Depression Management Algorithm

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Department of Psychiatry,
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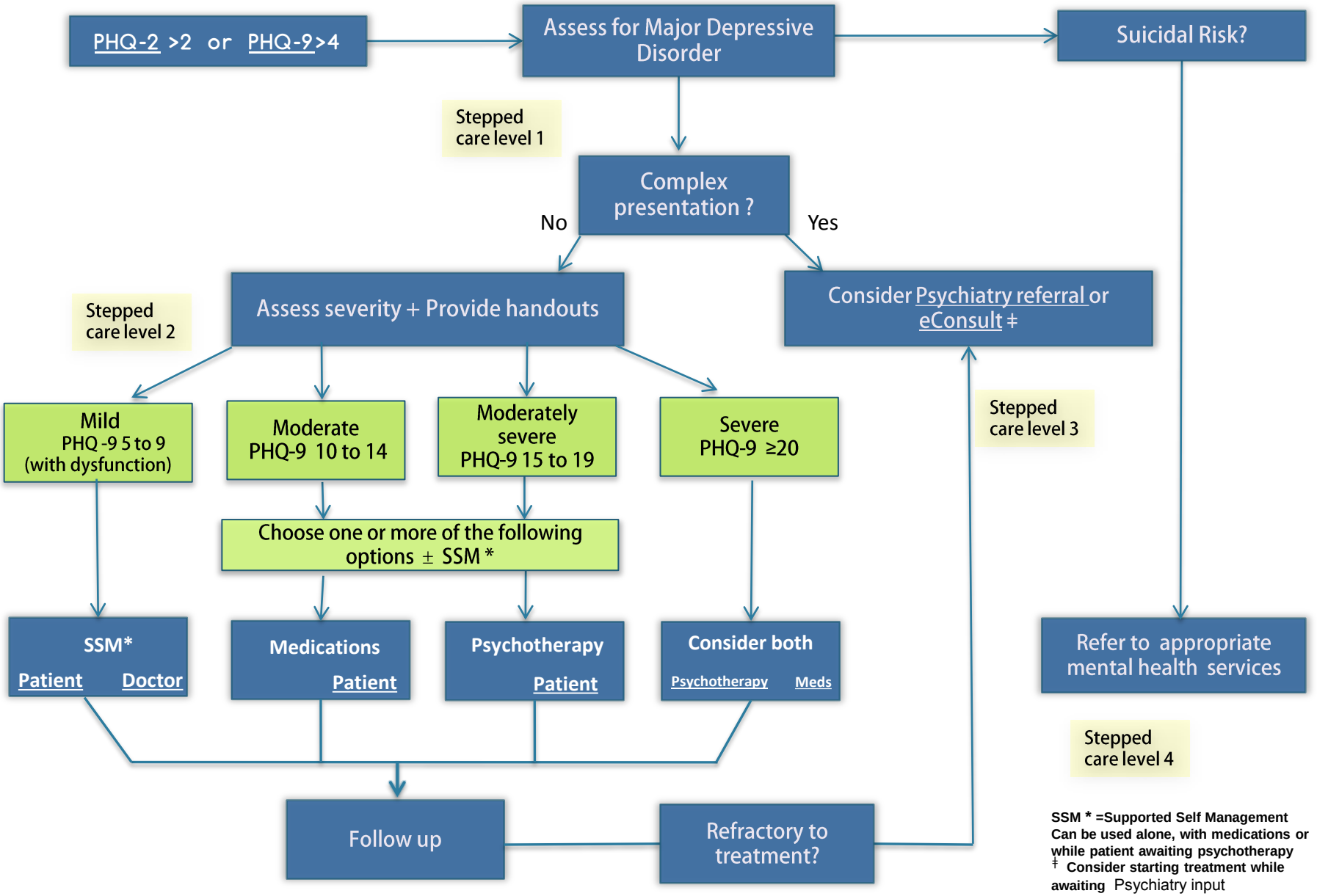
Previous View

Depression Management Algorithm-Stepped Care Model

*(Please click on the **blue boxes** or **underlined words** to obtain the related documents)*



SSM * =Supported Self Management Can be used alone, with medications or while patient awaiting psychotherapy

ǂ Consider starting treatment while awaiting Psychiatry input

(Please click on the underlined words to obtain the related documents)

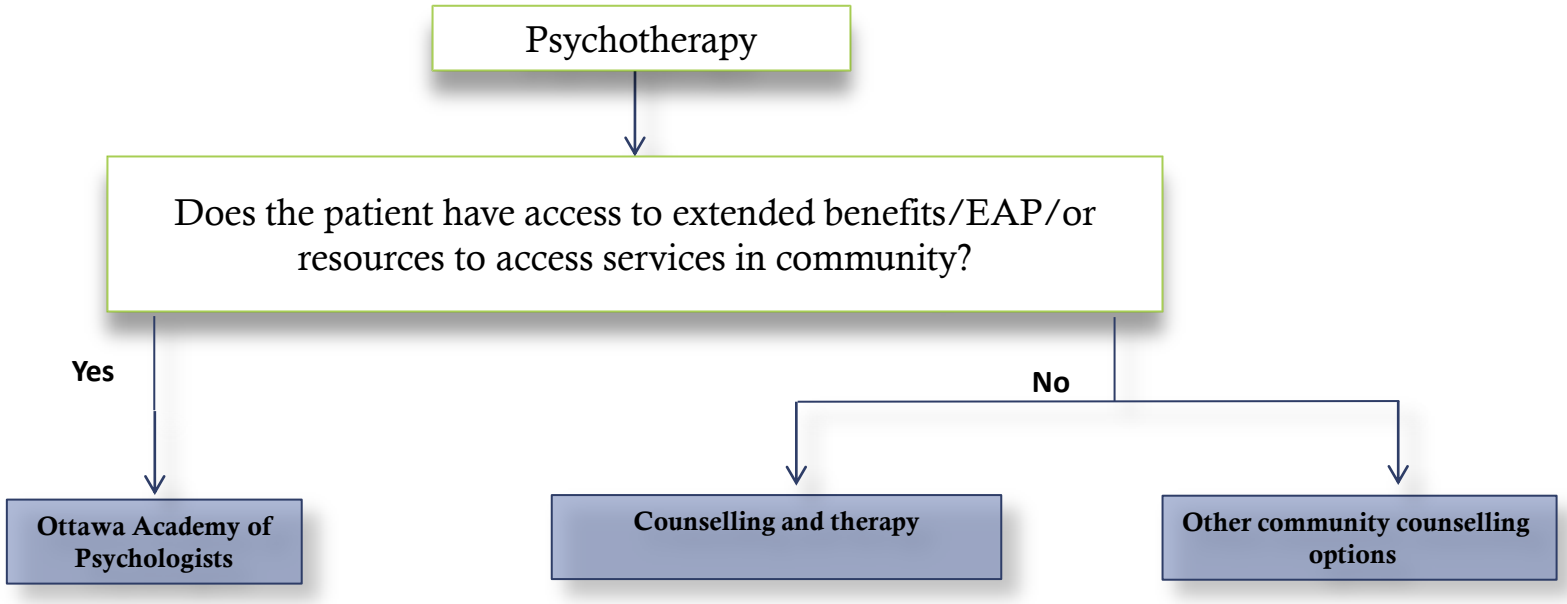
Assess for Major Depressive Disorder:

