

Depression

Definition/ cut-off value

Presence of clinical depression diagnosed by a physician or psychologist as self reported by applicant/participant/caregiver; or as reported or documented by a physician, psychologist or someone working under physician's orders.

Participant category and priority level

Category	Priority
Pregnant Women	I
Breastfeeding Women	I
Non-Breastfeeding Women	III
Children	III

Justification

Appetite changes are a distinguishing feature of depression. Severe depression is often associated with anorexia, bulimia, and weight loss. Maternal depressive symptoms are associated with pre-term birth among low-income urban African-American women. Depressed pregnant women are more likely to smoke during pregnancy, attend prenatal care less frequently, have a higher incidence of low birth weight infants, and experience higher perinatal mortality rates. WIC can provide much needed nutrition education and counseling that encourages clinically depressed women to continue healthy eating habits as well as referrals to other health care and social service programs that may be of more direct assistance to the clinically depressed WIC participant.

Clarifications/ Guidelines

Before assigning this risk code, be sure depression is documented on the health history form.

Postpartum depression is included in risk code 902 – Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food.

Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis (“My doctor says that I have/my son or daughter has...”) should prompt the CA to validate the presence of the condition by asking more pointed questions related to that diagnosis.

References

Institute of Medicine: WIC Nutrition Risk Criteria: A Scientific Assessment; 1996; pp. 315-316.
