

Pharmacy Pearls

Antidepressant Management Algorithm for PCPs for Adults

Step 1: Assess Depression Severity

Mild Depressive Symptoms PHQ-9 score of 5-9

Treatment options:

- Psychotherapy alone
- Pharmacotherapy usually not indicated

Moderate Depressive Symptoms

PHQ-9 score of 10-19

Treatment options:

- Pharmacotherapy alone or
- Pharmacotherapy and psychotherapy

Severe Depressive Symptoms

PHQ-9 score of ≥20

Treatment options:

- Immediate pharmacotherapy
- If severe impairment/poor response, expedite referral to mental health

Step 2: Initiate an Antidepressant

SSRIs are considered first-line treatment.

- Choice may be based on presenting symptoms, safety and tolerability, history of response, patient preference, cost, potential drug interactions, and comorbidities
- Sertraline, citalopram and escitalopram have fewer drug-drug interactions than fluoxetine and paroxetine
- Citalopram has a higher risk of QTc prolongation than other SSRIs
- Paroxetine has a higher incidence of adverse effects compared to other SSRIs, avoid in pregnancy
- All SSRIs are available generically and many are on \$4 drug lists at pharmacies
- Fluoxetine capsules are **much** less expensive than tablets
- Set expectations with patients about time to effect as well as side effects and that they diminish over time

Refer to medication management tables

Step 3: Follow-up Assessment at 4 week intervals

Assess response (PHQ-9), side effects, adherence, and suicide risk at each visit. Treatment goal is Remission (PHQ-9 of <5).

Good Response

Reduction in PHQ-9 of ≥50%

Treatment options:

- Continue therapy(s)
- Reassess Q4 weeks until remission

Remission and Maintenance:

- Follow every 3 months
- First episode, taper to off after9-12 months of remission
- If recurrent, consider long-term maintenance, especially if ≥3 lifetime episodes
- If symptoms recur, reenter treatment algorithm

Partial Response

PHQ-9 Improves, but <50%

Treatment options:

- Assess adherence
- Consider concurrent psychotherapy
- If no significant side effects and dose is not optimized: Increase dose by at least 50%
- If significant side effects: Switch to medication in the same or another drug class
- If failed 2 adequate dose and duration antidepressant trials:
 Consider combination therapy or specialty referral

No Response

No or minimal improvement in PHQ-9

Treatment options:

- Assess adherence and reassess diagnosis (e.g. bereavement, bipolar)
- Engage behavioral health resources
- If no significant side effects and dose is not optimized: Increase dose at least 50%
- If significant side effects or dose is therapeutic: Switch to medication in the same or another drug class
- If failed 2 adequate dose and duration antidepressant trials: Consider combination therapy or specialty referral