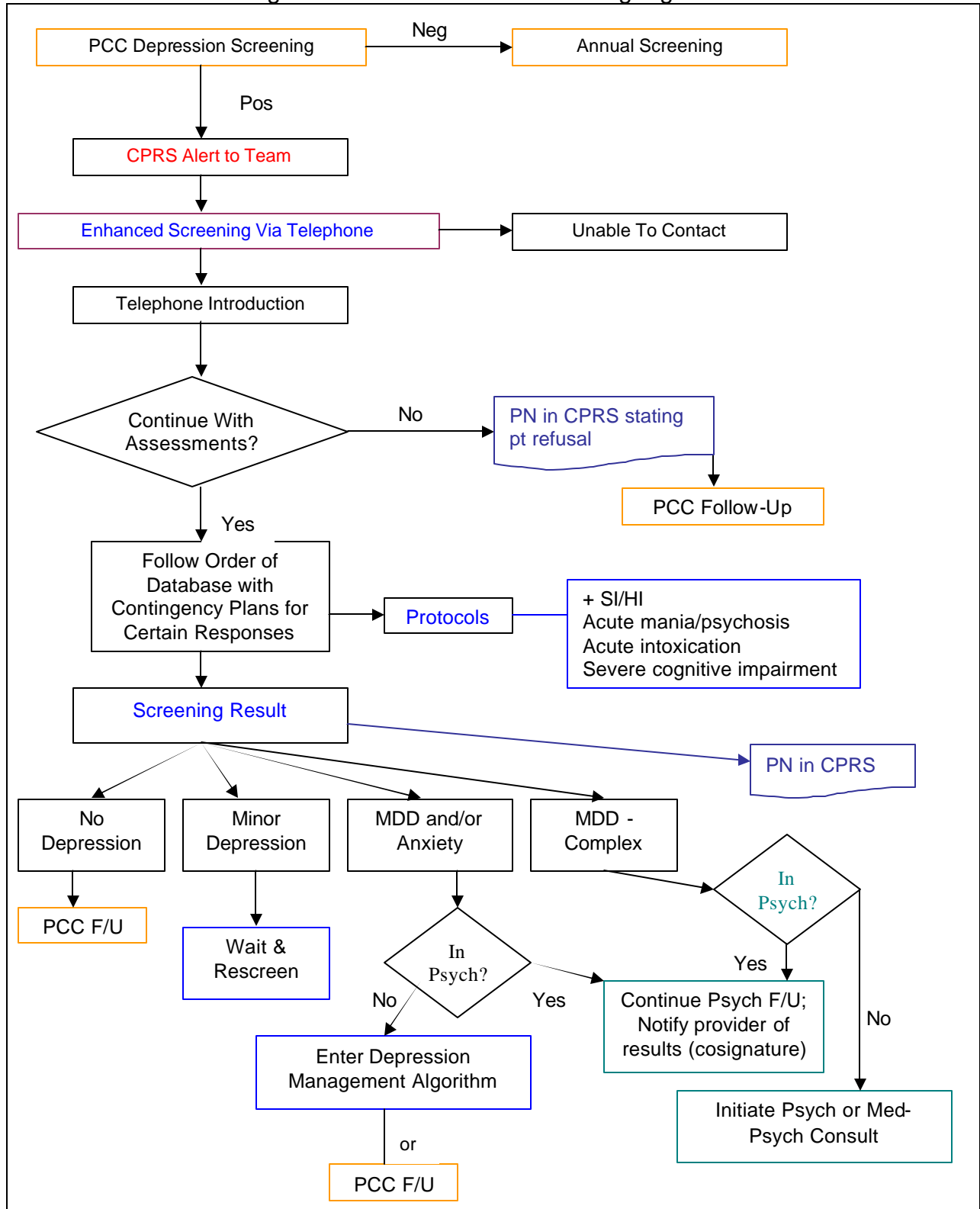


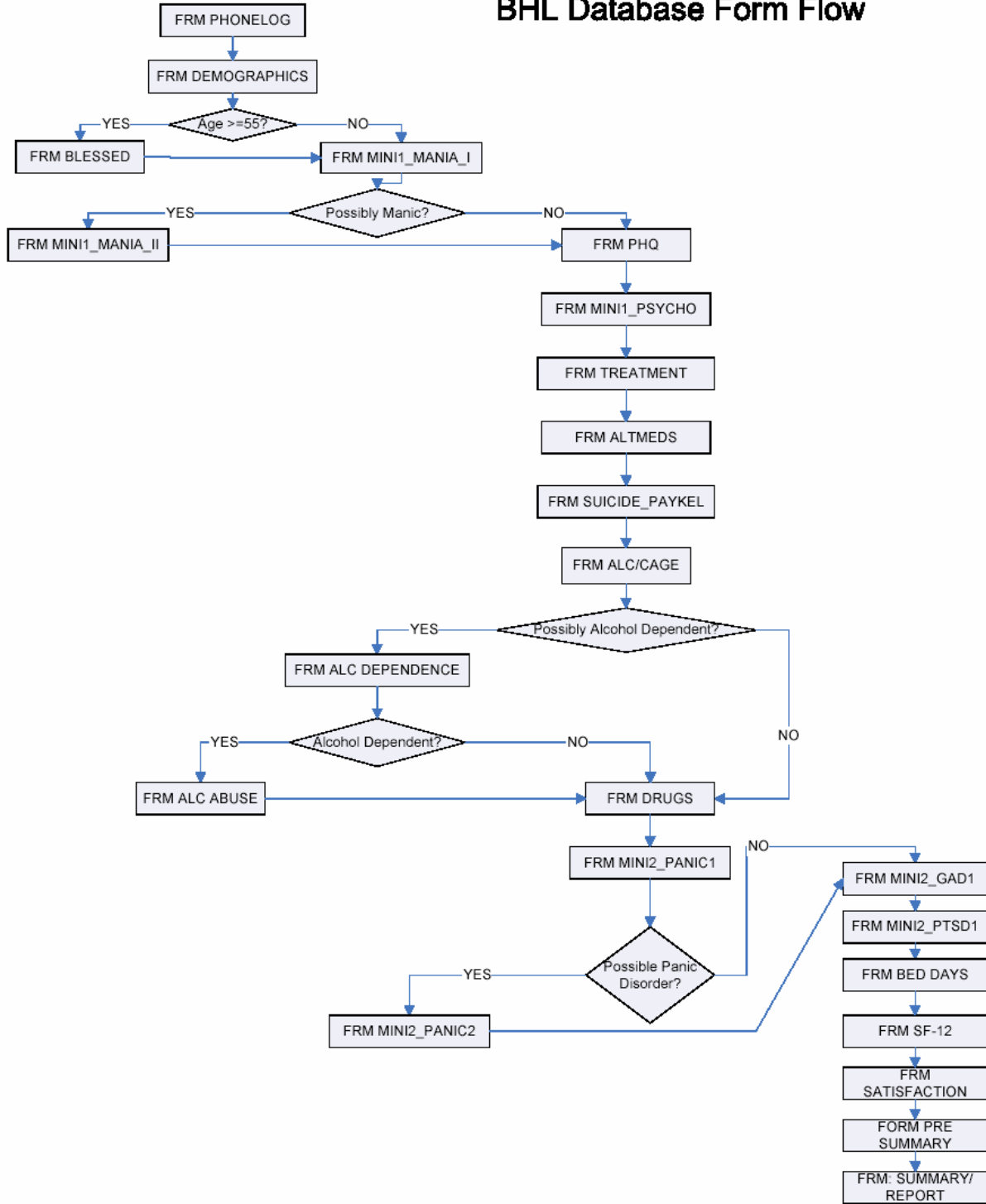
## Appendix C: Algorithms

### Algorithm C-1: Enhanced Screening Algorithm

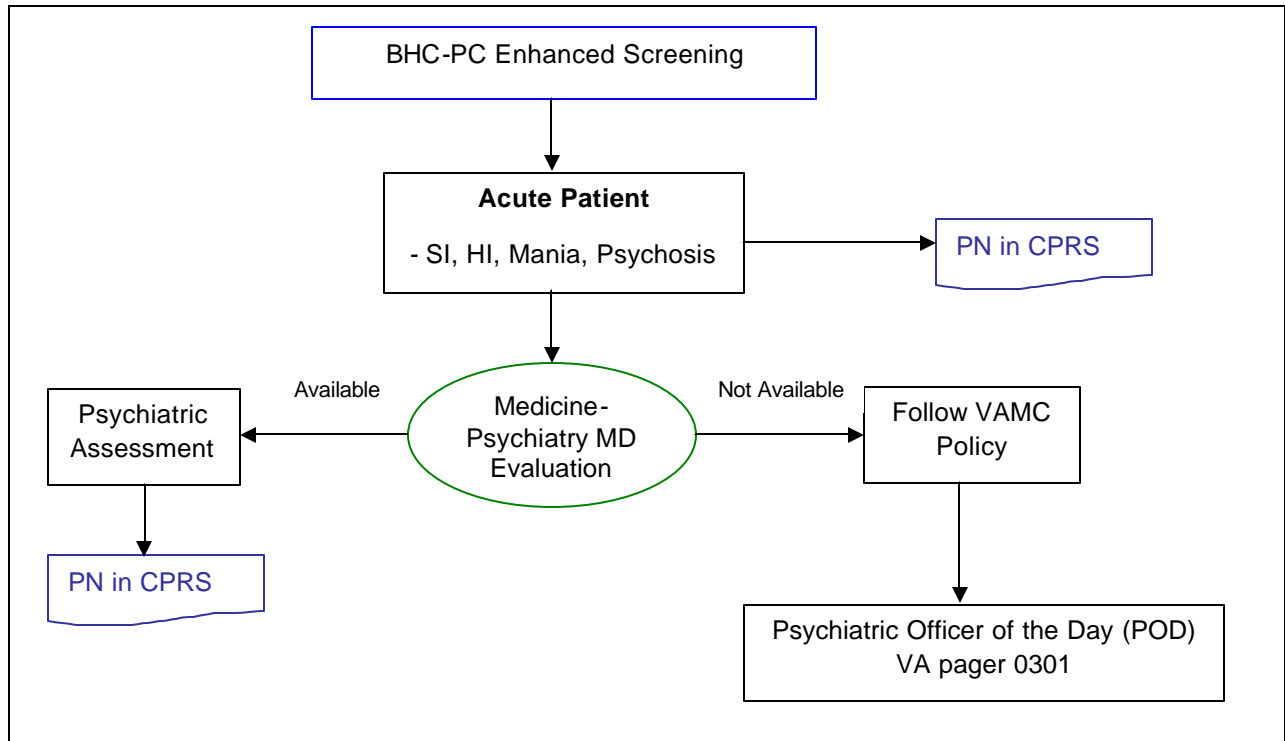


Algorithm C-2: Screening Database Flow

**BHL Database Form Flow**



Algorithm C-3: Suicide Protocol



### Suicidal Calls

1. The purpose of this bulletin is to inform all employees of the proper procedure to follow if a telephone call is received from someone who is threatening to commit suicide or is expressing suicidal thoughts.

Action	Rationale
1. Remain calm.	The person calling is already in a state of distress. Remaining calm and reassuring could decrease the person's anxiety.
2. Obtain as much pertinent information as possible from the caller, but do so quickly. For example, request their name, social security number, location, telephone number, etc.	If the caller hangs up prior to the Psychiatry Officer of the Day (POD) responding to the call, this information can be used to locate and assist the individual.
3. Route the call <u>immediately</u> to the POD, VA pager 0301.  (The POD is available 24 hours a day, 7 days a week to deal with Psychiatric emergencies.)	Routing the call through another person such as a triage nurse or a clinic clerk will delay connecting the individual with the person best able to provide timely intervention (the POD). The caller may become frustrated by having his/her call transferred multiple times, and may hang up before being connected to the "right" person (the POD).

