

Treatment of Adults in the Acute Phase of Major Depressive Disorder (2023)

About the Guideline

- The guideline committee consisted of six medical experts.
- The committee provides three recommendations on the management of adult patients with major depressive disorder (MDD).

Key Clinical Considerations

Become familiar with the recommendations and best-practice statements provided in this guideline, especially if you work in an acute care setting.

Treatment Options for Management of the Acute Phase of MDD

- For patients in the acute phase of moderate to severe MDD, monotherapy with either cognitive behavioral therapy or a second-generation antidepressant (SGA) is recommended.
- For patients in the acute phase of moderate to severe MDD, combination therapy with cognitive behavioral therapy and a second-generation antidepressant is suggested.
- For patients in the acute phase of mild MDD, monotherapy with cognitive behavioral therapy is suggested.
- For patients in the acute phase of moderate to severe MDD who were not responsive to initial treatment with an appropriate dose of a second-generation antidepressant, one of the following options is suggested:
 - Switching to or adding cognitive behavioral therapy, or
 - Switching to a different second-generation antidepressant or adding a second pharmaceutical treatment.
- There are no recommendations regarding third-wave cognitive behavioral therapy, integrative therapy, psychodynamic therapy, St. John's wort, or the combination of SGA with acupuncture.

Reference

Qaseem, A., Owens, D. K., Etzeandia-Ikobaltzeta, I., Tuft, J., Cross, J. T., Jr, Wilt, T. J., Clinical Guidelines Committee of the American College of Physicians, Crandall, C. J., Balk, E., Cooney, T. G., Fitterman, N., Hicks, L. A., Lin, J. S., Maroto, M., Obley, A. J., Tice, J. A., & Yost, J. (2023). Nonpharmacologic and Pharmacologic Treatments of Adults in the Acute Phase of Major Depressive Disorder: A Living Clinical Guideline From the American College of Physicians. *Annals of internal medicine*, 176(2), 239–252. <https://doi.org/10.7326/M22-2056>