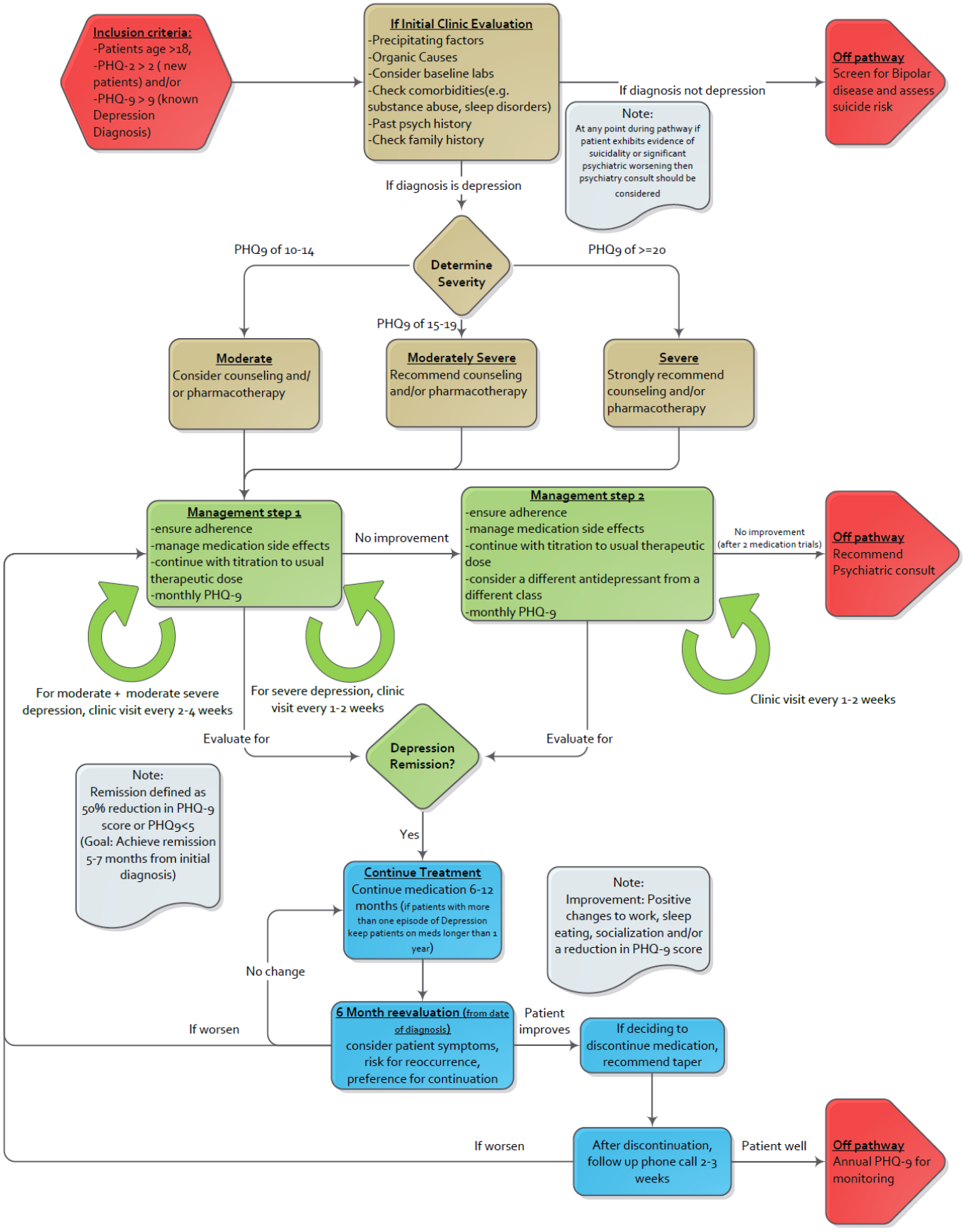
UW Medicine -Depression Clinical Care Pathway
Goal: Treat to remission within 6 month of initial diagnosis



UW Medicine

Project	Depression Care Pathway
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UW Medicine Depression Care Pathway Appendix

(PHQ-9 Score Categorization)	
Severity	PHQ-9 Score
Moderate	10 -14
Moderately Severe	15 - 19
Severe	>=20
Initial Evaluation	
Precipitating Factors	X
Organic Causes	X
Baseline Labs	○ CBC (hemogram) ○ Basic metabolic panel ○ Comprehensive metabolic panel ○ Urinalysis
Check Comorbidities	○ Substance Abuse ○ Sleep disorder ○ Past psych history ○ Family history
Screen for bipolar disease	X
Assess suicide risk	X

Initial Treatment	
Self Help, correcting sleep disturbance, adjust diet/activity, watchful waiting	X
	And
	Moderate/Moderately Severe/ Severe
Counseling	Consider/Recommend/Strongly Recommend
Pharmacotherapy	Consider/Recommend/Strongly Recommend

Patients are not in remission		
Remission: 50% reduction in PHQ-9 or a PHQ-9 <5		
	Moderate/Moderately Severe	**Severe**
Recheck intervals	2-4 weeks	1-2 weeks
Reassess PHQ-9	Monthly	Every 2 weeks
Medication Compliance	Ensure adherence, titrate to usual therapeutic antidepressant dose, if intolerable side effects, consider a different antidepressant from a different class, 2 medication therapies attempts before considering referring to psychiatry	Ensure adherence, titrate to usual therapeutic antidepressant dose, if intolerable side effects, consider a different antidepressant from a different class 2 medication therapies before referring to psychiatry
Refer to counseling	Refer to counseling if not yet referred	Refer to counseling if not yet referred

