MCPAP Depression Guidelines for PCPs

**PCP visit:**
- Screen for behavioral health problems
  - Pediatric Symptom Checklist-17 (cut-points: 15 total, 5 internalizing, individual depression items)
  - Patient Health Questionnaire, ages 12+ (cut-points: 3 [PHQ-2], 10 [PHQ-9])
- If screen is positive, conduct brief interview focusing on distress, impairment, danger
  - If concern for sub-clinical depression, provide guided self-management with follow-up
  - If concern for clinical depression, conduct focused assessment including precipitating factors, symptom rating scales, family history of mood disorders, and “red flags” for medication use
  - If concern for imminent danger, refer to hospital or crisis team for emergency psychiatric assessment
- Consult with MCPAP CAP as needed

**Symptom rating scales for depression:**

*Mood and Feelings Questionnaire – Long:* ages 8-18 (cut-point: 27 parent, 29 youth) OR
*Patient Health Questionnaire – 9:* ages 12+ (cut-point: 10 moderate, 20 severe)

**Sub-clinical to mild depression:**
Guided self-management with follow-up

**Moderate depression (or self-management unsuccessful):**
Refer for therapy; consider medication

**Severe depression:**
Refer to specialty care for therapy and medication management until stable

**FDA-approved medications for depression:**

*Fluoxetine: age 8+; Escitalopram: age 12+

**Evidence-based medication for depression:**

*Sertraline*
- Start daily test dose for 1-2 weeks (e.g., fluoxetine 5mg < age 12, fluoxetine 10mg age 12+, escitalopram 5mg age 12+, sertraline 12.5mg < age 12, or sertraline 25mg age 12+)
- If test dose tolerated, increase daily dose (e.g., fluoxetine 10mg < age 12, fluoxetine 20mg age 12+, escitalopram 10mg age 12+, sertraline 25mg < age 12, or sertraline 50mg age 12+)
- 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 MCPAP CAP as needed

**At 4 weeks, re-assess symptom severity with MFQ/PHQ-9.**
- If the score > cut-point and impairment persists, consult MCPAP CAP for next steps.
- If the score < cut-point with mild to no impairment, remain at current dose for 6-12 months.
- Monitor bi-monthly during the second four weeks and monthly thereafter for maintenance of remission, 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 MCPAP CAP as needed.
- After 6-12 months of successful treatment, re-assess symptom severity with MFQ/PHQ-9.
- If the score < cut-point without impairment, then consider tapering antidepressant medication according to the following schedule: decrease daily dose by 25-50% every 2-4 weeks to starting dose, then discontinue medication; consult with MCPAP CAP as needed. 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 successful treatment in cases of high severity/risk, recurrent pattern, and/or long duration of illness. Consider consulting with MCPAP CAP regarding decision to taper.
- Monitor for several months after discontinuation for symptom recurrence.

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