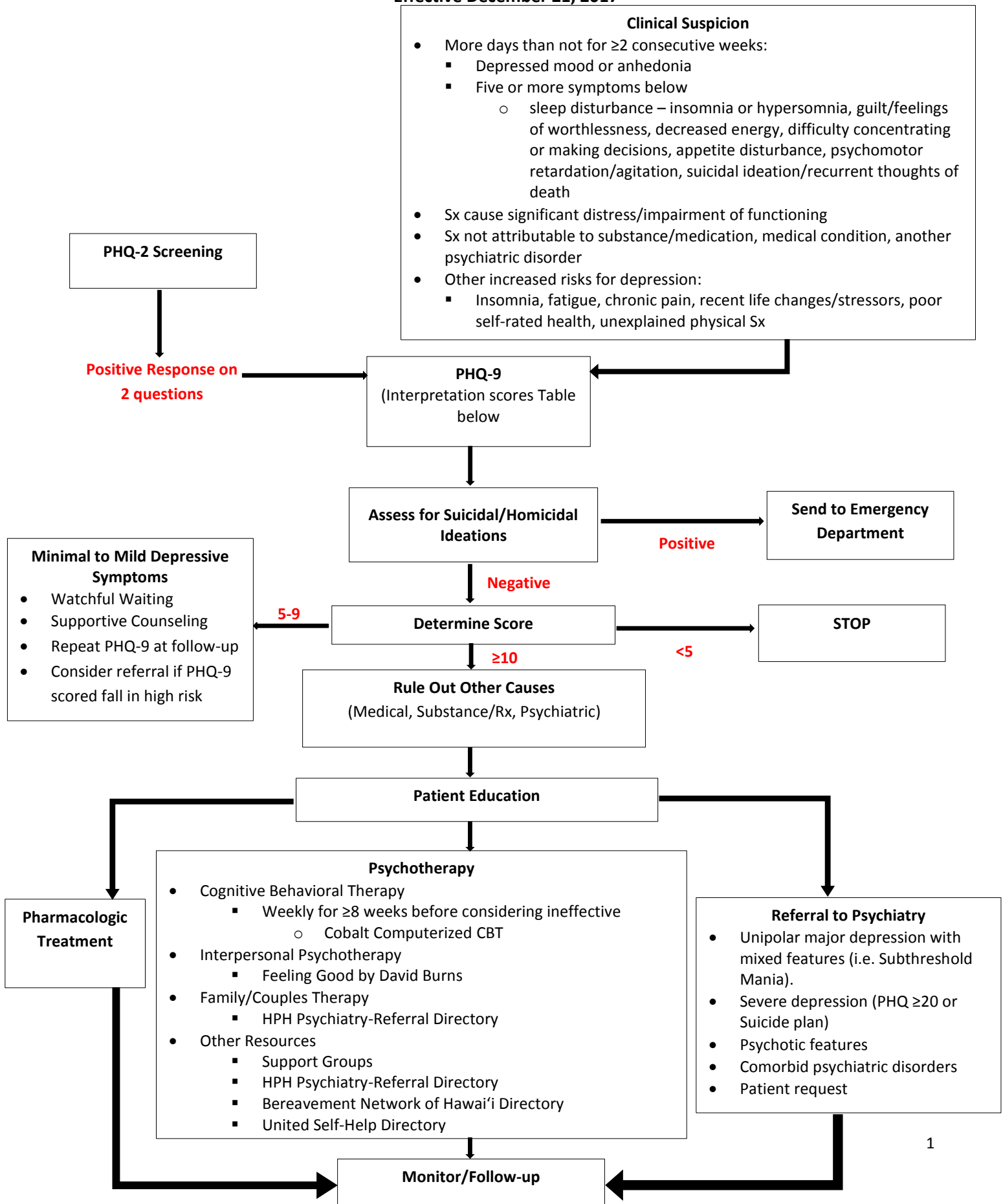


MAJOR DEPRESSIVE DISORDER

Effective December 21, 2017



Disclaimer: These referral guidelines have been generated by HHP specialists in collaboration with primary care physicians and are a work in progress. They are provided as general guidance to practicing clinicians, may change with time, and are not intended to supersede the medical judgment of the clinician.