- Are all criteria met?
- R/O General medical conditions
- R/O Substance abuse
- R/O Possible bipolar disorder

Age	Physical exam	CBC	Lytes, BUN Creatinine Glucose	B12, Folate TSH	Sleep study	Others as appropriate
Age <50, healthy						
Age <50, significant fatigue	✓	✓	?	✓	?	✓
Age >50	✓	✓	✓	✓	?	
Any age, suspected medical illness	✓	✓	✓	✓	?	✓

Depression Management Algorithm-Stepped Care Model (Psychotherapy)

(Please click on the blue boxes to obtain the related documents)



Complex Presentation

If one or more of the following are present, consider the patient's condition to be complex(Please click on each of the following for more information):

- Suicidal/homicidal risk
- Significant dysfunction(e.g. WSAS >20)
- Possible bipolar disorder
- Substance abuse
- Co-morbid anxiety disorder
- Psychosis
- Personality disorder
- Diagnostic uncertainty
- Refractory to treatment

Previous View

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Assess Severity and Provide Handouts:
(Please click on any of the following to get the relevant handout)

- What is Depression?
- Behavioural Activation
- Assertiveness and communication
- Regular exercise
- Sleep hygiene
- Other Resources

Refractory depression:

Defined as <50% drop in PHQ-9 score after 3 months of antidepressant treatment and/or psychotherapy.

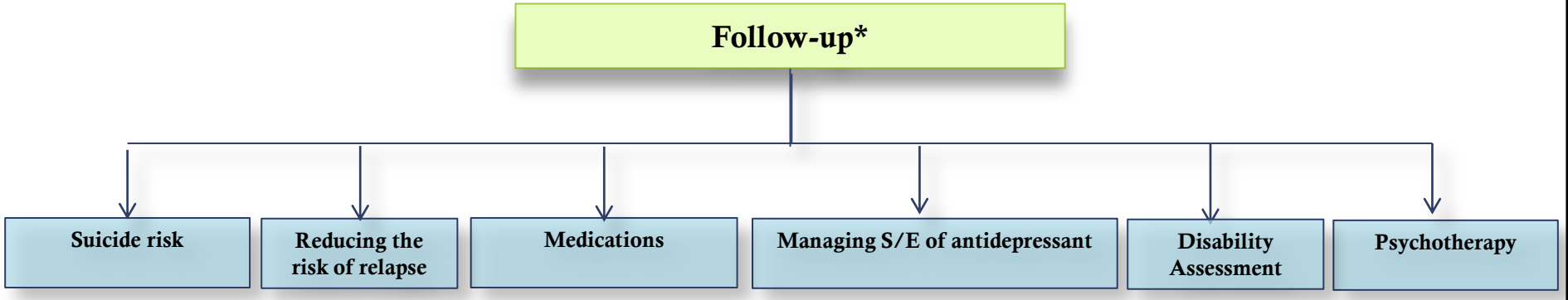
Consider/assess if:

- the diagnosis of depression is appropriate
- there is an undiagnosed medical condition
- there is an undiagnosed substance use
- the patient is adherent to medications

PHQ-9 based Follow-up of Psychotherapy

Initial Response to Psychotherapy after Three Sessions over Four - Six weeks		
PHQ-9 Score	**Treatment Response**	**Treatment Plan**
Drop of ≥ 5 points from baseline	Adequate	No treatment change needed. Follow-up in four weeks.
Drop of 2-4 points from baseline.	Probably Inadequate	Possibly no treatment change needed. Share PHQ-9 with psychotherapist.
Drop of 1-point or no change or increase.	Inadequate	• If depression-specific psychological counseling (CBT, PST, IPT*) discuss with therapist, consider adding antidepressant. • For patients satisfied in other type of psychological counseling, consider starting antidepressant • For patients dissatisfied in other psychological counseling, review treatment options and preferences

