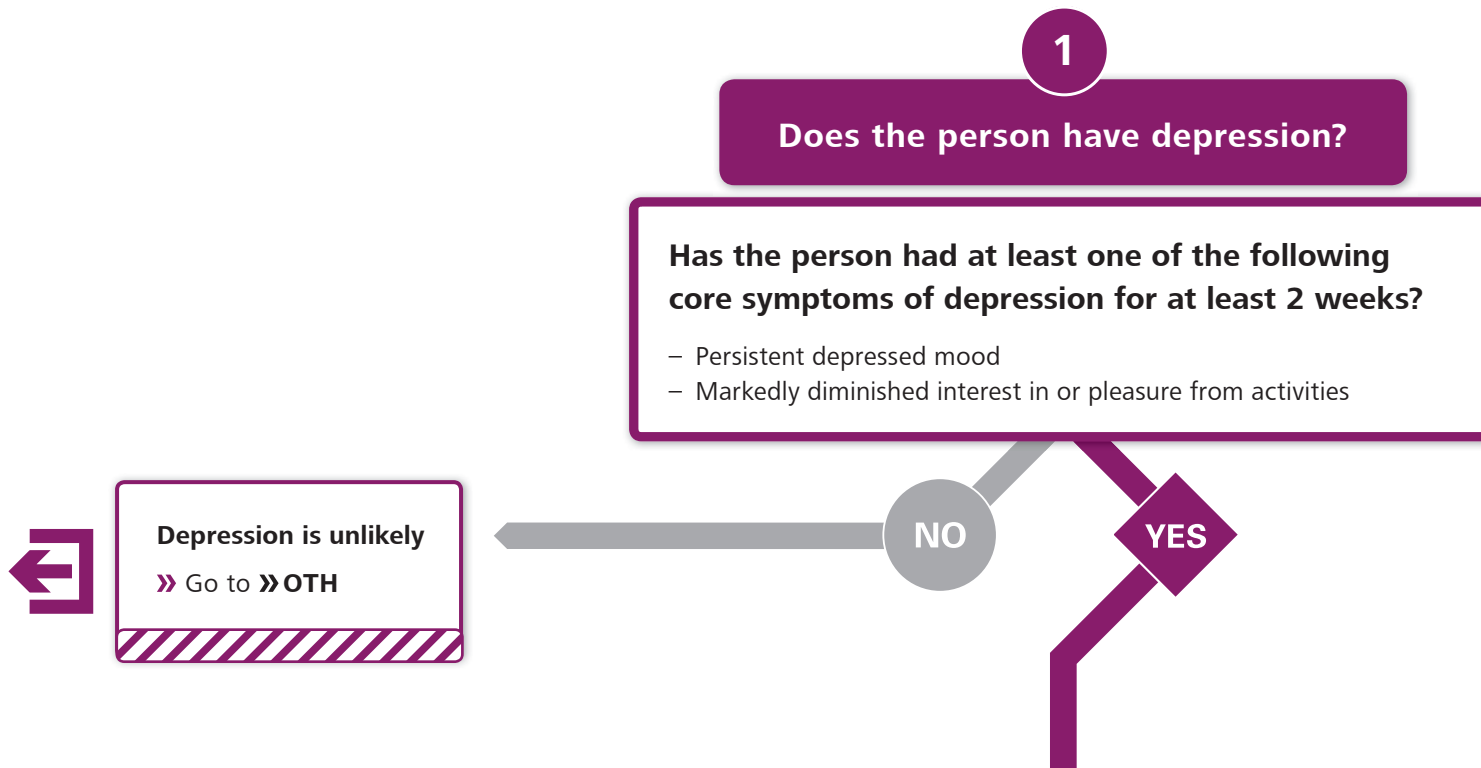


COMMON PRESENTATIONS OF DEPRESSION

- *Multiple persistent physical symptoms with no clear cause*
- *Low energy, fatigue, sleep problems*
- *Persistent sadness or depressed mood, anxiety*
- *Loss of interest or pleasure in activities that are normally pleasurable*



Has the person had several of the following additional symptoms for at least 2 weeks:

- Disturbed sleep or sleeping too much
- Significant change in appetite or weight (decrease or increase)
- Beliefs of worthlessness or excessive guilt
- Fatigue or loss of energy
- Reduced concentration
- Indecisiveness
- Observable agitation or physical restlessness
- Talking or moving more slowly than usual
- Hopelessness
- Suicidal thoughts or acts

NO

YES

Depression is unlikely

» Go to »OTH

Does the person have considerable difficulty with daily functioning in personal, family, social, educational, occupational or other areas?

NO

YES


Depression is unlikely

» Go to »OTH

Consider DEPRESSION



CLINICAL TIP:

A person with depression may have psychotic symptoms such as delusions or hallucinations. If present, treatment for depression needs to be adapted. **CONSULT A SPECIALIST.** 

2

Are there other possible explanations for the symptoms?

IS THIS A PHYSICAL CONDITION THAT CAN RESEMBLE OR EXACERBATE DEPRESSION?
Are there signs and symptoms suggesting anaemia, malnutrition, hypothyroidism, mood changes from substance use and medication side-effects (e.g. mood changes from steroids)?

» MANAGE THE PHYSICAL CONDITION

YES

NO

Do depressive symptoms remain after treatment?

NO

YES

No treatment needed.





IS THERE A HISTORY OF MANIA?

Have several of the following symptoms occurred simultaneously, lasting for at least 1 week, and severely enough to interfere significantly with work and social activities or requiring hospitalization or confinement?

- Elevation of mood and/or irritability
- Decreased need for sleep
- Increased activity, feeling of increased energy, increased talkativeness or rapid speech
- Impulsive or reckless behaviours such as excessive spending, making important decisions without planning and sexual indiscretion
- Loss of normal social inhibitions resulting in inappropriate behaviours
- Being easily distracted
- Unrealistically inflated self-esteem

NO

YES

**DEPRESSIVE EPISODE
IN BIPOLAR
DISORDER is likely**



CLINICAL TIP:

People with depressive episode in bipolar disorder are at risk for mania. Treatment is different from depression. **Protocol 2 must be applied.**

» Go to **STEP 3** then to **PROTOCOL 2**

**HAS THERE BEEN A MAJOR LOSS (E.G. BEREAVEMENT)
WITHIN THE LAST 6 MONTHS?**

YES

NO

DEPRESSION is likely

» Go to **STEP 3** then to **PROTOCOL 1**

Are any of the following symptoms present?

- Suicidal ideation
- Beliefs of worthlessness
- Psychotic symptoms
- Talking or moving more slowly than normal

NO

YES

Does the person have a previous history of depression?

NO

YES

DEPRESSION is likely

3

Are there concurrent priority MNS conditions?

! IF THERE IS IMMINENT RISK OF SUICIDE, ASSESS AND MANAGE before continuing. Go to »SUI.

» Assess for concurrent MNS conditions according to the mhGAP-IG master chart. Go to »MC.

! People with depression are at higher risk for most other priority MNS conditions. Assess for disorders due to substance use.

» Go to PROTOCOL 1

Do not manage for depression.

» Go to »OTH

