Maine Pediatric & Behavioral Health Partnership

Depression

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Maine Pediatric and Behavioral Health Partnership (MPBHP) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $1,851,222.00 with zero percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

MPBHP is a partnership between Maine CDC, Northern Light Acadia Hospital and MaineHealth

Northern Light Acadia Hospital

MaineHealth

Learning Objectives

Providers will:
Know what to do if they have a positive screen on the PHQ-A
Know how to best track response to treatment
Know what to do if their patient is not responding to an antidepressant

Integrity & Independence in Continuing Interprofessional Development

All planners, faculty, and others in control of the content of this educational activity have no relevant financial relationships with ineligible entities (i.e., commercial organizations), except as noted below:

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Is the PHQ-9 the best way to know if a youth is depressed?

It is valid?

The PHQ-A is valid for ages 12-18.*

The AAP and the U.S. Preventive Services Task Force recommend depression screening annually in age 12+

* The USPSTF (2019) found no studies of **screening** instruments for **depression** in children aged ≤ 11 years in primary care settings and concluded that the evidence is inadequate.

Table 1: Common signs and symptoms of depression in young people

Core changes	Specific symptoms
Emotional	• sadness or hopelessness • irritability, anger or hostility • tearfulness or frequent crying • loss of pleasure in activities (anhedonia) • feelings of worthlessness and guilt • lack of enthusiasm and motivation
Cognitive	• inefficient thinking (usually with a pronounced self-critical focus) • loss of concentration, poor attention and inability to make a decision • low self-esteem • negative body image • apathy • thoughts of death or suicide
Behavioural	• decreased participation in school • disinterest in general appearance • decreased participation with peers and enjoyment in regular activities • self-harm or deteriorated self-care or promiscuity • avoidance of family interactions and activities • more withdrawn behaviour including clearly more time spent alone
Physical	• fatigue, lack of energy, poor motivation • increase or decrease in appetite (resulting in weight gain or loss) • disrupted sleep rhythms (resulting in insomnia at night or hypersomnia) • lowered libido • restlessness and agitation • unexplained aches and pains

A Survey From Your Healthcare Provider — PHQ-9 Modified for Teens

Name_____ Clinician_____

Medical Record or ID Number_____ Date_____

Instructions: How often have you been bothered by each of the following symptoms during the past two weeks? For each symptom put an "X" in the box beneath the answer that best describes how you have been feeling.

	(0) Not At All	(1) Several Days	(2) More Than Half the Days	(3) Nearly Every Day
1. Feeling down, depressed, irritable, or hopeless?				
2. Little interest or pleasure in doing things?				
3. Trouble falling asleep, staying asleep, or sleeping too much?				
4. Poor appetite, weight loss, or overeating?				
5. Feeling tired, or having little energy?				
6. Feeling bad about yourself — or feeling that you are a failure, or that you have let yourself or your family down?				
7. Trouble concentrating on things like school work, reading, or watching TV?				
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you were moving around a lot more than usual?				
9. Thoughts that you would be better off dead, or of hurting yourself in some way?				

10. In the ***past year*** have you felt depressed or sad most days, even if you felt okay sometimes? ☐ Yes ☐ No

11. If you are experiencing any of the problems on this form, how **difficult** have these problems made it for you to do your work, take care of things at home or get along with other people?

☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

12. Has there been a time in the past month when you have had serious thoughts about ending your life? ☐ Yes ☐ No

13. Have you ***ever,*** in your ***whole life,*** tried to kill yourself or made a suicide attempt? ☐ Yes ☐ No

FOR OFFICE USE ONLY **Score**_____

How do you score the PHQ-A?

Not at all = 0
Several Days = 1
More than half the days = 2
Nearly every day = 3

- Compute the total score
- Positive = score ≥ 5
- For scores <5, briefly review the symptoms marked as “sometimes” and “often” with the patient; consider alternate diagnoses

Interpreting the PHQ-A

RECOMMENDATIONS BASED ON PHQ-9 SCORES

	Score <10	Score 10-14	Score 15-19	Score 20-27
PCP call / increase visit frequency	Consider	All patients	All patients	All patients
Referral: Therapy	Consider	All patients	All patients	All patients
Referral: Psychiatry *		Consider	Consider	All patients
Co-management		All patients	All patients	All patients
Medication **	N/A	Consider	All patients	All patients

How do I treat a mild to moderate depression (PHQ-A score 5-14)?

Ask the youth & parents what they prefer, but do something.

- Watchful waiting
- Supportive management
- Refer parents if they appear to need treatment
- Address social determinants
- Educate patient and parent to call/return if symptoms worsen
- Follow up with repeat PHQ-A @ 1-3 months

How do I treat a moderate to severe depression (score 15-19)?

This child is ill, and needs treatment.

- Strongly consider antidepressant
- Referral to integrated behavioral health clinician and/or community-based organizations and/or school-based counselor
- Referral to psychotherapist for CBT or IPT
- Follow-up visits often, q~4-6 weeks; repeat PHQ-A

How do I treat a severe depression (score 20+)?

This is an urgent situation

- Ask again about paranoia, hallucinations, self harming behaviors, drug use, prior suicidal acts
- Refer to psychiatry
- Start an antidepressant
- Referral to psychotherapist for CBT or IPT
- Follow-up visit in 2-4 weeks; repeat PHQ-A

Which antidepressant should I use?

