Treatment options comparison

Four common pathways, on the same axes. Fill in your priorities on page 2.

A. THERAPY ALONE (EVIDENCE-BASED PSYCHOTHERAPY)

Common types: cognitive behavioral therapy, behavioral activation, interpersonal therapy, mindfulness-based cognitive therapy. Time to effect: several weeks; typical course 12 to 20 sessions. Asks of you: weekly attendance, between-session practice. Access and cost: therapist wait times can be long; check insurance or sliding-scale. Risks: minimal medical risk; can bring up hard content. Evidence: strong for mild to moderate; adjunctive for severe.

B. MEDICATION ALONE (ANTIDEPRESSANT)

First-line choices: SSRIs, SNRIs, bupropion, mirtazapine. Time to effect: some by 2 weeks, full effect often 4 to 8 weeks. Asks: taking daily, tracking side effects, follow-up visits. Access and cost: relatively easy to start; generics usually low cost. Risks: manageable side effects, small increase in suicidal thoughts in adolescents and young adults at start, need to taper to stop. Evidence: strong for moderate to severe.

C. BOTH (THERAPY PLUS MEDICATION)

Combines the two above. Time to effect: therapy gains overlay on medication timeline. Asks: everything both pathways ask. Access and cost: two providers to coordinate; may cost more. Risks: everything both pathways carry. Evidence: strongest for moderate to severe and for depression that has not responded to either alone.

D. WATCHFUL WAITING

Only appropriate for mild, short-duration depression with no safety concerns and with someone monitoring. Track symptoms with PHQ-9, adjust lifestyle factors (sleep, movement, structure, substance use), reassess in a defined window (2 to 4 weeks). Risks: symptoms worsen without treatment, delayed care. Not appropriate for moderate to severe depression, active suicidal thoughts, or functional impairment.

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Your priorities

Rank each from 1 (most important to you) to 6 (least important).

PRIORITIES (1 TO 6, EACH USED ONCE)

Fastest possible relief: ___ Fewest medication side effects: ___ Lowest cost: ___ Least time per week: ___ Learning skills I can use later: ___ Something I can start and manage on my own: ___

ACCESS CONSTRAINTS (CHECK WHAT APPLIES)

Insurance covers behavioral health. Primary care doctor could prescribe. Wait times of 3+ months for in-network psychiatry. Access to telepsychiatry. Existing therapist or one I want to work with. Cost is the main barrier. Time is the main barrier.

YOUR RESERVATIONS (BIGGEST WORRY ABOUT EACH PATHWAY)

Therapy:

Medication:

Both:

Watchful waiting:

FIRST CHOICE AND WHY

FALLBACK IF FIRST CHOICE IS NOT AVAILABLE

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