



Patient Safety Alert

What is Treatment Resistant Depression?

Treatment resistant depression (TRD) is a form of Major Depressive Disorder (MDD) where traditional treatment such as antidepressants and counseling, fail to alleviate symptoms. There is not a consensus on a definition of TRD, but there are common signs. Persons with TRD experience the same symptoms as those with MDD, however, their symptoms are often more severe and longer lasting.

Signs of Treatment Resistant Depression:

- **Persistent Symptoms:** At least two different antidepressants at adequate doses and durations, symptoms persist.
- **Severity:** Symptoms are often more severe and debilitating compared to typical depression (e.g., catatonia, psychotic symptoms).
- **Duration:** Moderate to Severe Depressive Episodes last longer (e.g., 3 months or longer).
- **Anhedonia:** A reduced ability to feel pleasure.
- **Anxiety:** Higher levels of anxiety.
- **Sleep Disturbance:** Issues like early morning awakening or difficulty staying asleep.
- **Suicidal Thoughts:** Increased frequency or severity of suicidal ideation and behavior.
- **Treatment Longevity:** In treatment for an extended period, with no change in baseline functioning.
- **Comorbidities:** Co-occurring medical, substance use, anxiety, dysthymia, trauma, and personality disorders.

Next Steps:

- **Collaborative Approach:** Work closely with other providers such as psychiatrists or psychologists for a coordinated treatment plan. A referral for psychological testing to help with determining comorbidities may help with targeted interventions.
- **Evidenced Based Psychotherapies:** Utilize EBP's that are effective for TRD such as cognitive-behavioral therapy (CBT), dialectical behavioral therapy (DBT), or acceptance and commitment therapy (ACT). Practices that activate the stimulate the vagus nerve such as cold showers, an ice pack on the back of their neck, or cold baths may especially help.
- **Psychoeducation:** Educate clients about TRD, including the nature of the condition and importance of persistence. This can help manage expectations and reduce feelings of hopelessness.
- **Monitor Progress:** Regularly evaluate effectiveness of treatment plan, and make adjustments. Utilize the PHQ9 at the clinical frequency recommended.
- **Supportive Environment:** Create a safe and supportive environment. Encourage open communication about challenges and experiences.
- **Encourage Self Care:** Promote self-care practices, such as exercise, healthy eating, and good sleep hygiene.
- **Address Comorbidities:** Focus on any co-occurring conditions, such as substance use or medical condition.
- **Consider Alternative Treatments:** Alternative treatments for TRD offer hope when traditional methods fall short. Ask the clients psychiatric provider if there are any alternative options available. Referrals for an assessment for appropriateness of treatments such as electro-convulsive therapy and transcranial magnetic stimulation may be warranted.

How to Contact Centerstone's Patient Safety Organizations (PSO):

For any questions regarding this communication, or any other patient safety related concerns, please email patient.safety@centerstone.org or reach out to your local Patient Safety Organization (PSO) representative.