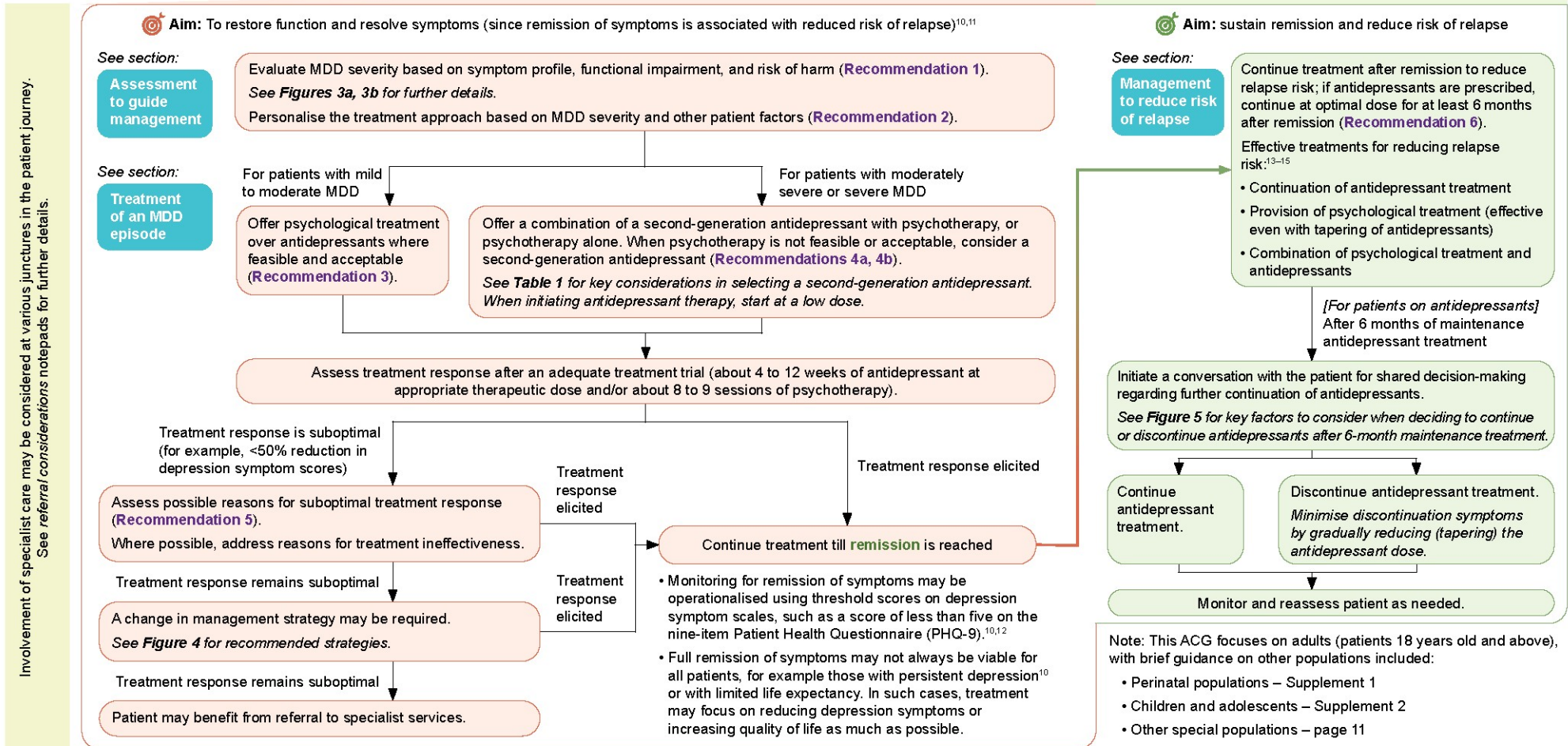
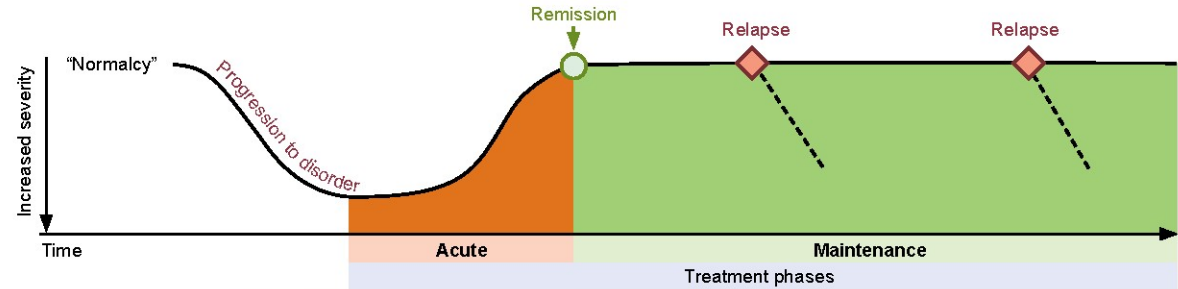


Figure 1. Overview of MDD management

An MDD episode is characterised by a period of at least two weeks in which a depressed mood and/or diminished interest or pleasure in activities are experienced nearly every day, alongside other symptoms (changes in weight or appetite, disruption to normal sleep patterns, psychomotor agitation or retardation, loss of energy, reduced ability to think or concentrate, feelings of worthlessness or excessive guilt, and recurrent thoughts of death or suicide).^{4,5} Patient's quality of life and functioning are significantly impacted.²

The management goal for MDD is to achieve and sustain remission, which includes relief from symptoms and restoration of functioning.¹⁰

Treatment for patients with diagnosed MDD[†] entails both an **acute** phase (to treat the presenting episode) and a **maintenance** phase (to prevent relapse).^{10,†}



* Screening and diagnosis of MDD is not covered in this ACG's scope. For details on diagnostic assessment of MDD, clinicians may refer to the latest Diagnostic and Statistical Manual of Mental Disorders or the International Classification of Diseases.

† Some international guidelines describe three phases in MDD treatment: acute, continuation (post-remission; relapse may occur), and maintenance (post-recovery; recurrence may occur).^{16,17} Others have combined the latter two phases,^{10,18} acknowledging a lack of empirical differentiation between relapse and recurrence.¹⁰ This ACG adopts a two-phase treatment approach to MDD, acknowledging that the duration of maintenance treatment needs to be tailored to the individual patient (see Recommendation 6). The graph above is adapted from the Department of Veterans Affairs and Department of Defense clinical practice guideline for the management of major depressive disorder.¹⁶

Involvement of specialist care may be considered at various junctures in the patient journey. See referral/considerations notepads for further details.