NJPPC DEPRESSION GUIDELINES FOR PCPS

PCP visit:

- Screen for behavioral health problems
  - Pediatric Symptom Checklist-17 (total score of 15 or higher or internalizing subscale score of 5 or higher suggests risk of emotional/behavioral problems)
- Patient Health Questionnaire-9 (PHQ-9), self-report for ages 12 and older (score of 5-9 mild, 10-15 moderate, 16-27 severe)
- If screen is positive, conduct focused assessment
- If concern for imminent danger, refer to hospital or crisis team for emergency psychiatric assessment
- Consult with NJPPC Hub CAP as needed

Focused assessment including clinical interview, medical workup, mental status exam, and standardized symptom rating scales (see Depression Clinical Pearls). Based on focused assessment and PHQ-9 score, proceed with treatment as follows:

Mild depression: Guided self-management with follow-up; refer for cognitive-behavioral therapy (CBT) or interpersonal therapy (IPT)

Moderate depression or self-management unsuccessful: Refer for CBT or IPT; consider medication

Severe depression: Refer to specialty care for CBT or IPT and medication management until stable

Medication Initiation and Monitoring: Acute Treatment Phase

Refer to ***Medications to Treat Depression in Children and Adolescents*** table for specific guidelines

- Select a first-line evidence-based medication for depression
- Start daily test dose for 1-2 weeks
- If test dose tolerated, increase daily dose
- Monitor weekly for agitation, suicidality, and other side effects; for severe agitation or suicidal intent or plan, refer to hospital or crisis team for emergency evaluation
- Consult with NJPPC Hub CAP as needed

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At 4 weeks, re-assess symptom severity with PHQ-9

- If screen is positive and impairment persists, increase daily dose
- Monitor every 2-weeks for agitation, suicidality and other side effects
- For severe agitation or suicidal intent or plan, refer to hospital or crisis team for emergency psychiatric assessment
- Consult NJPPC Hub CAP for next steps

At 8 weeks, re-assess symptom severity with PHQ-9

- If screen is positive and impairment persists, increase daily dose
- Monitor every 2-weeks for agitation, suicidality and other side effects
- For severe agitation or suicidal intent or plan, refer to hospital or crisis team for emergency psychiatric assessment
- Consult NJPPC Hub CAP for next steps

Medication Management: Maintenance Phase

At 12 weeks, re-assess symptom severity with PHQ-9

- If screen is positive and impairment persists, consult with NJPPC Hub CAP
- If screen is negative with mild to no impairment remain at current dose for 6-12 months
- Monitor monthly for maintenance of remission, medication adherence, side effects, agitation, or suicidality
- For severe agitation or suicidal intent or plan, refer to hospital or crisis team for emergency psychiatric assessment
- Consult NJPPC Hub CAP for next steps

Medication Management: Discontinuation Phase

After 6-12 months of symptom remission, re-assess symptom severity with PHQ-9

- If screen is negative with no impairment, consider tapering medication according to the following schedule
  - decrease daily dose by 25-50% every 2-4 weeks to starting dose, then discontinue medication;
  - Tapering should ideally occur during a time of relatively low stress;
- Maintenance of antidepressant medication may be considered beyond the 6- to 12-month period of treatment in cases of high severity/risk, recurrent pattern, and/or long duration of illness
- Monitor with PHQ-9 for symptom recurrence for several months after discontinuation
- Consult NJPPC Hub CAP as needed