



INDICATOR: Negative Emotions

Threshold: A raw score of 15 or above identifies depression or anxiety.

Depression

Specific indicators: (DSM-IVTR)

- A. Change in appetite
 - B. Weight gain/weight loss
 - C. Psychomotor agitation or retardation
nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)
 - D. Insomnia/hypersomnia nearly every day separate from or prior to treatment
 - E. Hopelessness
 - F. Fatigue or loss of energy nearly every day
 - G. Feelings of worthlessness or excessive or inappropriate guilt nearly every day
 - H. Diminished ability to think or concentrate, or indecisiveness, nearly every day (separate from illness/treatment)
 - I. Recurrent thoughts of death, not just fear of dying
 - J. Recurrent suicidal ideation without a specific plan or a suicide attempt or a specific plan for committing suicide
- The above symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (hypothyroidism, hypocalcemia).
- The symptoms are not better accounted for by bereavement (i.e., after the loss of a loved one, the symptoms persist for longer than 2 months or are characterized

by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation).

Does the patient present with:

- flat/blunted/constricted affect?
- emotional lability?
- anger?
- confusion?
- memory/cognition difficulties?
- tension?
- low vigor?
- poor hygiene?

Interventions:

- Report and document evidence of suicidal ideation and/or homicidal ideation immediately.
- Request psychiatric consults for psychosis, Axis II diagnosis, or other psychiatric obstacles to protocol compliance.
- Crisis intervention to restore homeostasis.
- Encourage expression of feelings and fears.
- Referral to community for followup therapy and medication consult.
- Identify concrete needs.
- Identify patient's established successful coping strategies.

- Identify treatment concerns and assure patient they are universal.
- Interdisciplinary collaboration.
- Medication consults for depression and/or anxiety.

Anxiety

Specific indicators: (DSM-IVTR)

- Prominent anxiety, panic attacks, or obsessions or compulsions predominate in the clinical picture.
 - There is evidence from the history, physical examination, or laboratory findings that the disturbance is the direct physiological consequence of a general medical condition.
 - The disturbance is not better accounted for by another mental disorder (e.g., adjustment disorder with anxiety in which the stressor is a serious general medical condition).
 - The disturbance does not occur exclusively during the course of a delirium.
 - The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- The above symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

Specify if:

- With generalized anxiety: if excessive anxiety or worry about a number of events or activities predominates in the clinical presentation
- With panic attacks: if panic attacks predominate in the clinical presentation
- With obsessive-compulsive symptoms: if obsessions or compulsions predominate in the clinical presentation

Does the patient present with:

- psychomotor agitation?
- anger/frustration?
- confusion?
- diminished concentration?
- memory/cognition difficulties?
- tension?
- low vigor?

Interventions:

- Use cognitive/behavioral techniques such as progressive muscle relaxation, guided imagery, breathing.
- Provide crisis intervention to restore homeostasis.
- Arrange psychiatric consults for medications.
- Encourage expression of thoughts/feelings.



2001