Adolescent Depression

Psychopharmacology
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* “Guide to Psychopharmacology for Pediatricians.” Center for Mental Health Services in Pediatric Primary Care, http://web.jhu.edu/pedmentalhealth/Psychopharmacolog%20use.html ; www.aap.org/mentalhealth_key resources, then Primary Care Tools

- 3 drugs for treatment of MDD: Fluoxetine (Prozac), Sertraline (Zoloft), and Escitalopram (Lexapro).
- Titration: “start low and go slow;” titrate upward each 1-2 weeks toward target dose range; dose daily
- To D/C- taper dose down gradually. This affords less adverse effects and an opportunity to evaluate for continued need for Rx if symptoms recur.

**Fluoxetine**
- Comes in: 10,20,40 mg (capsule; only 10 is tablet); liquid 20 mg/5ml
- Start at: 5 or 10 mg
- Titration schedule to effect: 5, 10, 20, 30, 40; one step every 1-2 weeks until 20 mg; then increase at 1 month intervals because of time to efficacy.
- Most common dose range: 20-40 mg; max is 60 mg (if titrate to 60 with no effect – time to switch or refer to psychiatry)
- FDA approved for MDD (age 8); good evidence for anxiety disorders (FDA approved for OCD, age 7)

**Fluoxetine Pearls**
- Dose in the AM because tends to be activating (particularly initially)
- Half-life is 2-5 days, so good option for teen/family who is not good with adherence to medication schedule
- Potent CYP2D6 inhibitor with higher potential for drug-drug interactions

**Sertraline**
- Comes in: 25, 50, 100 mg tabs; liquid 20 mg/1ml
- Start at: 12.5 mg (1/2 tab)
- Titration schedule to effect: 12.5, 25, 50, 75, 100, 150, 200; first 3 steps within 3 weeks if possible and tolerated; then each subsequent step q month due to time to efficacy
- Most common dose range: 100-200 mg/day; max – 200 mg
- FDA approved (age 6) OCD; good evidence for anxiety disorders; some evidence for MDD

**Sertraline Pearls**
- Dose in AM because somewhat activating
- But some patients feel more tired; if so, switch to bedtime.

**Escitalopram**
- Comes in: 5, 10, 20 mg; liquid 5mg/5ml
- Start at: 5 mg
- Titration schedule to effect: 5, 10, 15, 20; go to 10 mg after the first 1-2 weeks if tolerated; may be increased to 20 mg after 3 weeks.
- Most common dose range: 10-20 mg. Maximum dose 20 mg
- FDA approved for MDD (age 12)
SSRI’s: Information for Patients and Families

How SSRIs Can Help:
• Decrease overall depression, enable people to be happy again
• Decrease overall anger/irritability
• Decrease feelings of hopelessness, worthlessness
• Improve energy level
• Improve concentration and memory
• Stabilize appetite and sleep
• Decrease getting “stuck” on certain worries/concerns/memories

SSRIs can take 2-6 weeks to start working; they have to be taken every day to work their best.

Possible Side Effects:
Short Term
• Stomach upset
• Increased anxiety/jittery feelings/moodiness
• Trouble with sleep (too tired or not able to sleep)
• For people <26 yo, possible increase in suicidal thinking

Long Term
• May decrease interest in, or pleasure with sex (20-30% of people)
• May cause weight gain (average 5 lbs in a year for adults)