

## PCP Visit

- Screen for depression with clinical assessment and/or Patient Health Questionnaire (PHQ) (age ≥12 years)
  - **PHQ-2** screener: score ≥3 then administer the PHQ-9 and conduct a focused assessment
  - **PHQ-9** scale: score ≥10 likely indicates a depressive disorder
  - If concern for imminent danger, refer for emergency mental health assessment
  - Consult with YAP-P as needed at any point for guidance



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

PHQ-9 score	0-4	5-9	10-19	20-27
Depression severity	None/minimal	Mild	Moderate	Severe
Suggested intervention	Guided self-management with follow-up		Refer for therapy and consider antidepressant medication	Refer to specialty mental health care for therapy and medication management

- A positive response to question #9 requires further standardized assessment for suicide risk; options include:
  - [Ask Suicide-Screening Questions \(ASQ\) Toolkit](#) which suggests interventions based on responses
  - [C-SSRS Screen Version](#) (Columbia-Suicide Severity Rating Scale)



	FDA Approved Medications for Depression		Evidence-based Medication for Depression
Generic name	escitalopram	fluoxetine	sertraline
Ages approved	≥12 years	≥8 years	NA
Starting dose	5mg-10mg/day	5mg-10mg/day	12.5mg-25mg/day
Dose change increments	5mg	10mg-20mg	25mg-50mg
Tapering	Decrease daily dose by 25-50% every 2-4 weeks to starting dose then stop medication		
For all antidepressants, monitor weekly for agitation, suicidality, and other side effects; for severe agitation or suicidal intent or plan, refer for emergency psychiatric evaluation.			

## Initiation & Dose Titration

- ➔ At 4 weeks after antidepressant initiation, reassess symptom severity with **PHQ-9**
  - If score remains elevated and impairment persists, increase daily dose of antidepressant
  - If score is improved with mild to no impairment, then remain at current dose for 6-12 months
- ➔ At 8 weeks after antidepressant initiation, reassess symptom severity with **PHQ-9**
  - If score remains elevated and impairment persists, increase daily dose of antidepressant
  - If score is improved with mild to no impairment, then remain at current dose for 6-12 months
- ➔ At 12 weeks after antidepressant initiation, reassess symptom severity with **PHQ-9**
  - If score remains elevated and impairment persists, consult with YAP-P for next steps
  - More frequent monitoring is usually advised during the first 8-12 weeks of treatment to assess for any treatment emergent issues like self-harm, agitation and/or other side effects

## Maintenance & Dose Tapering

- ➔ Monitor at intervals of 1-3 months for maintenance of remission
  - For severe agitation or suicidal intent or plan, refer for emergency mental health assessment
- ➔ After 6-12 months of successful treatment, re-assess symptom severity with **PHQ-9**
  - If score is below threshold and there is no functional impairment, consider tapering as recommended above
  - Tapering should ideally occur during a time of relatively low stress
  - Maintenance of medication may be considered beyond the initial 6- to 12-month period of successful treatment in cases of high severity/risk, recurrent pattern, and/or long duration of illness
- ➔ Monitor clinically and/or with **PHQ-9** periodically after antidepressant discontinuation for symptom recurrence