MASSACHUSETTS GENERAL HOSPITAL
PSYCHIATRY ACADEMY

Treatment of Pediatric Depression

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Disclosure

Neither I nor my spouse/partner has a relevant financial relationship with a commercial interest to disclose.

Treatment of Clinical Depression in Children and Adolescents

The treatment plan is based on the severity of the depression

- Mild- psychoeducation and active support
- Moderate- therapy and possibly medication
- Severe- therapy and meds, if acute safety concerns hospitalization

Psychosocial Interventions

- Healthy Living
  -Sleep Hygiene
  -Exercise
  -Educate the parents and the patient on depression
- Get depressed parents treatment
- Lessons from the Star*D study

School Interventions for Clinical Depression in Children and Adolescents

School Interventions

- Communication
- Identifying a contact person
- Academic Accommodations

Talk Therapies for Clinical Depression in Children and Adolescents

- Individual Therapy
  - Play (for young children)
  - Talk
    - » Cognitive Behavioral, Insight Oriented, Supportive
- Group Therapy (for adolescents)
- Family Therapy

Psychopharmacological Therapy for Depression in Children and Adolescents

General Considerations

- Possible Risk Vs Possible Benefit
- The pill alone is never the answer
- Identify target symptoms we are treating
- “Start low and go slow”

SSRI's First Line Medications

Having the patient to commit to being compliant with a medication for 9-12 months

Choosing which SSRI to use

- SSRI'S- Randomized Controlled Trial found efficacy with Prozac, Lexapro, Zoloft, Celexa
- Prozac and Lexapro have received FDA approval to treat child and adolescent depression
- Sometimes it is more important to help then be right!

Waiting 4-6 weeks for full clinical response then re-evaluate the treatment

SSRI Info

SSRI	Starting Dose*	Increment	Max Daily Dose	Contraindicated Meds	Available Doses	RCT evidence for efficacy	Generic available
Fluoxetine (Prozac) FDA APPROVED	10mg qd/od**	10-20mg	40mg	MAOIs	10 mg tablets 10,20,40 mg pulvules 90mg weekly pulvule and liquid form	Y***	Y
Sertaline (Zoloft)	25mg qd/od**	12.5-25mg	200mg	MAOIs	25, 50, 100 mg tablets and liquid form	Y	Y
Citalopram (Celexa)	10mg qd/od**	10mg	40mg	MAOIs	20, 40 mg tablets and liquid form	Y	Y
Escitalopram (Lexapro) FDA APPROVED	5mg qd/od**	5mg	20mg	MAOIs	5, 10, 20 mg tablets and liquid form	Y***	Y
Fluvoxamine (Luvox)	25 mg qd/od, ** then bid	25 mg	200mg	MAOI's, terfenadine, astemizole, pimozide	25, 50, 100 mg tablets and liquid form	N	Y

* Start with lower doses for younger children; **qd = od = every day; ***Fluoxetine and Lexapro are FDA approved

SSRI Side Effects

Common side effects of SSRI's:

- Dry mouth
- Constipation
- Diarrhea
- Sweating
- Sleep disturbance
- Sexual dysfunction
- Irritability
- Agitation or jitteriness
- Headache
- Appetite changes
- Rashes
- "Disinhibition" (risk-taking behaviors, increased impulsivity, or doing things that the youth might not otherwise do)

More serious side effects:

- Serotonin syndrome (fever, hyperthermia, restlessness, confusion, etc.)
- Akathisia
- Hypomania
- Discontinuation syndrome (dizziness, drowsiness, nausea, lethargy, headache)

SSRI Withdrawal Phenomenon

- Always taper an SSRI; decrease by one-quarter dose every 2 weeks

- Sudden discontinuation of an SSRI can result in:

  - Anxiety
  - Low mood
  - Nausea
  - Dizziness
  - Lethargy
  - Irritability

Strategies for Achieving Remission in Clinical Practice

- Recognize/diagnose depression in patients
- Aggressively treat depression at diagnosis
- Ensure adequate medication doses
- Ensure adequate duration of treatment
- Select optimal treatment(s)
  - ✓ Combination pharmacotherapy and psychotherapy
  - ✓ Combination pharmacotherapy
  - ✓ Augmentation strategies
- Ensure patient adherence
- Educate patients that remission is the goal