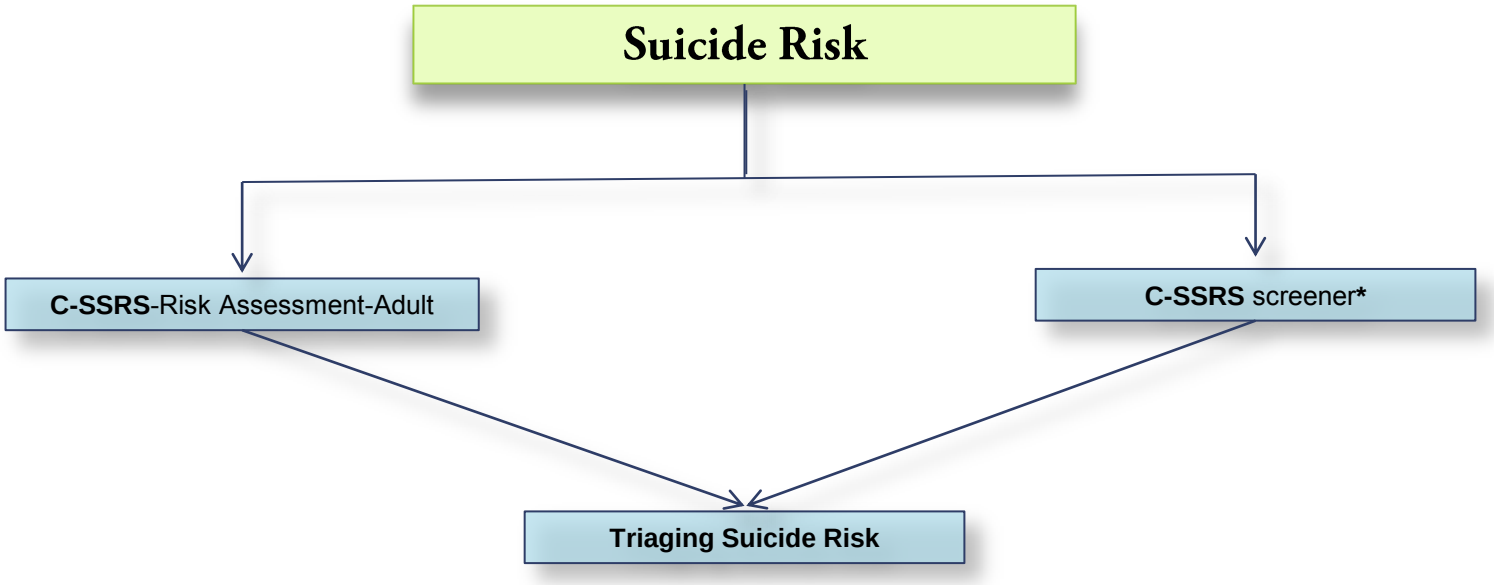
(Please click on the blue boxes to obtain the related documents)



*** Guidelines for follow-up**

- Recommend follow-up by phone or in person in one week depending upon the severity of the condition and every two weeks thereafter until remission.
- Suicidal patients will need closer follow-up.
- Once remission is achieved, gradually decrease the frequency of follow-ups.
- Consider annual follow-up once stable.

(Please click on the blue boxes to obtain the related documents)



**If the patient answered "yes" to items # 4, 5, 6 (within the last 3 months) then consider the suicide risk to be high.*

Previous View

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Managing antidepressants side effects

Side effects	Treatment Plan
Gastrointestinal symptoms like nausea & diarrhea	-Wait… -Suggest general measures to manage minor illness, in more severe or prolong cases switching to another antidepressant might be necessary.
Activating symptoms like agitation, insomnia and headaches.	-Wait…, …often get better with time. -Try giving in the morning. In severe/more prolong symptoms, use less activating antidepressant. -If very agitated or tremor present consider reducing or stopping the medication.
Suicidal ideation (Mostly in ages<25)	Please refer to "**Triaging suicidal risk**" page
Sexual side effects (Reduced libido, anorgasmia, delayed ejaculation, reduced erection quality)	1-Reducing the dose of antidepressant. 2-Try a different antidepressant from **the table** like Wellbutrin or Mirtazapine 3-Might consider Sildenafil, Tadalafil if not medically contraindicated 4-Consider adding Wellbutrin for reduced libido
Activation of mania/hypomania (~0.1%)	1-Stop the antidepressant 2-Assess for safety 3-Consult Shared care or refer the pt. to Psychiatry emergency services(PES)

Previous View

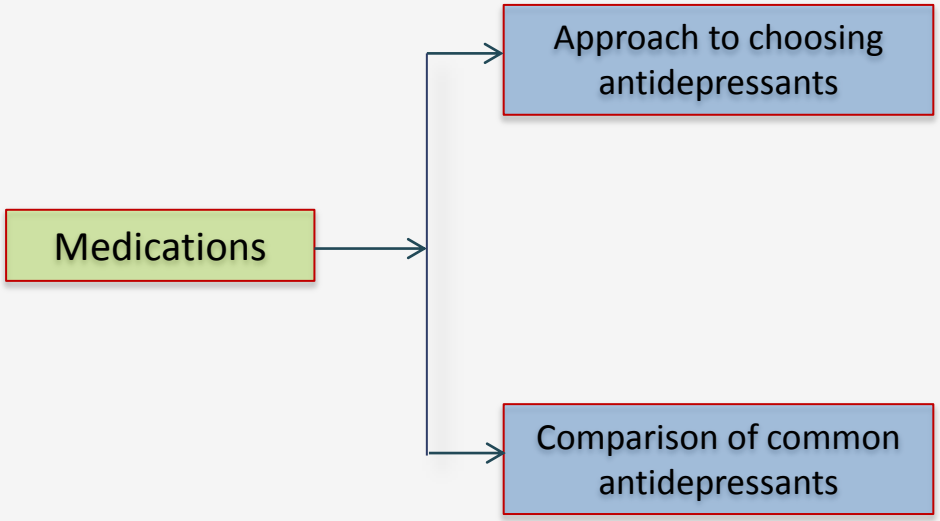
Main Page

Medication(s) follow-up

Comparison of Common Antidepressants Table which contains links to follow-up of individual antidepressants

For tapering and stopping Antidepressants click here

(Please click on the blue boxes for getting the related document)



