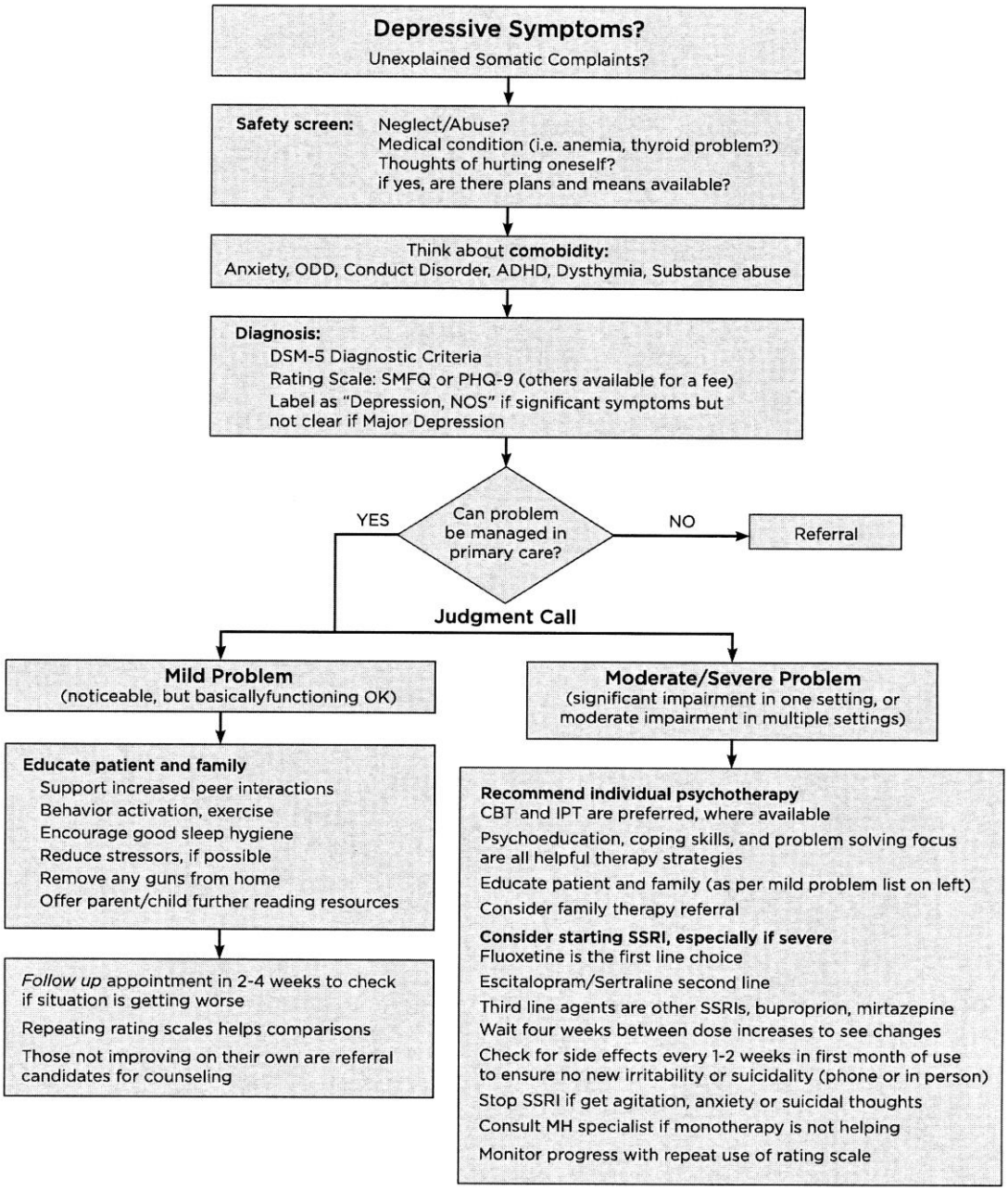
Disclaimer: These referral guidelines have been generated by HHP specialists in collaboration with primary care physicians and are a work in progress. They are provided as general guidance to practicing clinicians, may change with time, and are not intended to supersede the medical judgment of the clinician.