Patients are in remission	
Remission: 50% reduction in PHQ-9 or a PHQ-9 <5	
Recheck intervals	4-6 month
Reassess PHQ-9	Monthly
Medication Compliance	Continue medication for 6-12 months, for discontinuation recommend taper
Post discontinuation	Phone call follow up 2-3 weeks

Medical Therapy Guidelines			
First Line Options	Considerations	Initial Daily Dosage (mg/day)	Usual Therapeutic Dosage (mg/day)
Escitalopram	Some risk for QT prolongation (4msec)	5mg	10-20mg
Sertraline		50mg	100-200mg
Citalopram	Dose dependent QT prolongation (20mg=8msec, 40mg=12msec) Limit to 20mg/day if over age 60 or in CYP2C19 Poor Metabolizers	10mg	20-40mg
Fluoxetine	Beneficial in nonadherence (long half-life) Monitor for drug interactions with CYP2D6 substrates	10mg	20-80mg

Second Line Options	Considerations	Initial Daily Dosage (mg/day)	Usual Therapeutic Dosage (mg/day)
Bupropion*	Consider avoiding in patients with anxiety Beneficial for comorbid smoking cessation Lower rates of sexual dysfunction	150mg	300-400mg
Mirtazapine*	Avoid when concerned for weight gain Beneficial for insomnia	15mg	15-45mg
Duloxetine	Avoid if CrCl < 30ml/min Beneficial for comorbid diabetic peripheral neuropathy, fibromyalgia	30mg	60-120mg* (Doses > 60mg/d have not shown additional benefit)
Venlafaxine	Avoid in uncontrolled hypertension (Monitor for tachycardia, hypertension) Increased risk for discontinuation symptoms Contraindicated in pregnancy Increased risk of discontinuation symptoms	37.5mg	150-225mg
Paroxetine	Monitor for drug interactions with CYP2D6 substrates	10mg	20-60mg

*Bupropion and Mirtazapine may also be considered as augmentation agents.

Augmentation Agents*	Considerations	Initial Daily Dosage (mg/day)	Usual Therapeutic Dosage (mg/day)
Buspirone	Delayed onset of effect (2 weeks+)	7.5mg BID	30mg BID
Liothyronine	Risk for hyperthyroidism, hypertension, tachycardia, hyperglycemia Long term safety data lacking	25mcg	50mcg
Lithium	Risk for toxicity, drug interactions	300mg	600-900mg
Quetiapine	Weight gain, metabolic monitoring recommended	50mg	150-300mg

Aripiprazole	Metabolic monitoring recommended	2-5mg	5-15mg
Olanzapine	Weight gain, metabolic monitoring recommended, FDA approved in combination with fluoxetine	5mg	5-15mg
Risperidone	EPS risk, metabolic monitoring, Not FDA approved, but has RCT data	0.5mg	0.5-3mg

*Bupropion and Mirtazapine may also be considered as augmentation agents

Augmentation Agents	Baseline Monitoring	Follow-up Monitoring
Liothyronine	TSH, free T4, free T3, Blood pressure, Heart rate	At 3 months: TSH, free T4, free T3, Blood pressure, Heart rate
Lithium	CMP, CBC, TSH, beta-hcg pregnancy test, ECG (age >40 or with cardiac concern)	Lithium level 5-7 days after initiation; Every 2-3months: renal function (CMP); Every 3 months during first 6 months of therapy: TSH; At least annually: CBC When clinically indicated: pregnancy test; ECG annually in those age >40 or with cardiac concern Recheck lithium levels with addition of an interacting agent (ACE inhibitors, ARBs, Thiazides, NSAIDs)
Antipsychotics	Body Weight, HbA1c, Lipids, Blood Pressure	Monthly x 3, then quarterly: Body Weight; Quarterly x 3, then annually:HbA1c, Lipids, Blood Pressure, Body weight; Annually: Hba1c, Blood Pressure, At least every 5 years: Lipids

General Treatment Approach for Major Depressive Disorder

Pharmacotherapy includes SSRIs, SNRIs, bupropion or mirtazapine. Agents listed as first line and second line therapy have shown no difference in efficacy and are available generically. However, differences among tolerability and safety exist for agents listed as second line therapy.

If patient has experienced a 50% reduction in symptoms following dose titration during first 4 weeks, continue titration to usual therapeutic dose and reassess at weeks 6-8. If patient has experienced less than a 50% reduction in symptoms following dose titration to usual therapeutic dosing during 8 weeks, consider cross-tapering to an alternate first line medication.

With partial response to pharmacotherapy, it is unclear if increased dosing, augmentation or switching is preferred. Augmentation is the use of an antidepressant with use of a non-antidepressant drug versus combination, which is the use of two antidepressants concomitantly.

Cross tapering from one antidepressant to another is usually done over 1-2 weeks when agents have short half-lives. Cross tapering avoids unmasking depressive symptoms and avoids discontinuation symptoms. Exercise caution when using CYP2D6 inhibitors (fluoxetine, paroxetine, bupropion) and CYP2D6 substrates. Exercise caution when switching from fluoxetine to another agent as fluoxetine has a long half-life. Fluoxetine tapers itself after immediate discontinuation, due to the long half-life of fluoxetine and its active metabolites. Alternately, if patient develops intolerable symptoms with a first line medication, consider a more rapid, direct switch to an alternate first line medication, rather than a more gradual cross taper over 1-2 weeks.