Pharmacy Pearls

Antidepressant Management Algorithm for Pediatric PCPs for ages 12+

Adapted from: 2018 GLAD-PC Toolkit, Available at: gladpc.org

Assess Depression Severity

Mild Depressive Symptoms or Functional Impairment
PHQ-9 score of 5-9
Management:
- Active Support and monitoring[a] every 1-2 weeks for 6-8 weeks

Moderate Depressive Symptoms or Functional Impairment
PHQ-9 score of 10-19
Management:
- Care management referral **and**
- Consider BHI team consult **and/or**
- Referral for psychotherapy
- Assess need for pharmacotherapy

Severe Depressive Symptoms or Functional Impairment
PHQ-9 score of ≥20
Management:
- Initiate pharmacotherapy **and**
- Care management referral **and**
- Consult BHI team **and**
- Referral for psychotherapy

If Antidepressant Initiated

SSRIs are medication of choice.
- Choice may be based on: age, presenting symptoms, physical health status, other mental health comorbidities, safety and tolerability, patient/family history of medication response, patient preference, cost, and potential drug interactions
- **Fluoxetine** (ages 8+) and **escitalopram** (12+) are the only SSRIs with FDA labeling for children/adolescents; **citalopram** and **sertraline** have positive studies in adolescent depression; *Maximize dose before considering treatment failure*
- Set expectations about time to effect as well as side effects and that they diminish over time
- Counsel patients and caregivers on medication safety including: suicidality, common SSRI side effects, adult supervised administration, likely treatment duration, discontinuation symptoms with missed doses/cessation

Follow-up Assessment every 2 weeks

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

Good Response
After 6-8 wks; Reduction in PHQ-9 of ≥50%
Management:
- Continue therapy(s)
- Reassess Q4 weeks until remission

Remission and Maintenance:
- Continue medication for 12 months after remission then monitor monthly x 6 months
- Continue to monitor for 6 to 24 months whether or not referred for psychotherapy

Partial Response
After 6-8 wks; PHQ-9 improves, but <50%
Management:
1. Consider:
   - Care management referral **and**
   - Consider BHI team consult **and/or**
   - Pharmacotherapy, if not started **or**
   - Dose increase as tolerated to max. **or**
   - Adding psychotherapy if not started
2. Provide further education, review safety plan and continue ongoing monitoring

No Response
After 6-8 wks; No or minimal PHQ-9 reduction
Management:
1. Reassess diagnosis (e.g. bipolar)
2. Consider:
   - Care management referral **and**
   - Consider BHI team consult **and/or**
   - Pharmacotherapy, if not started **or**
   - Dose increase as tolerated to max. **or**
   - Medication change if on max. dose **or**
   - Adding psychotherapy if not started
3. Provide further education, review safety plan and continue ongoing monitoring

[a]Psychoeducation, sleep hygiene, supportive counseling, facilitate parental and patient self-management, refer for peer support, and regularly monitor for depressive symptoms and suicidality