

Major Depression in Adolescents



Always Consider:

- ✓ Abuse/conflict/bullying
- ✓ School function/
- ✓ Peer Relationships
- ✓ Sleep Hygiene/exercise/diet
- ✓ Medical conditions

Level 0: Assessment

- Screening using multi-informant, validated rating scales that include depression specifically and comorbidity (other psychiatric and medical conditions.)
- Specific screen for harm to self or others
- Positive screen: DSM-IV- based interview evaluation
- Evaluate: past psychiatric and medical history, general health, previous treatment history, parental mental illness, bullying, abuse, family/peer conflict, school issues
- Track outcomes using empirically validated tools. See Children's Global Assessment Scale, Child Depression Inventory

Level 1: Initial Treatment

- Active support – 6 weeks trial
Components of active support must include psychosocial and psychoeducation and may include: self help materials, active listening/relationship building, school involvement, mood monitoring, pleasant activities, cognitive restructuring family conflict reduction, sleep hygiene and exercise
- Treatment plan
- Safety Plan
- Address: abuse, bullying, conflict, parent illness, school issues

Level 2: Targeted Treatment

- Start with cognitive behavior therapy (CBT)/interpersonal therapy (IPT)/ Depression-specific behavioral family therapy, fluoxetine or combination of therapy/fluoxetine(COMB).

Qualifiers:

Mild: Psychosocial interventions only
Moderate/Severe: COMB
Psychosis: SSRI (fluoxetine, citalopram, sertraline) plus atypical
Comorbidity: COMB, treat comorbidity

Always Monitor:

- ✓ Adverse events
- ✓ Compliance
- ✓ Treatment emergent suicidality
- ✓ Treatment emergent comorbidity

After Maximum Medical Benefit

- Maintenance for 9-12 months
- Discontinuation over 3-4 months
- Factors favoring maintenance treatment:
 - Partial response
 - Prior relapse
 - Suicidality
 - Comorbidity risk for relapse
 - Environmental risk for relapse

Level 3: Inadequate Response

- If on psychosocial intervention alone, add medication
- If on medication alone, add psychosocial intervention
- Non-response to SSRI: Switch to another SSRI (citalopram, sertraline, escitalopram if fluoxetine is not indicated)

Qualifiers:

Treat comorbidity
Psychosis: atypical antipsychotic

Level 4: Poor or Non-response

- Reassess
- Increase psychosocial intervention medication dose
- Switch medication to SNRI or bupropion
- Add augmenting medication (use of another medication)
- Augment with new psychosocial intervention
- Consider change in LOC (setting)
- If psychotic/severe: ECT (for adolescents)

Recommended Drugs and Dosing for Treatment of Major Depression in Adolescents

Generic Name (Trade Name)	Minimum Starting Dose (mg/day)	Dose Increment (mg/day)	Maximum Dose (mg/day)
Citalopram (Celexa)	10	10	60
Escitalopram (Lexapro)	5	5-10	30
Fluoxetine (Prozac)	10	10-20	60
Fluvoxamine (Luvox)	50	25	300
Paroxetine (Paxil)	10	10	50
Paroxetine (Paxil-CR)	10	12.5	62.5
Sertraline (Zoloft)	25	25-50	200
Venlafaxine (Effexor)	25	12.5-25	225
Venlafaxine (Effexor XR®)	37.5	37.5	225
Duloxetine (Cymbalta®)	20	10-20	60