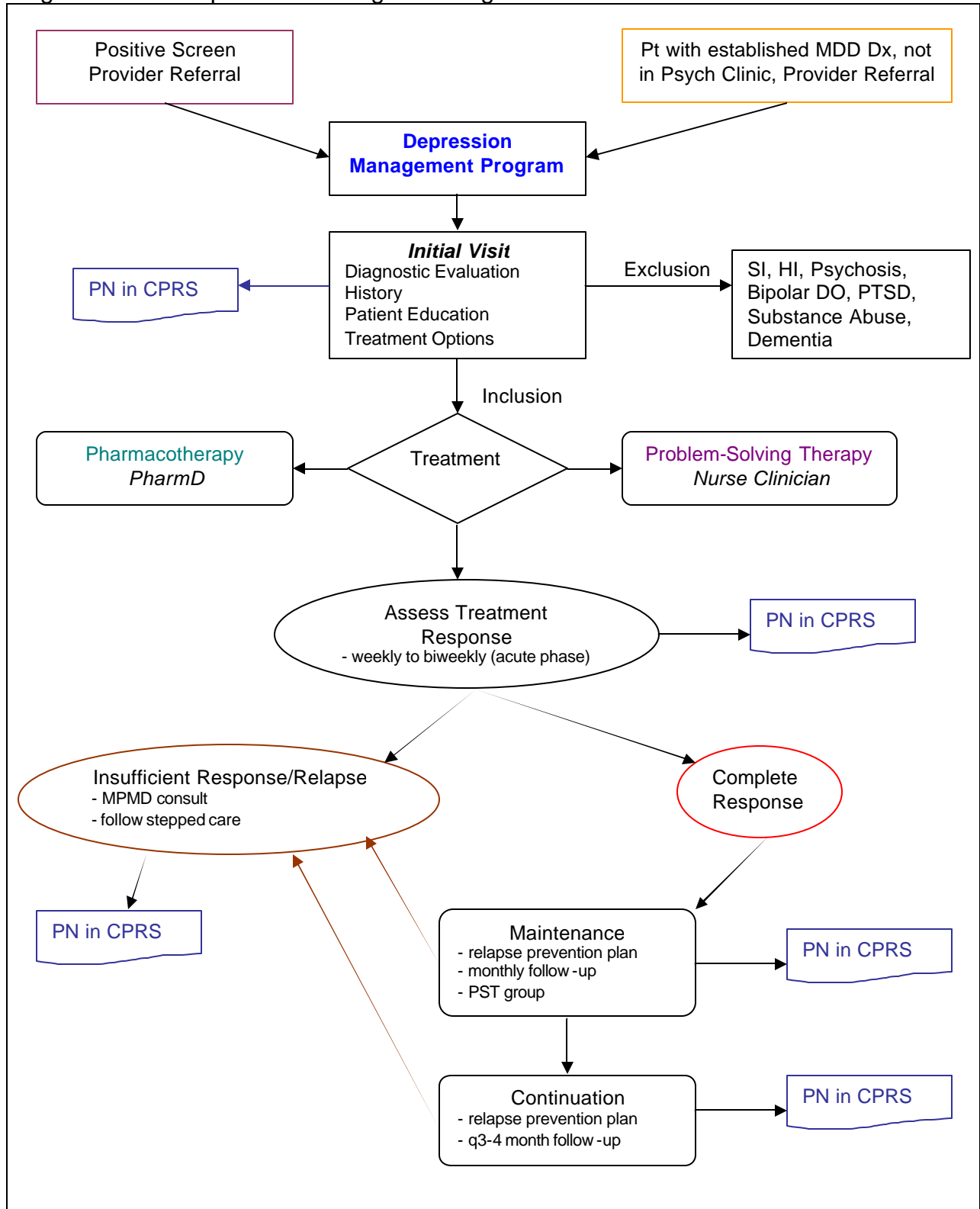
2. Questions may be directed to Mr. Curtis Long, Psychiatry Clinical Manager, at extension 5419 or pager 0679.

3. This bulletin is automatically rescinded March 14, 2005.



GARY L. WILKINSON  
Medical Center Director  
Distribution: E

# Algorithm C-4: Depression Management Algorithm



## Algorithm C-5: Stepped Care Treatment Algorithm - Depression

### **Step 1** (8-10 weeks)

- (1) Check TSH (if not done within 6 months)
- (2) Start first line antidepressant (AD) or Problem Solving Treatment (PST-PC)

**Antidepressant (AD)**  
(usually an SSRI -  
titrated to therapeutic dose)

OR

**PST-PC**  
(if patient strongly  
prefers psychotherapy)



**Evaluate response to step 1 treatment.**

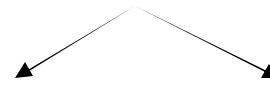
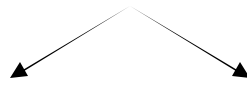
**Patients with full response go to maintenance treatment. Others go to step 2.**

(AD in step 1)

(PST in step 1)

### **Step 2**

(4-8 weeks)



Partial response to step 1  
Different AD type

No response  
PST-PC

Partial response  
Add 1<sup>st</sup> line AD

No response  
1<sup>st</sup> line AD

or  
Augment AD

or  
Different AD type

**Evaluate response to step 2 treatment. Patients with full response go to maintenance treatment. Others are considered for step 3.**



