

## 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.