



2009-2010 Virginia Premier Health Plan Guideline Screening for Depression in Adults with a diagnosis of Diabetes Mellitus

Background: Depression is twice as common in people with diabetes as in the general population. Major depression is present in at least 15% of patients with diabetes. Depression is associated with poorer glycemic control. (Diabetes Care, 1993, 2001, 2002).

ADDITIONAL STANDARD

As a separate component to the diabetes practice guideline, this guideline specifically focuses on members with diabetes and depression. As a result, a definite timely and necessary intervention, either directly by the clinician or via referral to a specialist will take place.

COMPONENTS OF THE VISIT

All adult members with a diagnosis of Diabetes will be screened for depression using any screening method that the provider prefers (Zung, Beck, PHQ, CES-D or asking the following two questions (note reference below):

1. "Over the past 2 weeks have you felt down, depressed, or hopeless?"
2. "Over the past 2 weeks have you felt little interest or pleasure in doing things?"

This choice of screening will vary depending on the population served and the practice setting.

All positive screening shall trigger a full history and examination using standard DSM-IV diagnostic criteria (Diagnostic and Statistical Manual of Mental Disorders) to determine the presence or absence of a specific depressive disorder.

Frequency of screening: Initially and ongoing

Intervention/follow-up/referral: As needed (may include pharmacotherapy, psychotherapy, and/or other interventions as appropriate). This should occur within 14-30 days after the screening.

References:

1. The Guide to Clinical Preventive Services 2005, Screening for Depression, PP. 98-101.
2. Psychological Aspects of Diabetes, Canadian Diabetes Association, 2003.