Depression: Management of Mild Depression

Key Highlights from the Recommended Guideline

- For mild depression, recommend watchful waiting, regular exercise and self-help materials and perhaps brief depression-focused psychotherapies rather than antidepressants.

Scope: This guideline is intended for health professionals involved in the care of adults in primary and secondary care.

What general treatment principles should I use for patients whose depression is mild?

- For patients who may recover without treatment or who do not want treatment, use “watchful waiting”, reassessing within 2 weeks. Contact patients who do not attend their follow-up appointment. [Level of evidence: C]
- Advise patients to exercise for 45-60 minutes up to 3 times a week for 10-12 weeks. [Level of evidence: B]
- Give patients appropriate written self-help material; review progress over 6-9 weeks. [Level of evidence: B]

Which psychological therapies are useful for mild depression?

- Consider 6-8 sessions (over 10-12 weeks) of therapy such as problem-solving therapy, brief cognitive-behavioural therapy and counseling that focuses specifically on depression. [Level of evidence: B]

Should I use antidepressant drugs for these patients?

- Do not use antidepressants initially because their risk-benefit ratio is poor for mild depression. [Level of evidence: C]
- Consider antidepressants if the patient has a history of moderate to severe depression. [Level of evidence: C]
Levels of Evidence

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
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<tbody>
<tr>
<td>Grade A</td>
<td>At least one randomized controlled trial as part of a body of literature of overall good quality and consistency addressing the specific recommendation (evidence level-I) without extrapolation</td>
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<tr>
<td>Grade B</td>
<td>Well-conducted clinical studies but no randomized clinical trials on the topic of recommendation (evidence levels II or III); or extrapolated from level-I evidence</td>
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<tr>
<td>Grade C</td>
<td>Expert committee reports or opinions and/or clinical experiences of respected authorities (evidence level IV). This grading indicates that directly applicable clinical studies of good quality are absent or not readily available</td>
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The above recommendations were derived from the following GAC endorsed guideline:


Rating (out of 4): 4

Note: This guideline was released by guideline developers as an update to its previous guideline and as such was also reviewed and endorsed by the GAC as an update to the existing GAC endorsed guideline. Please note that a new literature search was not conducted on this topic at this time.

Endorsed Date: June 2007

Planned Review Date: October 2009

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