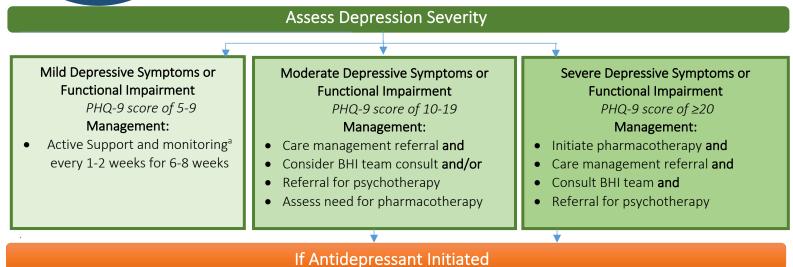
## **Pharmacy Pearls**

## Antidepressant Management Algorithm for Pediatric PCPs for ages 12+

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



## SSRIs are medication of choice.

- <u>Choice may be based on</u>: 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
- <u>Counsel patients and caregivers</u> 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).

<b>Good Response</b> After 6-8 wks; Reduction in PHQ-9	<b>Partial Response</b> After 6-8 wks; PHQ-9 improves, but <50%		<b>No Response</b> After 6-8 wks; No or minimal PHQ-9
of ≥50%	Management:	<b>_</b>	reduction
Management:	1. Consider:		Management:
<ul> <li>Continue therapy(s)</li> </ul>	• Care management referral <b>and</b>	1.	Reassess diagnosis (e.g. bipolar)
Reassess Q4 weeks until	• Consider BHI team consult <b>and/or</b>	2.	Consider:
remission	• Pharmacotherapy, if not started <b>or</b>		Care management referral and
Remission and Maintenance:	• Dose increase as tolerated to max. <b>or</b>		• Consider BHI team consult <b>and/or</b>
Continue medication for 12	<ul> <li>Adding psychotherapy if not started</li> </ul>		• Pharmacotherapy, if not started <b>or</b>
months after remission then	2. Provide further education, review		• Dose increase as tolerated to max. <b>or</b>
monitor monthly x 6 months	safety plan and continue ongoing		• Medication change if on max. dose <b>or</b>
• Continue to monitor for 6 to	monitoring		Adding psychotherapy if not started
24 months whether or not			Provide further education, review
referred for psychotherapy			safety plan and continue ongoing
			monitoring

<sup>a</sup>Psychoeducation, sleep hygiene, supportive counseling, facilitate parental and patient self-management, refer for peer support, and regularly monitor for depressive symptoms and suicidality