Assessment and Treatment Algorithm for Pediatric Depression


1. Did the patient answer 5 or more questions on the PHQ-9 in route to score? Yes, consider MDD

*Irritability and/or Aggression – Kids presenting symptom of Depression

2. In the past 2 years, patient has never been without symptoms for more than 2 months (children >1 year and often appears irritable vs. sad). Yes, consider Dysthymia.

3. Evidence from history, physical exam or lab results that mood disturbance is a direct result of another medical condition? Yes, consider depressive disorder due to a medical condition.

4. Is the patient experiencing these symptoms in the context of illicit drug use or misuse of Rx drugs or alcohol? Yes, consider mood disorder substance induced.

5. Are symptoms due to a specific change or stressful event in their life? Yes, consider Adjustment Disorder

6. Has the patient ever had a health professional suggest they have bipolar disorder? Or Manic/Psychotic symptoms? Consider further evaluation for Bipolar or Psychotic symptoms.

7. How difficult has these problems made it for the patient to work, take care of things at home, or get along with other people? Functional question.
Major Depressive Disorder

- Minimal to mild depressive symptoms
  - PHQ-9 score 5-9
    - Watchful waiting
    - Supportive counseling and/or psychoeducation
    - Repeat PHQ-9 at follow up
    - Consider referral if PHQ-9 scores fall in high risk areas.

- MDD-Moderate PHQ-9 score 10-14
  - MDD-Moderately Severe (PHQ-9) score 15-19
    - MDD-Moderate/MDD-Moderately Severe
      - Recommend antidepressant and/or psychological counseling

- MDD-Severe (PHQ-9 score ≥20)
  - MDD-Severe; Antidepressant strongly recommended; consider the addition of psychological counseling

Consider referral to Behavioral Health at any time, especially if:
- Possibility of bipolar disorder
- Psychiatric co-morbidity (i.e., substance abuse, anxiety, OCD, eating disorder)
- Concern regarding the possibility of suicide and/or homicide
- Psychosis with depression
- No improvement with medications despite multiple dose adjustments and trials of different medication classes
- Significant or prolonged inability to work and care for self and/or family
- Diagnostic uncertainty

Acute Phase
(6-12 weeks after Dx)
Contact (telephone or in person, by Behavioral Health Specialist or member of care team) should occur 1 week after diagnosis and/or initiation of treatment, and then every 2-4 weeks until there is remission or response
**Continuation Phase**
(4-9 months after Dx)
Contact (telephone or in person, by Behavioral Health Specialist or member of care team) should occur every 1-3 months

- **Assess Initial Response using PHQ-9**
  - At 4-6 weeks, if pharmacotherapy (alone or in combination) or 6-12 weeks if psychotherapy alone
  - Remission
    - PHQ <5 and/or Functional Stability
      - Yes
        - Continue medication 4-9 months beyond remission and develop Relapse Prevention Plan. Assess response every 4 months using PHQ-9.
      - No
        - Adjust or Change Therapy
          - Stepped Care Approach
            - Consider:
              - Assessing Medication / Therapy adherence
              - Adjusting, Switching or Augmenting medication
              - Increasing number of therapy sessions
              - Augmenting or changing therapy type
              - Referral to Behavioral Health

- **Assess Response using PHQ-9**
  - 4-8 weeks following change in treatment

- **Maintainance Phase**
  - Continue Pharmacotherapy and contact patient every 3-12 months if stable
  - High Risk for recurrence?
    - Yes
      - Continue Pharmacotherapy and contact patient every 3-12 months if stable
    - No
      - High Risk for recurrence?
        - Yes
          - Continue Pharmacotherapy and contact patient every 3-12 months if stable
        - No
          - Discontinue Treatment
            - Consider tapering antidepressants over several weeks
Treatment Recommendations for Depression

Assessment / Diagnosis (Reference Page 2)

Therapy / Medication
Start with one SSRI

If not improving, ensure adequate trial

Switch to another SSRI or Medication in the same class

If inadequate response

Non-Response
Switch to another class: [SNRI, Bupropion, Mirtazapine]

Partial Response
Augment with: [Bupropion, Mirtazapine, Aripiprazole] or switch to another class: [SNRI, Bupropion, Mirtazapine]

If inadequate response, reconsider diagnosis and referral

Complete Rx Trial? Adherence
4-6 weeks on most recent dose
Optimized dose