There is insufficient evidence to recommend any specific SSRI (or therapy) for children

For adolescents:

- Fluoxetine is 1st line
- Insufficient evidence to determine which is better: fluoxetine or psychotherapy, as long as it is CBT or IPT

Which Medication for Depression?

1. Fluoxetine: most effective, FDA approved age 8+

- Start with 10mg, incr to 20mg after one week (or 15mg then 20mg if any side effects to 10mg)
- Target dose 20mg for pre-pubertal children, 30 - 40mg teens

2. Escitalopram: RCTs show efficacy at 8 weeks and 24 weeks; FDA approved age 12-17, target dose 10-20mg

3. Sertraline: Pooled analysis of 2 RCTs in teens: 69% responded (v. 59% to placebo), target dose 75-150mg

4. Venlafaxine: Efficacious but probably less so than the SSRIs

- Duloxetine did not beat placebo (or fluoxetine) in RCTs
- Insufficient data: buspirone, mirtazapine, bupropion, selegiline
- Do not recommend: imipramine, clomipramine, paroxetine
- Benefit should appear by 5 weeks. Optimize dose to max tolerable. Switch if no/little effect by 5-8 weeks

What is the timeline for an antidepressant to create change?

Four to eight weeks

Treatment Goals:

- Reduce symptoms
- Correct impairment
- Shorten episode
- Prevent recurrences
- Prevent suicide

Which SSRI side effects are important?

- Suicidality*
- Hypomania / mania
- Akathisia
- Agitation
- Irritability
- Disinhibition
- Nightmares/sleep disturbances
- Gastrointestinal
- Weight gain
- Sexual dysfunction

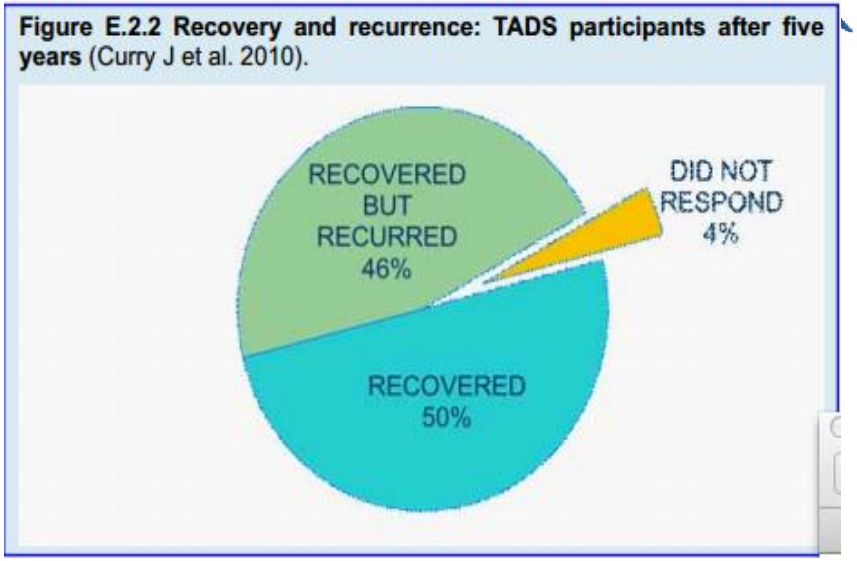
All of them,
if they disrupt adherence

- Bleeding
- Withdrawal syndrome
- Serotonin syndrome
- QT prolongation (escitalopram only, dose dependent)

Do SSRI's work?

Yes, but less well in youth compared to adults

- Improvement can come from medication alone
- CBT frequently beats placebo
- CBT can equal or beat medication
- Often, adding CBT to medication → improvement
- Not all therapists do real CBT
- Depression in the young tends to recur.



How long to maintain medication?

6-9 months, or
2 years for those at high risk of recurrence

HIGH RISK OF RECURRENCE:

- Presence of psychosis, suicidality, severe impairment
- 2 or more depressive episodes
- Chronic low mood
- Psychiatric or other medical comorbidity (anxiety)
- Incomplete remission of symptoms (PHQ-A > zero)
- Ongoing SUD especially alcohol

What if the child is not improving with medication?

Non-response = 2 adequate evidence-based treatments (2 med trials each 8-12 wks duration, or 1 med trial with 8-16 sessions of CBT or IPT therapy)

Investigate adherence!

Predictors of Poor or Non-Response

Patient: Younger age, more severe baseline depression, poor short-term response, poorer baseline functioning, appetite or weight disturbance, sleep disturbance, comorbid psychiatric or medical conditions, side effects, taking other medications (steroids; look for CYP450 interactions), substance use disorder

Family: Parents disagree on problem or treatment, family conflict or poor emotional support, family psychopathology (e.g., parental depression or SUD)

Environment: Abuse, bullying, social determinants (cost of medication, unstable housing, food insecurity, noisy/crowded home), academic stress

Clinician: Misdiagnosis, non-evidence-based treatment, inadequate dose or treatment duration, non-recognition of side effects, spotty adherence or patient or changing the dose, inadequate doctor-patient and/or therapist-patient therapeutic relationship

Are there published practice guidelines?

Yes

American Academy of Child and Adolescent Psychiatry (AACAP) 2007 Practice Parameter on depressive disorders
http://www.jaacap.com/article/S0890-8567(09)62053-0/pdf

National Institute for Health and Clinical Excellence (NICE) (2005) Guideline
http://www.nice.org.uk/guidance/cg28 – guidelinereview

Clinical Practice Guideline for the Treatment of Depression Across Three Age Cohorts (2019): American Psychological Association Guideline APA Depression Guideline

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