

DEPRESSION



ACUTE PHASE

5+ sx during same 2-week period (at least 1 is from the first 2 sx): depressed mood, loss of interest/pleasure, weight/appetite changes, insomnia or hypersomnia, psychomotor agitation/retardation, fatigue/loss of energy, feelings of guilt/worthlessness, diminished concentration or indecisiveness, suicidal ideation/attempt

SSRIS: citalopram, escitalopram, fluoxetine, paroxetine, sertraline

SNRIS: desvenlafaxine, duloxetine, venlafaxine

OTHER: bupropion, mirtazapine, vortioxetine

NOTE: TREATMENTS WITH SUPERIOR EFFICACY
escitalopram, mirtazapine, sertraline, venlafaxine
[antidepressants with 5-6% improvement in treatment response in head-to-heads]

ASSESSMENT AT WEEKS 2-4

FULL RESPONSE
(>50% reduction in sx)

PARTIAL OR NO RESPONSE

MAINTAIN TREATMENT
(if no tolerability issues)

ASSESSMENT AT
WEEKS 4-8

PARTIAL RESPONSE

FULL RESPONSE

CONTINUATION PHASE

(WEEKS 9-12)

1. Sx remission & no risk factors for re-occurrence = maintain treatment for 6-9 months
2. Sx remission with risk factors for re-occurrence = maintain treatment for 2 years
3. No sx remission = keep trying to optimize therapy

INCREASE DOSE IF NO TOLERABILITY ISSUES

SWITCH TO AD WITH SUPERIOR EFFICACY

SWITCH TO 2ND LINE AGENT

ADD ADJUNCTIVE THERAPY

1st line: aripiprazole, quetiapine, risperidone
2nd line: bupropion, lithium, olanzapine

SWITCH WHEN	ADD WHEN
1 st AD trial	≥ 2 AD trials
Poorly tolerated SEs to initial AD	Initial AD well-tolerated
No response (<25% improvement)	Partial response (>25% improvement)
More time to wait for a response	Less time to wait for a response
Patient prefers to switch	Patient prefers to add
	Specific sx or SEs to target

MAINTENANCE PHASE

Duration of therapy indefinite

3 or more depressive episodes = life-long treatment

SPECIAL POPULATIONS

PREGNANCY:

- Antidepressant therapy recommended for pregnant pts with mod-sev sx and those with recurrent, severe depression
 - Single med at lowest effective dose
- Risk of antidepressant meds
 - Paroxetine = septal wall defects
 - St. John's Wart contraindicated

LACTATION:

- Non-pharm therapy recommended for mild-mod depression if possible
- Monotherapy with sertraline or paroxetine (at lowest effective dose)

PEDIATRICS:

- 2-3 months of supportive psycho-therapy, if no response → ADs
- SSRI (**fluoxetine**, citalopram, sertraline)
- Medication switches within 6 weeks (instead of 8-12 weeks)
- Monitor for suicidality

ELDERLY:

- Start at lower doses & titrate slower
- Monotherapy > polypharmacy
 - Switch > augmentation
- SSRIs = treatment of choice
 - Note risk of SIADH & hyponatremia
- TCAs not recommended due to orthostatic hypotension, anticholinergic effects and drug interactions