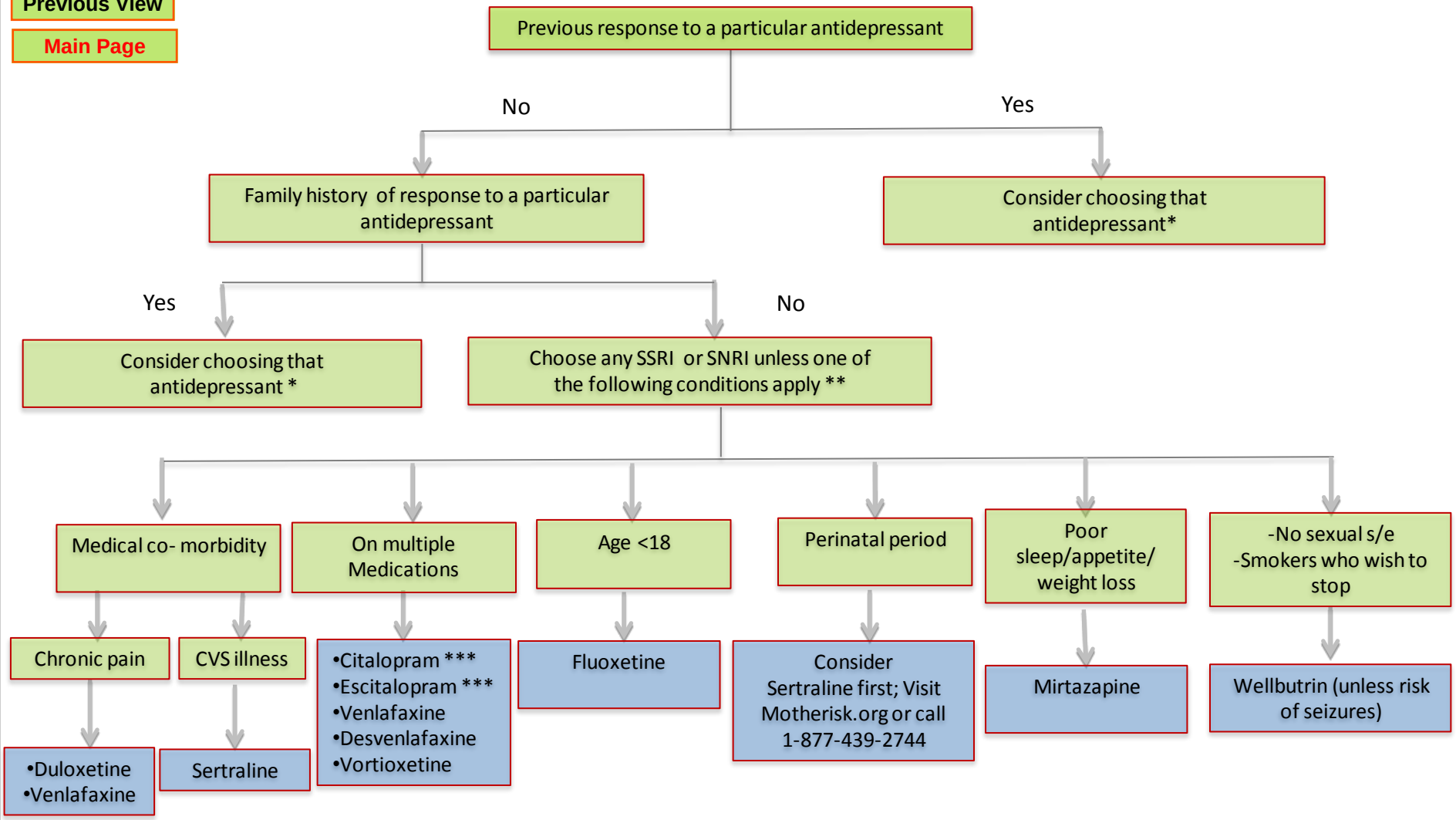
(Please click on the blue boxes for getting the related document)

Approach to Choosing Antidepressant

(Please click on the blue boxes or underlined words to obtain further information)

Previous View

Main Page



** Unless one of the conditions listed at the bottom of this algorithm is considered to be pertinent.*

*** Please click here to see Comparison of Common Antidepressant Table.*

****Avoid combining it with Tamoxifen*

Next Stage

- Most guidelines recommend switching to an antidepressant from another class although evidence for this strategy is limited
- To assist with **switching** consider using the following resources:
  Website:http://wiki.psychiatrienet.nl/index.php/SwitchAntidepressants
  or UpToDate: “Antidepressant medications in adults-switching and discontinuing medication”

Continuation Phase Treatment

- Patient who receive pharmacotherapy during acute phase treatment should continue their treatment for AT LEAST 6 to 9 months after symptom remission, at the same dose that led to a therapeutic response

- Patients with a first episode of MDD who enter remission should be followed every 3 months for the first year and at the end of 6-9 months should be evaluated for slow tapering and discontinuation of antidepressant medication

- For those patients with two episodes of major depression consider maintaining antidepressant medication for two years. May also consider indefinite treatment depending upon the clinical situation

- For those patients who have had 3 or more major depressive episodes consider maintaining antidepressant medication indefinitely

- Other groups considered at high risk for depression should also be considered for maintenance treatment including those whose depression was:
  - Prolonged
  - Associated with significant functional impairment
  - Associated with significant suicidal ideation
  - Associated with psychotic symptoms
- For patients who were augmented with antipsychotics, consider gradually tapering and discontinuing the antipsychotics after 6-9 months.

Augmentation

Level 1*

Choose either:

- Mirtazapine 30 mg po qhs X 2 weeks. If less than 20% response increase to 45 mg po qhs.

Or

- Bupropion XL 150 mg po daily X 2 weeks. If less than 20% response increase to 300 mg po daily

- If on either Bupropion or Mirtazapine as an initial agent, consider augmenting with an SSRI or SNRI

Level 2**

Choose either:

- Aripiprazole 2.0 mg po daily X 2 weeks. If less than 20% response increase to 5.0 mg po daily. **or**
- Quetiapine XR 50 mg po at supper X 1 week, then increase to 100 mg X 1 week and if tolerated then increase it to150 mg po q supper. If less than 20% response after 2 weeks then increase to 300 mg po q supper

*Evidence –based psychotherapy (CBT or IPT or PST) can also be used as an augmentation strategy instead of medication

** to be used if Level 1 interventions not effective or not tolerated

Critical decision points (CDP) and PHQ-9 based care (for ages 18-65 years)

CITALOPRAM

Week 1 CDP #1
10 mg p.o. q a.m.

Week 2 CDP #2
Increase to 20 mg

Week 4 CDP #3

Remission	Some improvement	No improvement
If tolerating continue dose from 2 weeks prior	If tolerating continue 20 mg	If tolerating consider increase to 30 mg

Week 6 CDP #4

Remission	Partial response	Non-response
If tolerating continue dose from 2 weeks prior	If tolerating continue same dose or consider increase by 10 mg	If tolerating consider increase by 10 mg

Week 8 CDP #5

Remission	Some improvement	No improvement
If tolerating continue dose from 2 weeks prior	If tolerating consider increase by 10 mg (max. dose 40 mg) or augment	If tolerating consider increase by 10 mg (max. dose 40 mg) or augment or switch

Week 10-12 CDP #6-7

Remission	Some improvement	No improvement
If tolerating continue dose from 2 weeks prior	If tolerating consider increase by 10 mg (max. dose 40 mg) or augment	If tolerating consider increase by 10 mg (max. dose 40 mg) or augment or switch

Please click on the green boxes or underlined words to obtain more info.

