Frequently Asked Questions?

1. **Is there a preferred SSRI for depression?**
   In children and adolescents fluoxetine (>8 yrs) and escitalopram (>12 yrs) are approved by FDA for treating depression. Typically, fluoxetine tends to be more activating and may not be the first choice in someone with comorbid anxiety as it can heighten symptoms of anxiety.

2. **What are the most common side-effects to monitor for after initiating a SSRI?**
   Typical side-effects include headache, upset stomach, diarrhea and nausea. These tend to improve within the first few days. Citalopram should not be given above 40mg due to risk for arrhythmias. Sertraline may induce tics due to its action on dopamine. SSRIs may also induce easy bruising due to its effect on platelets.

3. **Can SSRIs induce mania? Is there a better medication for someone with suspected bipolar disorder?**
   There is a very slim risk of inducing drug induced mania with SSRIs. The risk maybe be greater in someone with a predisposition for bipolar disorder. Bupropion has a lower risk of causing mania in someone with a predisposition for bipolar disorder.

4. **With comorbid anxiety/ depression/ ADHD which should be treated first?**
   Typically, the symptom or diagnosis with the greatest dysfunction should be treated first.

5. **Is there a safer SSRI in pregnant patients?**
   SSRIs should be used with caution in pregnant patients. Risk vs benefits especially in the first trimester should be considered carefully and medication may be restarted in the 2nd or 3rd trimester.

6. **Is regular blood work required for someone who is on an anti-depressant?**
   Regular blood work is not indicated either while initiating medication or during treatment.

7. **What medications can be used for sleep problems?**
   Sleep disorder maybe related to underlying depression but should be further investigated as indicated. Typically, melatonin either ir or er should be trialed first. Subsequently hydroxyzine 25-50mg or trazodone 25-50mg or mirtazapine 7.5-15mg can be used. In case of treatment resistant depression trazodone may lead to more dysphoria and should be used with caution.

8. **Is Genesight testing helpful?**
   Current evidence is mixed regarding the usefulness of Genesight testing. It may be considered in a patient with treatment resistant depression, poor tolerance to medications. It’s also important to interpret the results correctly and columns with yellow and red are not necessarily contraindications to use. No specific guidelines exist that recommended Genesight testing while initiating treatment.
9. Are medications effective alone or should the patient be referred for therapy?
   Repeated studies have shown that greatest response to treatment is seen with a combination of cognitive behavior therapy and medication. Either of these treatments by themselves may be less effective.

10. Do the medications need to be taken life long?
    Current recommendations state that medications may be weaned off slowly after the patient has been stable on a medication regimen for about 9-12mths.

11. Is there a way to access psychiatry for urgent questions?
    Spectrum Health Peds Behavior Health can be reached via perfectserve or by calling HDVCH direct for over the phone consultations/ questions. You may also reach the office directly by calling 616-267-2830.

12. Should I be concerned about the Black Box warning?
    Pooled data has shown increased suicidal behaviors/ thoughts in 3.5% cases vs 2% placebo group. It is important to discuss risk for changes in mood and behavior after starting medications. FDA recommends weekly contact for the 1st week, every 2 weeks contact through week 12 and then as indicated.