Depression



Primary References:
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Marek JS, Silva S, Vitiello B, TADS team (2006): "The treatment for adolescents with depression study (TADS): methods and message at 12 weeks." JAACAP 45:1393-1403

AACAP (in press): "Practice parameter for the assessment and treatment of children and adolescents with depressive disorders." Accessed 2/08 on www.aacap.org

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Hilt, R. *Seattle Children's Hospital Partnership Access Line Washington Care Guide* 2017, pg.63

Screening tools:
- CES-DC (Center for Epidemiological Studies Depression Scale for Children) found at https://www.brightfutures.org/mentalhealth/pdf/professionals/bridges/ces_dc.pdf
- PHQ-9 (Patient Health Questionnaire) found at http://www.phqscreeners.com/sites/g/files/g10016261/f/201412/PHQ-9_English.pdf

Depression Medications

Name	Dosage Form	Usual starting dose for adolescents	Increase increment (after 4 weeks)	RCT evidence in kids	FDA depression approved for children?	Editorial Comments	Cost of 1 month supply: Generic (Brand)
Fluoxetine (Prozac)	10, 20, 40mg 20mg/5ml	10 mg/day (60mg max)*	10-20mg**	Yes	Yes (over age 8)	Long ½ life, no SE from a missed dose	$4-5
Fluoxetine considered first line due to stronger evidence base in children							
Sertraline (Zoloft)	25, 50, 100mg 20mg/ml	25 mg/day (200mg max)*	25-50mg**	Yes	No	May be prone to side effects when stopping	$7-15
Escitalopram (Lexapro)	5, 10, 20mg 5mg/5ml	5 mg/day (20mg max)*	5-10mg**	Yes	Yes (for adolescents)	The active isomer of citalopram	$10-22
Escitalopram and Sertraline considered second line per the evidence base in children							
Citalopram (Celexa)	10, 20, 40mg 10mg/5ml	10 mg/day (40mg max)*	10-20mg**	Yes	No	Very few drug interactions	$4-8
Bupropion (Wellbutrin)	75, 100mg 100, 150, 200mg SR forms 150, 300mg XL forms	75 mg/day (later dose this BD) (400mg max)*	75-100mg**	No	No	Can have more agitation risk. Avoid if eat d/o. Also has use for ADHDH treatment	$20-25
Mirtazapine (Remeron)	15, 30, 45mg	15 mg/day (45mg max)*	15mg**	No	No	Sedating, increases appetite	$11-30
Venlafaxine (Effexor)	25, 37.5, 50, 75, 100mg 37.5, 75, 150mg ER forms	37.5 mg/day (225mg max)*	37.5-75mg**	No (May have higher SI risk than others for children)	No	Only recommended for older adolescents. Withdrawal symptoms can be severe.	$13-30
Others above considered third line treatments per the evidence base in children							

Starting doses in children less than 13 may need to be lowered using liquid forms

Successful medication trials should continue for 6 to 12 months

*Recommend decrease maximum dosage by around 1/3 for pre-pubertal children

**Recommend using the lower dose increase increments for younger children.

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Therapy to consider: Many therapy options including cognitive behavioral therapy (CBT), interpersonal therapy (IPT), psychodynamic/play therapy, supportive therapy.

Helpful websites for families

- Parents Med Guide: www.parentsmedguide.org (information about depression medication)
- National institute of Mental Health: https://www.nimh.nih.gov/health/topics/depression/index.shtml (general depression information)
- American Academy of Child and Adolescent Psychiatry: http://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Depression_Resource_Center/Home.aspx (Facts and resources about depression)
- Teen Self-Help Cognitive Behavior Therapy (CBT) guidance: www.dartmouthcoopproject.org/teen-mental-health-2/