Definitions and notes

Remission : PHQ-9 <5

No Improvement: No drop in the PHQ-9 score.

Some Improvement: Any drop in the PHQ-9 score.

Partial Response: A drop of 5 points in PHQ-9 score at week 6 compared to score at week 1

Non-response: A drop of <5 points in PHQ-9 score at week 6 compared to score at week 1

At CDPs 2,3,4,5,6 consider switching antidepressants if side effects are intolerable.

Lower doses or less frequent dosage increase may be better for anxious, medically compromised, geriatric patients or for those experiencing tolerable SE.

In cases of non-response reassess diagnosis, check for non-adherence and asess for impact of psychosocial factors.

Critical decision points (CDP) and PHQ-9 based care (for ages 18-65 years)

DESVENLAFAXINE

Please click on the green boxes or underlined words to obtain more info.

Week 1 CDP #1

50 mg p.o q a.m.

Week 2 CDP #2

If tolerating continue 50 mg

Week 4 CDP #3

Remission	Some improvement	No improvement
If tolerating continue dose from 2 weeks prior	If tolerating continue 50 mg	If tolerating consider increase to 100 mg

Week 6 CDP #4

Remission	Partial response	Non-response
If tolerating continue dose from 2 weeks prior	If tolerating continue same dose or consider increase by 50 mg (max. dose 100 mg) or augment	If tolerating increase by 50 mg (max. dose 100 mg) or augment or switch

Week 8 CDP #5

Remission	Some improvement	No improvement
If tolerating continue dose from 2 weeks prior	If tolerating increase by 50 mg (max. dose 100 mg) or augment	Augment or switch

Week 10-12 CDP #6-7

Remission	Some improvement	No improvement
If tolerating continue dose from 2 weeks prior	If tolerating increase by 50 mg (max. dose 100 mg) or augment	Augment or switch

Definitions and notes

Remission : PHQ-9 <5

No Improvement: No drop in the PHQ-9 score.

Some Improvement: Any drop in the PHQ-9 score.

Partial Response: A drop of 5 points in PHQ-9 score at week 6 compared to score at week 1

Non-response: A drop of <5 points in PHQ-9 score at week 6 compared to score at week 1

At CDPs 2,3,4,5,6 consider switching antidepressants if side effects are intolerable.

Lower doses or less frequent dosage increase may be better for anxious, medically compromised, geriatric patients or for those experiencing tolerable SE.

In cases of non-response reassess diagnosis, check for non-adherence and asess for impact of psychosocial factors.

Critical decision points (CDP) and PHQ-9 based care (for ages 18-65 years)

DULOXETINE

Week 1 CDP#1: 30 mg p.o. q a.m.

Week 2 CDP#2: Increase to 60 mg

Please click on the green boxes or underlined words to obtain more info.

	Remission	Some improvement	No improvement
Week 4 CDP#3	If tolerating continue dose from 2 weeks prior	If tolerating continue 60 mg	If tolerating consider increase to 90 mg
Week 6 CDP#4	Remission If tolerating continue dose from 2 weeks prior	Partial response If tolerating continue same dose or consider increase by 30 mg	Non-response If tolerating consider increase by 30 mg
Week 8 CDP#5	Remission If tolerating continue dose from 2 weeks prior	Some improvement If tolerating consider increase by 30 mg (max. dose 120 mg) or augment	No improvement If tolerating increase by 30 mg (max. dose 120 mg) or augment or switch
Week 10-12 CDP#6-7	Remission If tolerating continue dose from 2 weeks prior	Some improvement If tolerating increase by 30 mg (max. dose 120 mg) or Augment	No improvement If tolerating increase by 30 mg (max. dose of 120 mg) or Augment or switch

Definitions and notes

Remission : PHQ-9 <5

No Improvement: No drop in the PHQ-9 score.

Some Improvement: Any drop in the PHQ-9 score.

Partial Response: A drop of 5 points in PHQ-9 score at week 6 compared to score at week 1

Non-response: A drop of <5 points in PHQ-9 score at week 6 compared to score at week 1

At CDPs 2,3,4,5,6 consider switching antidepressants if side effects are intolerable.

Lower doses or less frequent dosage increase may be better for anxious, medically compromised, geriatric patients or for those experiencing tolerable SE.

In cases of non-response reassess diagnosis, check for non-adherence and asess for impact of psychosocial factors.

Critical decision points (CDP) and PHQ-9 based care (for ages 18-65 years)

ESCITALOPRAM

Please click on the green boxes or underlined words to obtain more info.

Week 1 CDP #1
5 mg p.o. q a.m.

Week 2 CDP #2
Increase to 10 mg

Week 4 CDP #3

Remission	Some improvement	No improvement
If tolerating continue dose from 2 weeks prior	If tolerating continue 10 mg	If tolerating consider increase to 15 mg

Week 6 CDP #4

Remission	Partial response	Non-response
If tolerating continue dose from 2 weeks prior	If tolerating continue same dose or consider increase by 5 mg	If tolerating consider increase by 5 mg

Week 8 CDP #5

Remission	Some improvement	No improvement
If tolerating continue dose from 2 weeks prior	If tolerating consider increase by 5 mg (max. dose 20 mg) or augment	If tolerating increase by 10 mg (max. dose of 20 mg) or augment or switch

Week 10-12 CDP #6-7

Remission	Some improvement	No improvement
If tolerating continue dose from 2 weeks prior	If tolerating consider increase by 5 mg (max. dose of 20 mg) or augment	If tolerating increase by 5 mg (max. dose of 20 mg) or augment or switch

Definitions and notes

Remission : PHQ-9 <5

No Improvement: No drop in the PHQ-9 score.

Some Improvement: Any drop in the PHQ-9 score.

Partial Response: A drop of 5 points in PHQ-9 score at week 6 compared to score at week 1

Non-response: A drop of <5 points in PHQ-9 score at week 6 compared to score at week 1

At CDPs 2,3,4,5,6 consider switching antidepressants if side effects are intolerable.

