

MCPAP Depression Guidelines for PCPs

PCP visit:

- Screen for behavioral health problems
 - Pediatric Symptom Checklist-17 (cut-points: 15 total, 5 internalizing, individual depression items)
 - Patient Health Questionnaire, ages 12-13+ (cut-points: 3 [PHQ-2], 10 [PHQ-9])
- If screen is positive, conduct focused assessment
 - If concern for imminent danger, refer to hospital or crisis team for emergency psychiatric assessment
 - Consult with MCPAP CAP as needed

Focused assessment including clinical interview (see *Depression Clinical Pearls*) and symptom rating scales:

Mood and Feelings Questionnaire – Long: ages 8-18 (cut-points: 27 parent, 29 youth) OR

Patient Health Questionnaire – 9: ages 12-13+ (cut-points: 10 moderate, 20 severe)



Sub-clinical to mild depression:
Guided self-management with follow-up



Moderate depression (or self-management unsuccessful):
Refer for therapy; consider medication



Severe depression:
Refer to specialty care for therapy and medication management until stable



FDA-approved medications for depression:

Fluoxetine: age 8+; Escitalopram: age 12+

Evidence-based medication for depression:

Sertraline

- Start daily test dose for 1-2 weeks (e.g., fluoxetine 5mg < age 12 or fluoxetine 10mg age 12+; escitalopram 5mg age 12+; sertraline 12.5mg < age 12 or sertraline 25mg age 12+)
- If test dose tolerated, increase daily dose (e.g., fluoxetine 10mg < age 12 or fluoxetine 20mg age 12+; escitalopram 10mg age 12+; sertraline 25mg < age 12 or sertraline 50mg age 12+)
- Monitor weekly for agitation, suicidality, and other side effects; for severe agitation or suicidal intent or plan, refer to hospital or crisis team for emergency evaluation; consult with MCPAP CAP as needed



At 4 weeks, re-assess symptom severity with **MFQ or PHQ-9**

- If score > cut-point and impairment persists, consult MCPAP CAP for next steps
- If score < cut-point with mild to no impairment, remain at current dose for 6-12 months
- Monitor bi-monthly during the second four weeks and monthly thereafter for maintenance of remission, agitation, suicidality, and other side effects; for severe agitation or suicidal intent or plan, refer to hospital or crisis team for emergency evaluation; consult with MCPAP CAP as needed
- After 6-12 months of successful treatment, re-assess symptom severity with **MFQ or PHQ-9**
- If score < cut-point without impairment, then consider tapering antidepressant medication according to the following schedule: decrease daily dose by 25-50% every 2-4 weeks to starting dose, then discontinue medication; consult with MCPAP CAP as needed. Tapering should ideally occur during a time of relatively low stress. Maintenance of antidepressant medication may be considered beyond the 6- to 12-month period of successful treatment in cases of high severity/risk, recurrent pattern, and/or long duration of illness. Consider consulting with MCPAP CAP regarding decision to taper.
- Monitor with **MFQ or PHQ-9** for symptom recurrence for several months after discontinuation.