INTERPRETATION OF PHQ-9 SCORES

| Diagnosis | Total Score | Action |
|------------------------------|-------------|---|
| Minimal depression | 0-4 | Score ≤ 4: Suggests the patient may not need depression treatment |
| Mild depression | 5-9 | Score 5-14: Physician uses clinical judgment about treatment, based on patient's duration of symptoms and functional impairment |
| Moderate depression | 10-14 | |
| Moderately severe depression | 15-19 | Score > 14: Warrants treatment for depression, using antidepressant, Psychotherapy and/or a combination of treatment. |
| Severe depression | 20-27 | |

TREATMENT FOR MAJOR DEPRESSIVE DISORDER

1st Line of Medications: Mild-Moderate

SSRIs: start with low or medium doses and titrate every 2-4 weeks as tolerated. Try max dose for 6 weeks.

| SSRI Medication | Dosage Range | Cost of 1 month supply: Generic (Brand) |
|-----------------|--------------|---|
| Citalopram | 20-40mg | \$4-8 |
| Escitalopram | 10-20mg | \$10-22 |
| Fluoxetine | 20-80mg | \$4-5 |
| Paroxetine | 20-50mg | \$9-10 |
| Sertraline | 50-200mg | \$7-15 |

Not Effective

2nd Line of Medications:

| Medication | Dosage Range | Cost of 1 month supply: Generic (Brand) |
|----------------------------|--------------|---|
| SNRIs: | | |
| Venlafaxine | 37.5-225 mg | \$13-30 |
| Desvenlafaxine | 25-100 mg | \$25-50 |
| Duloxetine | 20-60 mg | \$15-50 |
| Bupropion | 150-450 mg | \$20-25 |
| Tricyclic antidepressants: | | |
| Nortriptyline | 25-100 mg | \$4-15 |
| Imipramine | 25-100 mg | \$9-15 |
| Trazodone | 100-150 mg | \$4-12 |

Not Effective

- Vilazodone 10-40 mg
- Vortioxetine 5-20 mg

- Augmentation treatments:
SSRI/SNR with/ +:
- Bupropion 150-450 mg, or
 - Mirtazapine 15-45 mg, or
 - Aripiprazole 2-5 mg, or
 - Quetiapine 25-250 mg, or
 - Buspirone 10-60 mg

- MAOI's
- Trans Magnetic Stimulation (TMS)
- Electroconvulsive Therapy (ECT)

FOR SEVERE DEPRESSION

- SI or Psychosis
- Hospitalization/ECT

TREATMENT COMMON PROBLEMS & CONSIDERATIONS

- Overweight or Weight Gain:
 - Add or switch to Bupropion (150-450 mg)
 - For less weight gain than SSRI's Consider Venlafaxine (37.5-225 mg) or Desvenlafaxine (25-100 mg)
- Sexual Dysfunction/Sexual Side Effects:
 - Add or switch to Bupropion (150-450 mg), Duloxetine (20-60 mg), Mirtazapine (15-45 mg), Buspirone (10-60 mg)
 - Add to antidepressant: Sildenafil (50-100 mg prn), Tadalafil (5-20 mg prn), Amantadine (100-200 mg), Cyproheptadine (4 mg bid/tid), Yohimbine (5.4 mg bid/tid)
- Considerations:
 - Elderly → Start low, Go slow, Avoid Paroxetine
 - Pregnancy → Continue Tx, use Fluoxetine (10-60 mg) and/or Sertraline (50-150 mg), Avoid Paroxetine
 - Breastfeeding → Paroxetine and Sertraline are safest
- Medication Switching/Cross Tapering of Antidepressants:
 - Generally SSRI's/SNRI's could be tapered over a period of 2-4 weeks or longer gradually, some with longer half-life like Fluoxetine/Prozac could be tapered over 1- 2 weeks only. Taper off one med completely over 2 weeks and add a new one or you could add a new med while you are tapering the old medication, but with caution at a low dose and titrate slowly. **If unsure, please call Psychiatry.**