



Depression Clinical Pearls for PCPs

I. Clinical History

Recommended Procedure	Clinical Pearls
☐ Assess current symptom severity, ideally using a standardized symptom rating such as the PHQ-9	Pearl: Symptom severity will suggest appropriate level and type of treatment.
☐ Assess current functioning in different areas (family, peers, school, community)	Pearl: Usually depression affects youth across most or all areas of their life; if the youth is functioning highly in some areas but is compromised in only one area; consider other explanations apart from mood disorder.
☐ Assess for acute stressors, life events, or traumatic exposures which may be contributing to presentation	Pearl: Stressors or traumas can become important targets for intervention via psychoeducation, supportive therapeutic interventions and/or referral to a therapist; consider YAP-P consultation or specialty care.
☐ Assess for prior episodes of treated or untreated depression or mania	Pearl: Multiple prior episodes of depression or mania increase the complexity of the presentation; consider YAP-P consultation or referral to specialty care.
☐ Assess for presence of other psychiatric symptoms and/or substance use disorder	Pearl: The presence of other psychiatric symptoms, including ADHD and anxiety and/or active substance use disorder, may complicate assessment and treatment planning; consider YAP-P consultation or referral to specialty care.
☐ Assess for current or previous non-suicidal and suicidal thinking and behavior (self-harm, suicide attempts) and previous suicidal crises	Pearl: Active suicidal planning, intent, or recent suicidal behavior increases safety risk; consider Psychiatric Crisis referral or YAP-P consultation. If there is a current active suicidal intent or plan, refer for immediate mental health assessment at a Crisis Center or equivalent.
☐ Assess for current or previous episodes of mental health care and providers	Pearl: Prior history of specialized mental health care may indicate that the youth is presenting with complex or treatment-resistant depression; consider YAP-P consultation or referral to specialty care. Collaboration and information-sharing with current mental health providers is essential to quality care.

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II. Mental Status Examination

Recommended Procedure	Clinical Pearls
☐ SIGECAPS assessment • Sleep changes • Interest loss • Guilt • Energy loss, fatigue • Concentration loss or Cognitive slowing • Appetite changes • Psychomotor changes • Suicidality	Pearl: General assessment of depressive symptoms can identify targets of treatment and change over time may indicate positive or negative effect of treatment efforts.
☐ Suicidality: suicidal thoughts, degree of planning, degree of intent, sense of control, ability to communicate with others and reach out for help, reasons for living	Pearl: Reports of active suicidal planning, intent, or recent suicidal behavior increases safety risk; consider mental health crisis referral or YAP-P consultation.
☐ Psychosis: hallucinations, delusions, abnormalities of thought processes or content	Pearl: Active symptoms of psychosis increase safety risk; consider Psychiatric Crisis referral for further assessment or YAP-P consultation.

III. Medical Workup

Recommended Procedure	Clinical Pearls
☐ Perform general standard medical assessment	Pearl: General medical assessment is part of good medical care for youth presenting with concerning mood symptoms.
☐ Assessment of medical conditions that can present with depressive symptoms (i.e. thyroid abnormalities, vitamin deficiencies, anemia, chronic fatigue, chronic infections, hormonal treatments, etc.)	Pearl: Identification and intervention for general medical problems presenting with psychiatric symptoms may help with assessment and treatment planning; consider YAP-P consultation for complex situations.
☐ Assessment of medical treatments that can present with depressive symptoms as untoward reactions (i.e. steroid treatments, beta-blockers, anticonvulsants, etc.)	Pearl: Identification and intervention for medical treatments presenting with psychiatric symptoms may help with assessment and treatment planning; consider YAP-P consultation for complex situations.
☐ Assessment of medical conditions and concurrent medical treatments that may affect treatment planning	Pearl: Identify medical conditions that could impact antidepressant treatment (i.e. liver disease, renal problems) or medications with significant drug-drug interaction potential; consider YAP-P consultation for complex situations.

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IV. Differential Diagnosis

Recommended Procedure	Clinical Pearls
☐ Adjustment reactions to acute stressors (symptoms clearly correlated to recent and likely time limited negative life event)	Pearl: Adjustment reactions rarely or ever require pharmacological intervention; consider general health education, health maintenance strategies, or referral for psychotherapy as first-line intervention. Consider YAP-P consultation for complex situations.
☐ Bipolar disorders	Pearl: Bipolar disorders in youth can be complicated in terms of assessment; consider YAP-P consultation prior to initiating treatment if youth is presenting with signs of bipolar disorder.
☐ Depressive disorder due to another medical condition	Pearl: First-line treatment would be intervention for the medical problem; consider interventions for depression as indicated. Consider YAP-P consultation for complex situations.
☐ Substance/medication-induced depressive disorder	Pearl: First-line treatment would be removal of substance or medication causing symptoms; consider interventions for depression as indicated. Consider YAP-P consultation for complex situations.
☐ Post-Traumatic Stress Disorder (PTSD)	Pearl: PTSD can present with prominent mood symptoms and emotional distress and can co-occur with depression. Consider YAP-P consultation for diagnostic clarification in confusing situations.
☐ Disruptive Mood Dysregulation Disorder (DMDD)	Pearl: DMDD can present with prominent irritability that may be difficult to distinguish from depressed mood with prominent irritability. Consider YAP-P consultation for diagnostic clarification in confusing situations.

