

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

Sub-Clinical to Mild Depression

Guided self-management with follow-up

Scores > cut-points;
moderate distress/impairment

Moderate Depression

Refer for therapy, consider medication

Scores >> cut-points;
severe distress/impairment; psychiatric/
psychosocial/medical complexity; safety concerns

Severe Depression

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