

Treatment Resistant Depression

Treatment resistant depression is typically defined as failure to respond to two or more antidepressant drugs of different classes, each of which was taken at an adequate dose for at least 6-8 weeks.

About **1 in 5** patients with depression in primary care have treatment resistant depression.

What to do if you think your patient may have treatment resistant depression:

1. Optimize treatment

- Monitor symptoms, adherence, and side effects; [increase, augment, or switch](#) medications
- Encourage them to try combining medication and psychotherapy if they have not already
- Refer to [Collaborative Care](#) for psychiatric consultation and care management

2. Address other medical, psychiatric, and social concerns

- Consider alternate diagnoses (e.g., bipolar disorder)
- Treat comorbid conditions (e.g., substance use, sleep disorders)

3. Confirm treatment resistance

- Has the patient tried different medication classes?
- Have medications been prescribed at clinically effective doses?
- Has the patient taken medications as directed for the recommended length of time?

4. Refer to psychiatry or IOP

- Refer the patient to psychiatry or an intensive outpatient program
- Treatment options may include medication, individual or group psychotherapy, esketamine, ECT, transcranial magnetic stimulation

Trying multiple medications without symptom relief may be frustrating or disheartening for patients. You may want to acknowledge these feelings and normalize the experience—many people try multiple treatments before they find one that works for them.