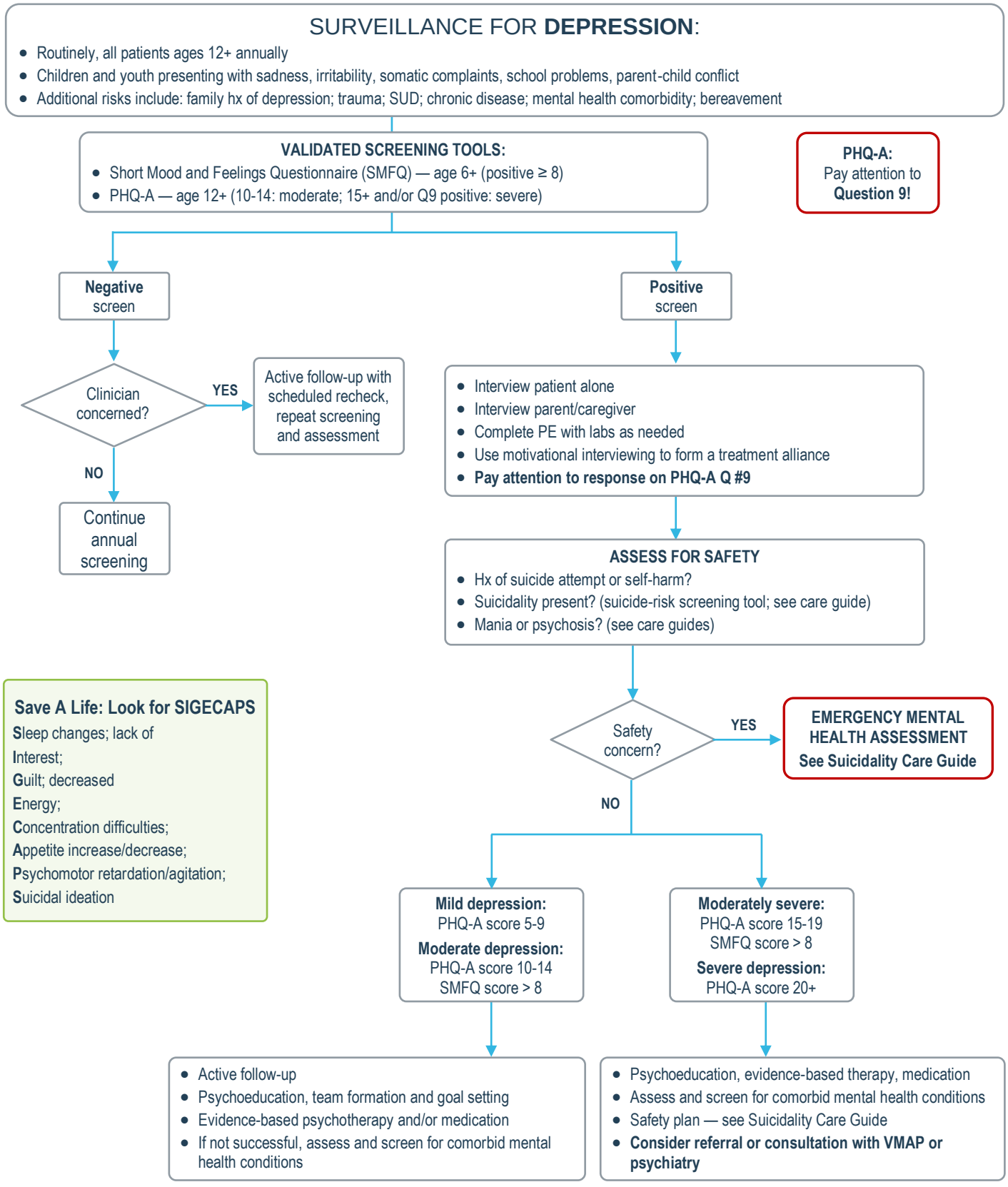
3.1 Depression



PHQ-9: MODIFIED FOR TEENS (PHQ-A)

Name: _____ **Clinician:** _____ **Date:**_____

Instructions: How often have you been bothered by each of the following symptoms during the past **two weeks**? For each symptom put an "**X**" in the box beneath the answer that best describes how you have been feeling.