### **Step 3**

Consider

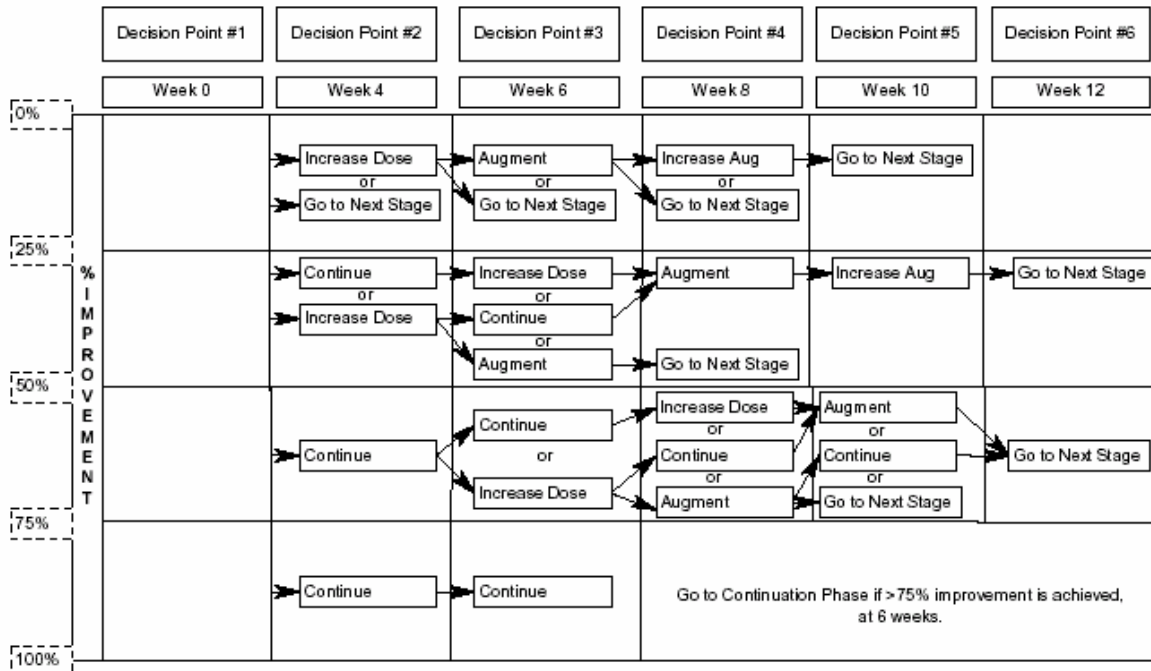
- Trial of a 2<sup>nd</sup> or 3<sup>rd</sup> type of antidepressant
- Combination of antidepressant and PST-PC (if not already tried in step 2)
- Other augmentation of antidepressants (if patient has had a partial response to an antidepressant in step 2)
- Referral to specialty mental health care for
  - ECT (especially if depression is severe or if patient has psychotic symptoms, poor po intake, or high risk of suicide)
  - Treatment of comorbid psychiatric disorders (for example OCD, Panic disorder, PTSD)
  - Other types of psychotherapy not available in primary care such as CBT, IPT, or family therapy.

***Additional Treatments to be considered during the course of the program.***

## Algorithm C-6: Critical Decision Points - Depression

### Critical Decision Points (CDPs) for Major Depressive Disorder

Tactics for the Treatment of Major Depression (Nonpsychotic)



## Algorithm C-7: Stepped Care Treatment Algorithm – Anxiety

### **Step 1** (8-10 weeks)

- (1) Check TSH (if not done within 6 months); other labs as indicated to rule out medical causes
- (2) Start first line Anti-anxiety Medication (AM) or psychotherapy

**Anti-anxiety Medication** OR  
(usually SSRI or SNRI  
titrated to therapeutic dose)

**Psychotherapy**  
(if patient strongly  
prefers psychotherapy)



**Evaluate response to step 1 treatment. Patients with partial or full response go to continuation treatment. Others go to step 2.**

(AM in step 1)

(Psychotherapy in step 1)

### **Step 2**

(8-10 weeks)

Minimal or Partial response to step 1  
Different AM OR  
Augment AM OR  
Add Psychotherapy

No response  
Different AM OR  
Psychotherapy

Minimal or Partial response  
Add 1<sup>st</sup> line AM

No response  
Add 1<sup>st</sup> line AM

**Evaluate response to step 2 treatment. Patients with partial or full response go to continuation treatment. Others are considered for step 3.**



### **Step 3**

Consider

- Trial of a 2<sup>nd</sup> or 3<sup>rd</sup> type of Anti-anxiety Medication
- Combination of AM and psychotherapy (if not already tried in step 2)
- Other augmentation of anxiolytics (if patient has had a partial response to an AM in step 2)
- Referral to specialty mental health care

***Additional Treatments to be considered during the course of the program.***