V. Assessment of Risk

Recommended Procedure	Clinical Pearls
☐ Assess youth comprehensively for suicidal thinking or behavior as main short-term concern is risk of self-harm, suicidal behavior, or completed suicide	Pearl: Call or text 988 (Suicide and Crisis Lifeline) and/or refer for emergency mental health services in the following situations: - Any evidence of recent suicidal behavior - Current active intent to engage in suicidal behavior - Current significant planning for suicidal behavior - Any degree of lack of cooperation in assessment from youth or family where risk for suicide has been identified - Evidence that youth or family will not or cannot access mental health services in times of worsening risk - Consider YAP-P consultation for complex or confusing situations

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VI. Treatment Planning

Recommended Procedure	Clinical Pearls
☐ Present to family clinical impressions and recommendations regarding the need for treatment	Pearl: Consult with YAP-P as needed regarding developing an appropriate treatment plan.
☐ Using YAP-P guidelines, discuss treatment options with family and ascertain family preferences for treatment	Pearl: Family preferences regarding treatment choices can be considered along with many other factors in determining initial treatment plan in many situations; consider YAP-P consultation for complicated situations.
☐ With medication treatment, discuss with parent/guardian/child potential benefits of treatment, potential side effects, alternatives to medication treatment, and prognosis with and without medication treatment; include discussion of "black box" warning regarding treatment-emergent suicidality associated with all anti-depressants for patients ages 25 and younger. Document this discussion in clinical record. Although only fluoxetine (ages 8 and older) and escitalopram (ages 12 and older) are FDA-approved for the treatment of depression, other SSRIs (especially sertraline) have proven safety and effectiveness in research studies.	Pearl: Consult with YAP-P child and adolescent psychiatrist (CAP) as needed regarding any concerns about informed consent as it applies to treatment planning.
☐ Discuss plan for medication monitoring, dosage adjustment, and discontinuation	Pearl: Monitoring response to treatment, ideally with a standardized symptom rating scale like the PHQ-9 and adjusting medication dose as indicated may lead to an improved outcome; the plan for medication discontinuation after symptom remission should be discussed.
☐ YAP-P currently does NOT recommend the use of routine pharmacogenetic testing for initial medication selection strategies in primary care for youth with depression	Pearl: Pharmacogenetic testing is not currently incorporated into any standard practice guidelines for youth with depression. There may be specialized situations where pharmacogenetic testing is appropriate in specialty care. Consider consultation with YAP-P to discuss whether pharmacogenetic testing is warranted or how to interpret testing results.

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VI. Medical Monitoring

Recommended Procedure	Clinical Pearls
☐ Acute Treatment Phase (8-12 weeks)	Pearl: Goals - remission and/or reduction of symptoms, improvement in function • Initiation and close monitoring of medication treatment response and tolerance • Weekly to bi-weekly check-ins with youth and/or family • Monitor medication compliance and tolerance • If youth are experiencing side effects from medication, do not advance dose until side effect(s) remit fully • Re-assessment of depressive symptoms at 4 weeks using MFQ/PHQ-9 • Follow guidelines and consult with YAP-P CAP as needed
☐ Maintenance Phase (6-12 months)	Pearl: Goals - youth will continue to demonstrate reduction and/or remission of symptoms and improvement in function after positive acute treatment response ☐ Maintain active treatment plan (medication, psychotherapy) ☐ Monitoring generally less involved or intensive assuming ongoing symptom improvement ☐ Monitor medication compliance and tolerance ☐ Ongoing collaboration with therapist if present ☐ Consult with YAP-P CAP as needed ☐ If symptoms and functioning improve for 6-12 months, reassess with MFQ/PHQ-9 ☐ Discussion with YAP-P CAP of treatment discontinuation phase if response has been sustained for 6-12 months
☐ Treatment Discontinuation Phase (3 to 6 months)	Pearl: Goals - safely and thoughtfully withdrawn treatment and monitor for symptom recurrence ☐ Informed consent with family: potential benefits of withdrawing treatment, potential risks of withdrawing treatment, plan to deal with problems or recurrence if needed ☐ Discuss medication strategies with family (consult with YAP-P CAP as needed) ☐ Active monitoring for several months during this phase ☐ Re-assessment of depressive symptoms at monthly to bi-monthly intervals using MFQ/PHQ-9 → re-evaluate need for resuming medication if assessment scales suggest episode relapse or recurrence

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Resources

- Patient Health Questionnaire (PHQ-9)
- Mood and Feelings Questionnaire (MFQ) Child Self-Report – Short Version
- Mood and Feelings Questionnaire (MFQ) Child Self-Report – Long Version
- Mood and Feelings Questionnaire (MFQ) Parent Report on Child – Short Version Mood and Feelings Questionnaire (MFQ)
- Parent Report on Child – Long Version Depression: Parents' Medication Guide, 2018. American Academy of Child & Adolescent Psychiatry and the American Psychiatric Foundation

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