Lower doses or less frequent dosage increase may be better for anxious, medically compromised, geriatric patients or for those experiencing tolerable SE.

In cases of non-response reassess diagnosis, check for non-adherence and asess for impact of psychosocial factors.

Critical decision points (CDP) and PHQ-9 based care (for ages 18-65 years)

FLUOXETINE

Please click on the green boxes or underlined words to obtain more info.

Week 1 CDP#1
10 mg p.o. q a.m.

Week 2 CDP#2
Increase to 20 mg

Week 4 CDP#3

Remission	Some improvement	No improvement
If tolerating continue dose from 2 weeks prior	If tolerating continue 20 mg	If tolerating consider increase to 30 mg

Week 6 CDP#4

Remission	Partial response	Non-response
If tolerating continue dose from 2 weeks prior	If tolerating continue same dose or consider increase by 10 mg	If tolerating consider increase by 10 mg

Week 8 CDP#5

Remission	Some improvement	No improvement
If tolerating continue dose from 2 weeks prior	If tolerating consider increase by 10 mg (max. dose 40 mg) or augment	If tolerating consider increase by 10 mg (max. dose 40 mg) or augment or switch

Week 10-12 CDP#6-7

Remission	Some improvement	No improvement
If tolerating continue dose from 2 weeks prior	If tolerating consider increase by 10 mg (max. dose 40) or augment	If tolerating consider increase by 10 mg (max. dose 40 mg) or augment or switch

Remission : PHQ-9 <5

Definitions and notes

No Improvement: No drop in the PHQ-9 score.

Some Improvement: Any drop in the PHQ-9 score.

Partial Response: A drop of 5 points in PHQ-9 score at week 6 compared to score at week 1

Non-response: A drop of <5 points in PHQ-9 score at week 6 compared to score at week 1

At CDPs 2,3,4,5,6 consider switching antidepressants if side effects are intolerable.

Lower doses or less frequent dosage increase may be better for anxious, medically compromised, geriatric patients or for those experiencing tolerable SE.

In cases of non-response reassess diagnosis, check for non-adherence and asess for impact of psychosocial factors.

Critical decision points (CDP) and PHQ-9 based care (for ages 18-65 years)

FLUVOXAMINE

Please click on the green boxes or underlined words to obtain more info.

Week 1 CDP#1

50 mg p.o. q hs.

Week 2 CDP#2

Increase to 100 mg

Week 4 CDP#3

Remission	Some improvement	No improvement
If tolerating continue dose from 2 weeks prior	If tolerating continue 100 mg	If tolerating consider increase to 150 mg

Week 6 CDP#4

Remission	Partial response	Non-response
If tolerating continue dose from 2 weeks prior	If tolerating continue same dose or consider increase by 50 mg	If tolerating consider increase by 50 mg

Week 8 CDP#5

Remission	Some improvement	No improvement
If tolerating continue dose from 2 weeks prior	If tolerating consider increase by 50 mg (max. dose of 200 mg) or augment	If tolerating increase by 50 mg (max. dose of 200 mg) or augment or switch

Week 10-12 CDP#6-7

Remission	Some improvement	No improvement
If tolerating continue dose from 2 weeks prior	If tolerating consider increase by 50 mg (max. dose of 200 mg) or augment	If tolerating consider increase by 50 mg (max. dose of 200 mg) or augment or switch

Definitions and notes

Remission : PHQ-9 <5

No Improvement: No drop in the PHQ-9 score.

Some Improvement: Any drop in the PHQ-9 score.

Partial Response: A drop of 5 points in PHQ-9 score at week 6 compared to score at week 1

Non-response: A drop of <5 points in PHQ-9 score at week 6 compared to score at week 1

At CDPs 2,3,4,5,6 consider switching antidepressants if side effects are intolerable.

Lower doses or less frequent dosage increase may be better for anxious, medically compromised, geriatric patients or for those experiencing tolerable SE.

In cases of non-response reassess diagnosis, check for non-adherence and asess for impact of psychosocial factors.

Critical decision points (CDP) and PHQ-9 based care (for ages 18-65 years)

MIRTAZAPINE

Please click on the green boxes or underlined words to obtain more info.

Week 1 CDP#1
30 mg p.o qhs

Week 2 CDP#2
Continue 30 mg

Week 4 CDP#3

Remission	Some improvement	No improvement
If tolerating continue dose from 2 weeks prior	Continue 30 mg	If tolerating consider increase to 45 mg

Week 6 CDP#4

Remission	Partial response	Non-response
If tolerating continue dose from 2 weeks prior	If tolerating continue same dose or increase by 15 mg (max. dose 45 mg) or augment	If tolerating consider increase by 15 mg (max. dose of 45) or augment or switch

Week 8 CDP#5

Remission	Some improvement	No improvement
If tolerating continue dose from 2 weeks prior	If tolerating consider increase by 15 mg (max. dose of 45 mg) or augment	If tolerating consider increase by 15 mg (max. dose of 45) or augment or switch

Week 10-12 CDP#6-7

Remission	Some improvement	No improvement
If tolerating continue dose from 2 weeks prior	Augment	Augment or switch

Definitions and notes

Remission : PHQ-9 <5

No Improvement: No drop in the PHQ-9 score.

Some Improvement: Any drop in the PHQ-9 score.

Partial Response: A drop of 5 points in PHQ-9 score at week 6 compared to score at week 1

Non-response: A drop of <5 points in PHQ-9 score at week 6 compared to score at week 1

At CDPs 2,3,4,5,6 consider switching antidepressants if side effects are intolerable.

Lower doses or less frequent dosage increase may be better for anxious, medically compromised, geriatric patients or for those experiencing tolerable SE.

In cases of non-response reassess diagnosis, check for non-adherence and asess for impact of psychosocial factors.

Critical decision points (CDP) and PHQ-9 based care (for ages 18-65 years)

PAROXETINE

Please click on the green boxes or underlined words to obtain more info.

Week 1 CDP #1
10 mg p.o. q a.m.

