

Practice Enhancement Program

GUIDELINES FOR CHART REVIEW

DEPRESSION

Assessment and Diagnosis

Has the physician described or identified the following:

- | | | | | |
|---|---------------------------------|---------------------------------|------------------------------------|--------------------------------|
| 1. The most current DSM diagnostic criteria of Major Depression. | <input type="checkbox"/> Always | <input type="checkbox"/> Mostly | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| 2. The subtypes of Depression where applicable | <input type="checkbox"/> Always | <input type="checkbox"/> Mostly | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| 3. The precipitating factors such as psychosocial stressors and poor compliance with treatment. | <input type="checkbox"/> Always | <input type="checkbox"/> Mostly | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| 4. The relevant co morbid disorders e.g., Substance Abuse, Personality Disorder, Anxiety Disorders. | <input type="checkbox"/> Always | <input type="checkbox"/> Mostly | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| 5. The risk of suicide (suicidal ideas, plans or intent). | <input type="checkbox"/> Always | <input type="checkbox"/> Mostly | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| 6. Risk of serious harm to others. | <input type="checkbox"/> Always | <input type="checkbox"/> Mostly | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| 7. Past history of psychiatric illness and therapies. | <input type="checkbox"/> Always | <input type="checkbox"/> Mostly | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| 8. Family history of psychiatric illness. | <input type="checkbox"/> Always | <input type="checkbox"/> Mostly | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| 9. Is appropriate physical examination done? | <input type="checkbox"/> Always | <input type="checkbox"/> Mostly | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| 10. Is appropriate laboratory investigation done? | <input type="checkbox"/> Always | <input type="checkbox"/> Mostly | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |

Management

Has the physician provided the patient with:

- | | | | | |
|---|---------------------------------|---------------------------------|------------------------------------|--------------------------------|
| 11. Appropriate psychotherapeutic interventions such as psychoeducation or supportive therapy. | <input type="checkbox"/> Always | <input type="checkbox"/> Mostly | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| 12. Appropriate psychopharmacological interventions. | <input type="checkbox"/> Always | <input type="checkbox"/> Mostly | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| 13. Referral to psychiatry if necessary | <input type="checkbox"/> Always | <input type="checkbox"/> Mostly | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| 14. Appropriate use of community mental health services when available | <input type="checkbox"/> Always | <input type="checkbox"/> Mostly | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| 15. Follow up plan to assess the response to treatment, compliance with treatment plan and side effects of medications | <input type="checkbox"/> Always | <input type="checkbox"/> Mostly | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| 16. Long term treatment of depression which may include maintenance treatment, relapse prevention and a gradual reduction and discontinuation of medications when the patient's mental state has been stable and well for an extended period of time. | <input type="checkbox"/> Always | <input type="checkbox"/> Mostly | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |