Depression Care Pathways

for Pediatric Primary Care

Screen

Screen for behavioral health problems: Pediatric Symptom Checklist-17-Parent (ages 6-18); **Youth** (ages 11-18): (cut-points: 5 internalizing, individual depression items); OR **Patient Health Questionnaire** (ages 12-13+) (cut-points: 3 [PHQ-2], 10 [PHQ-9])

Positive Screen

Conduct Focused Assessment

Conduct focused assessment (symptom rating scales & clinical interview)

- If concern for imminent danger, refer to hospital or crisis team for emergency psychiatric assessment
- Consult with child and adolescent psychiatrist (CAP) via the centralized warmline (323)361-9150, as needed

Symptom rating scale cut points:

Mood and Feelings Questionnaire (MFQ) - Long, Parent & Child (ages 8 to12-13); cut-point: 27 parent, 29 child **OR**
PHQ-9 (ages 12-13+); cut-points: 5 (mild), 10 (moderate), 15 (moderately severe), 20 (severe)

Scores ≤ cut-points; mild to no distress/impairment	Scores > cut-points; moderate distress/impairment	Scores >> cut-points; severe distress/impairment; psychiatric/ psychosocial/medical complexity; safety concerns
Sub-Clinical to Mild Depression	**Moderate Depression**	**Severe Depression**
Guided self-management with follow-up	Refer for therapy, consider medication	Refer to specialty care for therapy & medication management until stable

Consider Medication

Selected medications for depression: **Fluoxetine:** age 8+, **Escitalopram**: age 12+ (Fluoxetine and Escitalopram are FDA-approved)

	Fluoxetine	Escitalopram	Sertraline *(not FDA-approved)
Start daily test dose for ≈ 1 week	Age 6-8: 5mg; age 8+: 10mg	5mg	25mg
If test dose tolerated, increase to therapeutic daily dose	Age 6-8: 10mg; age 8+: 20mg	10mg	50mg

Monitor ≈ weekly in the first month for agitation, suicidality, and other side effects: for severe agitation or suicidal intent or plan, refer to hospital or crisis team for emergency evaluation

Follow Up

Re-assess symptom severity with MFQ - Long (parent & child) or PHQ-9 (teen) at the following times:

≈ 4-6 weeks

Scores < cut-points with mild to no distress/impairment

Remain at Current Dose

Remain at current dose for ≈ 12 months, monitor bi-monthly for second month & monthly thereafter

Scores > cut-points & distress/impairment persists

Consider alternate SSRI

Consider second SSRI trial or consult with CAP.

(Often wouldn't consider failed trial/alt. SSRI prior to no improvement at fluoxetine 30mg, sertraline 100mg, escitalopram 15mg)

≈ 6-12 months

Scores < cut-points with mild to no distress/impairment

Taper

Consider tapering medication (starting at minimum 6 months of full remission for a single episode and 1-year full remission for multiple episodes): decrease daily dose by 25-50% every 2-4 weeks to starting dose, then discontinue; tapering should ideally occur during a time of relatively low stress

Scores > cut-points & distress/impairment persists

Consult or Refer

Consult with warmline (323) 361-9150 or refer to specialty care

Depression Medication Dosing Guide

Name	FDA Approval (Pediatric age range in years)	One Week Test Dose	Daily Dose	Available Doses (mg)
Selective Serotonin Reuptake Inhibitors *First Line*				
Fluoxetine (Generic and Prozac)	Depression (8+)	Age 6-11: 5mg (10mg capsule qod or liquid) Age 12+: 10mg	Age 6-12: 10mg Age 12+: 20mg	Capsules: 10, 20, 40mg Liquid: 20mg/5mL
Escitalopram (Generic and Lexapro	Depression (12+)	5mg	10mg	Tablets: 5, 10, 20mg Liquid: 5mg/5mL
Selective Serotonin Reuptake Inhibitors *Second Line - Consider after failed first line trial; based upon FDA approval in adults but weaker evidence of effectiveness in youths*				
Sertraline (Generic and Zoloft)	None	Age 6-11: 12.5mg Age 12+: 25mg	Age 6-11: 25mg Age 12+: 50mg Note: for more severe presentations in adolescents, dose can be increased by 25mg every 2 weeks to 100mg	Tablets: 25, 50, 100mg Liquid: 20mg/mL
Citalopram (Generic and Celexa)	None	Age 6-11: 5mg Age 12+: 10mg	Age 6-11: 10mg Age 12+: 20mg Note: Dosage not to exceed 40mg daily	Tablets: 10, 20, 40mg Liquid: 10mg/5mL