Week 2 CDP #2
Increase to 20 mg

Week 4 CDP #3

Remission	Some improvement	No improvement
If tolerating continue dose from 2 weeks prior	If tolerating continue 20 mg	If tolerating consider increase to 30 mg

Week 6 CDP #4

Remission	Partial response	Non-response
If tolerating continue dose from 2 weeks prior	If tolerating continue same dose or consider increase by 10 mg	If tolerating consider increase by 10 mg

Week 8 CDP #5

Remission	Some improvement	No improvement
If tolerating continue dose from 2 weeks prior	If tolerating increase by 10 mg (max. dose 40 mg) or augment	Consider increase by 10 mg (max. dose 40 mg) or augment or switch

Week 10-12 CDP #6-7

Remission	Some improvement	No improvement
If tolerating continue dose from 2 weeks prior	If tolerating increase by 10 mg (max. dose 40 mg) or augment	If tolerating consider increase by 10 mg or augment

Remission : PHQ-9 <5

Definitions and notes

No Improvement: No drop in the PHQ-9 score.

Some Improvement: Any drop in the PHQ-9 score.

Partial Response: A drop of 5 points in PHQ-9 score at week 6 compared to score at week 1

Non-response: A drop of <5 points in PHQ-9 score at week 6 compared to score at week 1

At CDPs 2,3,4,5,6 consider switching antidepressants if side effects are intolerable.

Lower doses or less frequent dosage increase may be better for anxious, medically compromised, geriatric patients or for those experiencing tolerable SE.

In cases of non-response reassess diagnosis, check for non-adherence and asess for impact of psychosocial factors.

Critical decision points (CDP) and PHQ-9 based care (for ages 18-65 years)

SERTRALINE

Please click on the green boxes or underlined words to obtain more info.

Week 1 CDP#1
25 mg p.o. q a.m.

Week 2 CDP#2
Increase to 50 mg

Week 4 CDP#3

Remission	Some improvement	No improvement
If tolerating continue dose from 2 weeks prior	If tolerating continue 50 mg po qam.	If tolerating consider increase to 100 mg

Week 6 CDP#4

Remission	Partial response	Non-response
If tolerating continue dose from 2 weeks prior	If tolerating continue the same dose or consider increase by 50 mg	If tolerating consider increase by 50 mg

Week 8 CDP#5

Remission	Some improvement	No improvement
If tolerating continue dose from 2 weeks prior	If tolerating consider increase by 50 mg(max. dose 200 mg)	If tolerating consider increase by 50 mg or augment or switch

Week 10-12 CDP#6-7

Remission	Some improvement	No improvement
If tolerating continue dose from 2 weeks prior	If tolerating consider increase by 50 mg(max. dose 200 mg) or augment	If tolerating, consider increase by 50 mg or augment or switch (max. dose 200 mg)

Remission : PHQ-9 <5

Definitions and notes

No Improvement: No drop in the PHQ-9 score.

Some Improvement: Any drop in the PHQ-9 score.

Partial Response: A drop of 5 points in PHQ-9 score at week 6 compared to score at week 1

Non-response: A drop of <5 points in PHQ-9 score at week 6 compared to score at week 1

At CDPs 2,3,4,5,6 consider switching antidepressants if side effects are intolerable.

Lower doses or less frequent dosage increase may be better for anxious, medically compromised, geriatric patients or for those experiencing tolerable SE.

In cases of non-response reassess diagnosis, check for non-adherence and asess for impact of psychosocial factors.

Critical decision points (CDP) and PHQ-9 based care (for ages 18-65 years)

VENLAFAXINE

Please click on the green boxes or underlined words to obtain more info.

Week 1 CDP#1
37.5 mg p.o. q a.m.

Week 2 CDP#2
Increase to 75 mg

Week 4 CDP#3

Remission	Some improvement	No improvement
If tolerating continue dose from 2 weeks prior	If tolerating continue 75 mg	If tolerating consider increase to 150 mg

Week 6 CDP#4

Remission	Partial response	Non-response
If tolerating continue dose from 2 weeks prior	If tolerating continue same dose or consider increase by 75 mg	If tolerating consider increase by 75 mg

Week 8 CDP#5

Remission	Some improvement	No improvement
If tolerating continue dose from 2 weeks prior	If tolerating consider increase by 75 mg	If tolerating consider increase by 75 mg (max. dose is 225 mg) or augment or switch

Week 10-12 CDP#6-7

Remission	Some improvement	No improvement
If tolerating continue dose from 2 weeks prior	If tolerating consider increase by 75 mg (max. dose 225 mg) or augment	If tolerating increase by 75 mg (max. dose 225 mg) or augment or switch

Definitions and notes

Remission : PHQ-9 <5

No Improvement: No drop in the PHQ-9 score.

Some Improvement: Any drop in the PHQ-9 score.

Partial Response: A drop of 5 points in PHQ-9 score at week 6 compared to score at week 1

Non-response: A drop of <5 points in PHQ-9 score at week 6 compared to score at week 1

At CDPs 2,3,4,5,6 consider switching antidepressants if side effects are intolerable.

Lower doses or less frequent dosage increase may be better for anxious, medically compromised, geriatric patients or for those experiencing tolerable SE.

In cases of non-response reassess diagnosis, check for non-adherence and asess for impact of psychosocial factors.

Critical decision points (CDP) and PHQ-9 based care (for ages 18-65 years)

VORTIOXETINE

Week 1 CDP #1: 10 mg p.o. q a.m.

Week 2 CDP #2: If tolerating continue 10 mg

Please click on the green boxes or underlined words to obtain more info.

Week 4 CDP #3

Remission	Some improvement	No improvement
If tolerating continue dose from 2 weeks prior	If tolerating continue 10 mg	If tolerating continue 10 mg

Week 6 CDP #4

Remission	Partial response	Non-response
If tolerating continue dose from 2 weeks prior	If tolerating continue 10 mg	If tolerating consider increase to 20 mg

Week 8 CDP #5

Remission	Some improvement	No improvement
If tolerating continue dose from 2 weeks prior	If tolerating consider increase by 10 mg (max. dose 20 mg) or augment	If tolerating increase by 10 mg (max. dose 20 mg) or augment or switch

Week 10-12 CDP #6-7

Remission	Some improvement	No improvement
If tolerating continue dose from 2 weeks prior	Augment	Augment or switch

Definitions and notes

Remission: PHQ-9 <5

No Improvement: No drop in the PHQ-9 score.

