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Last Updated: 01/19/2021
Management
- Ensure adherence
- Manage medication side effects
- Continue with titration to usual therapeutic dose
- Monthly PHQ-9

Evaluate for

Depression Remission

Note:
Remission defined as PHQ-9 score of < 5 (Goal: Achieve remission 11-13 months from initial diagnosis)

YES

Continue Treatment
Continue medication 6-13 months

No change

6 Month reevaluation
Consider patient symptoms, risk for reoccurrence
Preference for continuation

Patient improves

If deciding to discontinue medication recommend taper

After discontinuation follow up phone call 2-3 weeks

Patient well

Annual PHQ-9 for monitoring

For moderate + moderate severe depression, clinic visit every 4-6 weeks.

For severe depression clinic visit ≤ 4 weeks.

Note:
Improvement: Positive changes to work, sleep, eating, socialization, and/or a reduction in PHQ-9 score.

A

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**Medication Management Flow Chart**

**Start an SSRI:** Watch for gastrointestinal side effects, sexual side effects and restlessness.
- **Fluoxetine**
- **Paroxetine:** pregnancy category D
- **Sertraline**
- **Citalopram:** Watch for QTc prolongation with citalopram. Max dose is 20 mg if concomitant use of omeprazole. Max dose of citalopram in patients > 60 years is 20 mg
- **Escitalopram**

**Augment with**
- **Aripiprazole:** Would not be recommended at primary care setting. Avoid in patients with obesity, Diabetes Mellitus, Dyslipidemia
- **Bupropion:** Contraindicated in patient with seizure disorder, binging & purging behavior and hx of TBI. Avoid if co-morbid anxiety or chronic heavy alcohol use.
- **Buspirone:** Consider if co-morbid anxiety.
- **Liothyronine:** Would not be recommended at primary care setting.
- **Lithium:** Would not be recommended at primary care setting. Check Renal Function Tests and Thyroid Function Tests. Avoid when patients are taking NSAIDs, ACE inhibitors and thiazide diuretics. Narrow therapeutic index and requires therapeutic drug monitoring with Lithium level. Avoid if high risk of suicide.
- **Mirtazapine:** Consider if poor appetite & insomnia.
- **Quetiapine:** Would not be recommended at primary care setting. Avoid in patients with obesity, Diabetes Mellitus, Dyslipidemia, age > 65 (risk of stroke).

**Switch to another SSRI**
**Switch to SNRI**

**Refer to Psychotherapy**
**Refer to Psychiatrist**

**Other Considerations:**
- Remove access to means of self-harm in severe phase of a depressive episode such as firearms. Avoid giving 90 day supply of medications.
- If patient needs emergent mental health services because of suicidal thoughts or self-care failure, send patient to nearest ED.
- If concerned about safety of the patient and patient is not reachable, can ask law enforcement to do a “welfare check” on the patient.

**LEGEND**
- Partial Response
- No Response

<table>
<thead>
<tr>
<th><strong>Patient Engagement</strong></th>
<th><strong>Specialist Consult</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychoeducation</td>
<td><strong>When to Refer:</strong></td>
</tr>
<tr>
<td>Encourage compliance</td>
<td>- Poor treatment response, intolerable side effects.</td>
</tr>
<tr>
<td>Sleep hygiene education</td>
<td>- Co-morbid personality disorders, substance abuse or psychotic symptoms.</td>
</tr>
<tr>
<td>Community engagement</td>
<td>- Complex psychosocial environment.</td>
</tr>
<tr>
<td>Exercise</td>
<td></td>
</tr>
</tbody>
</table>

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