

## Antidepressant Medication Management

Major depressive disorder is one of the most common mental disorders in the U.S., affecting more than 17 million adults each year, according to the [Substance Abuse and Mental Health Services Administration](#).<sup>1</sup> About a third of those don't receive behavioral therapy or medication treatment, or a combination. Major depression can seriously impair everyday functioning and increase suicide risk. We encourage providers to talk with our members about [getting help](#) for major depression if needed. A [depression screening tool](#)<sup>2</sup> can help with this conversation.

### Closing Care Gaps

As part of monitoring and helping improve quality of care, we track [Antidepressant Medication Management](#)<sup>3</sup> (AMM), a Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) measure from the National Committee for Quality Assurance (NCQA). By managing their patients' antidepressant medication, providers can help increase medication compliance, monitor side effects and improve treatment outcomes, according to [NCQA](#).<sup>4</sup>

AMM applies to our members with major depression who are age 18 and older. It captures the percentage of members who are newly treated with antidepressant medication and remain on it. Providers who prescribe antidepressants should support members in reaching these two phases. Each phase starts when the prescription is first filled:

- **Effective Acute Treatment Phase:** Adults who remained on antidepressant medication for at least 84 days (12 weeks)
- **Effective Continuation Treatment Phase:** Adults who remained on antidepressant medication for at least 180 days (six months)



### Tips to Consider


- Document all the following:
  - Date of service
  - Diagnosis of major depression
  - Clear evidence that antidepressant medication was prescribed
- Help our members understand that most antidepressants take four to six weeks to work. How long treatment lasts depends on the episode severity and number of recurrences.
- Encourage members to continue any prescribed medication, even if they feel better. Discuss the danger of discontinuing suddenly. If they take medication for fewer than six months, they are at a higher risk of recurrence.
- Give members written instructions to reinforce the proper use of medication and what to do if they experience side effects.
- Discuss other factors that may improve symptoms, such as aerobic exercise and counseling or therapy.
- Assess members within 30 days from when the prescription is first filled for any side effects and their response to treatment.

## Antidepressant Medication Management, cont.

- Coordinate care between behavioral health and primary care physicians by sharing progress notes and updates.
- Reach out to members who cancel appointments and help them reschedule as soon as possible.


### Resources

- [HEDIS tip sheets](#)
- [Documentation and coding resources](#)  for major depressive disorder
- [Depression screening tools](#) 
- [Identifying gaps in care](#)

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