Some Improvement: Any drop in the PHQ-9 score.

Partial Response: A drop of 5 points in PHQ-9 score at week 6 compared to score at week 1

Non-response: A drop of <5 points in PHQ-9 score at week 6 compared to score at week 1

At CDPs 2,3,4,5,6 consider switching antidepressants if side effects are intolerable.

Lower doses or less frequent dosage increase may be better for anxious, medically compromised, geriatric patients or for those experiencing tolerable SE.

In cases of non-response reassess diagnosis, check for non-adherence and asess for impact of psychosocial factors.

Critical decision points (CDP) and PHQ-9 based care (for ages 18-65 years)

BUPROPION

Please click on the green boxes or underlined words to obtain more info.

Week 1 CDP#1

Bupropion XL 150 p.o. q a.m.

Week 2 CDP#2

If tolerating continue 150 mg

Week 4 CDP#3

Remission	Some improvement	No improvement
If tolerating continue dose from 2 weeks prior	If tolerating continue 150 mg	If tolerating consider increase to 300 mg

Week 6 CDP#4

Remission	Partial response	Non-response
If tolerating continue dose from 2 weeks prior	If tolerating continue same dose or consider increase by 150 mg (max. dose of 300 mg)	If tolerating consider increase by 150 mg (max. dose 300) or augment or switch

Week 8 CDP#5

Remission	Some improvement	No improvement
If tolerating continue dose from 2 weeks prior	If tolerating consider increase by 150 mg (max. dose 300 mg) or augment	If tolerating increase by 150 mg (max. dose 300) or augment or switch

Week 10-12 CDP#6-7

Remission	Some improvement	No improvement
If tolerating continue dose from 2 weeks prior	Augment	Augment or switch

Definitions and notes

Remission: PHQ-9 <5

No Improvement: No drop in the PHQ-9 score.

Some Improvement: Any drop in the PHQ-9 score.

Partial Response: A drop of 5 points in PHQ-9 score at week 6 compared to score at week 1

Non-response: A drop of <5 points in PHQ-9 score at week 6 compared to score at week 1

At CDPs 2,3,4,5,6 consider switching antidepressants if side effects are intolerable.

Lower doses or less frequent dosage increase may be better for anxious, medically compromised, geriatric patients or for those experiencing tolerable SE.

In cases of non-response reassess diagnosis, check for non-adherence and asess for impact of psychosocial factors.

Increasing/Maximizing antidepressant dose:

Do not increase/maximize the antidepressant dose if:

- There are significant side effects
  or
- Significant risk of drug interactions

- Lower doses or less frequent dosage increase may be better for anxious or medically compromised patients

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COMPARISON OF COMMON ANTIDEPRESSANTS WITH S/E *(for ages 18-65 years)*

(Click on the name of the Antidepressant to see its follow-up and dose increase algorithm)

	Name of Antidepressent	Starting dose	Initial Target dose	Max dose	Anticholinergic	Sedation	Insomnia / agitation	Orthostatic Hypotension	QT	GI	Weight gain	Sexual	Comments
SSRI's	Citalopram	10	20	40	0	0	1+	1+	1+	1+	1+	3+	*Watch for QTc prolongation at doses >40 mg/day*
	Escitalopram	5	10	20 (30 *)	0	0	1+	1+	1+	1+	1+	3+	*Escitalopram(Cipralex) is the S-isomer of Citalopram.*
	Fluoxetine	10	20	80	0	0	2+	1+	1+	1+	1+	3+	*Longer half life so preferable in teenagers but for the same reason caution in the elderly. Also watch for drug-drug interactions.*
	Sertraline	25	50	200	0	1+	2+	1+	0 to 1+	2+	1+	3+	*May be used in panic d/o, consider in peripatum period.*
	Paroxetine	10	20	50	1+	1+	1+	2+	0 to 1+	1+	2+	4+	*Watch for significant discontinuation syndrome and drug-drug interactions. Avoid in elderly and pregnancy.*
	Vortioxetine	5	10	20	0	0	0	0	0	2+	0	0 to 3+	*Sexual S/E are dose dependent. Cross over when switching.*
	Fluvoxamine	50	100	300	0	1+	1+	1+	0 to 1+	1+	1+	3+	*Significant GI side effects.*
SNRI'S	Venlafaxine XR	37.5	75	225 (300 *)	0	1+	2+	0	1+	1+	0	3+	*May increase blood pressure! Watch for significant discontinuation syndrome.*
	Desvenlafaxine	50	50	100	0	1+	2+	0	0	1+	0	3+	*May increase blood pressure! Watch for significant discontinuation syndrome.*
	Duloxetine	30	60	120	0	0	2+	0	0	2+	0	3+	*Also approved for several pain conditions.*
NDRI	Bupropion XL	150	300	300 (450)	0	0	2+	0	1+	1+	0	0	*Avoid in those prone to seizures and in Eating d/o.*
NaSSA	Mirtazapine	30	30	45	1+	4+	0	0	1+	0	4+	1+	*Significand sedation and weight gain.*

*Above the Health Canada maximum dose. Consider in selected cases with input from Psychiatry when possible.

Increasing/Maximizing antidepressant dose:

Do not increase/maximize the antidepressant dose if:

- There are significant side effects or drug allergies
  or
- Significant risk of drug interactions

- Lower doses or less frequent dosage increase may be better for anxious or medically compromised patients

Tapering and stopping

- For assistance with tapering and stopping an antidepressant, go to: http://wiki.psychiatrienet.nl/index.php/SwitchAntidepressants and locate the ‘Stop’ column for respective medication.

➢ Withdrawal from Paroxetine, Venlafaxine and Desvenlafaxine can be more difficult. Once at lowest dose, consider substituting Fluoxetine 10-20 mg. Once the withdrawal symptoms have abated, continue Fluoxetine 10 mg for 1-2 weeks and then discontinue.

Computer Requirements

- Microsoft Windows
- 128MB of RAM (256MB recommended for complex forms or large documents)
- 110MB of available hard-disk space
- Minimum of Microsoft Internet Explorer 6.0 or 7.0, Firefox 1.5 or 2.0, Mozilla 1.7, AOL 9
- Broadband Internet connection
- Currently this Algorithm does not support IMac, Ios(Apple) or Android devices