	Not At All	Several Days	More Than Half the Days	Nearly Every Day
1. Feeling down, depressed, irritable, or hopeless?	☐	☐	☐	☐
2. Little interest or pleasure in doing things?	☐	☐	☐	☐
3. Trouble falling asleep, staying asleep, or sleeping too much?	☐	☐	☐	☐
4. Poor appetite, weight loss, or overeating?	☐	☐	☐	☐
5. Feeling tired, or having little energy?	☐	☐	☐	☐
6. Feeling bad about yourself — or feeling that you are a failure, or that you have let yourself or your family down?	☐	☐	☐	☐
7. Trouble concentrating on things like school work, reading, or watching TV?	☐	☐	☐	☐
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you were moving around a lot more than usual?	☐	☐	☐	☐
9. Thoughts that you would be better off dead, or of hurting yourself in some way?	☐	☐	☐	☐

In the **past year** have you felt depressed or sad most days, even if you feel okay sometimes?

☐ Yes ☐ No

If you are experiencing any of the problems on this form, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?

☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

Has there been a time in the **past month** when you have had serious thoughts about ending your life?

☐ Yes ☐ No

Have you **EVER**, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?

☐ Yes ☐ No

If you have had thoughts that you would be better of dead or of hurting yourself in some way, please discuss this with your Health Care Clinician, go to a hospital emergency room or call 911.

Office use only: **Severity score:** _____

Modified with permission by the GLAD-PC team from the PHQ-9 (Spitzer, Williams, & Kroenke, 1999), Revised PHQ-A (Johnson, 2002), and the CDS (DISC Development Group, 2000)

PHQ-9 MODIFIED FOR TEENS (PHQ-A) SCORING GUIDANCE

When collecting the measure, please pay special attention to item #9. **If an individual responds to item #9 with a 3, immediately assess safety.** If an individual replies to item #9 with a 1 or a 2, assess for safety and consider VMAP consultation or specialist referral.

Scores Represent		
0-4	=	no or minimal depression
5-9	=	mild depression
10-14	=	moderate depression
15-19	=	moderately severe depression
20-27	=	severe depression

Additional Scoring Guidance:

www.aacap.org/App_Themes/AACAP/docs/member_resources/toolbox_for_clinical_practice_and_outcomes/symptoms/GLAD-PC_PHQ-9.pdf

USING THE PHQ-9 TO ASSESS PATIENT RESPONSE TO TREATMENT

Initial Response After 4 Weeks of an Adequate Dose of an Antidepressant		
PHQ-9	**Treatment Response**	**Treatment Plan**
Drop of ≥ 5 points from baseline	Adequate	No treatment change needed. Follow-up in four weeks.
Drop of 2-4 points from baseline	Possibly Inadequate	May warrant an increase in antidepressant dose.
Drop of 1 point or no change or increase	Inadequate	Increase dose; augmentation; switch; informal or formal psychiatric consultation; circle back and confirm therapy is occurring.

Initial Response After 6 Weeks of Psychological Counseling		
PHQ-9	**Treatment Response**	**Treatment Plan**
Drop of ≥ 5 points from baseline	Adequate	No treatment change needed. Follow-up in four weeks.
Drop of 2-4 points from baseline	Possibly Inadequate	Probably no treatment change needed. Share PHQ-9 with psychotherapist.
Drop of 1 point or no change or increase	Inadequate	If depression-specific psychological counseling (CBT, PST, IPT *) discuss with therapist, consider adding antidepressant. For patients dissatisfied with current counseling, review community options.

**CBT = Cognitive Behavioral Therapy; PST = Problem Solving Treatment; IPT = Interpersonal Therapy*

Source: MacArthur Initiative on Depression and Primary Care (2009)

SHORT MOOD AND FEELINGS QUESTIONNAIRE (PARENT REPORT ON CHILD)

This form is about how your child might have been feeling or acting **recently**.

For each question, please check (✓) how s/he has been feeling or acting **in the past two weeks**.

- If a sentence was not true about your child, check NOT TRUE.
- If a sentence was only sometimes true, check SOMETIMES.
- If a sentence was true about your child most of the time, check TRUE.

	NOT TRUE	SOMETIMES	TRUE
S/he felt miserable or unhappy.	☐	☐	☐
S/he didn't enjoy anything at all.	☐	☐	☐
S/he felt so tired that s/he just sat around and did nothing.	☐	☐	☐
S/he was very restless.	☐	☐	☐
S/he felt s/he was no good anymore.	☐	☐	☐
S/he cried a lot.	☐	☐	☐
S/he found it hard to think properly or concentrate.	☐	☐	☐
S/he hated him/herself.	☐	☐	☐
S/he felt s/he was a bad person.	☐	☐	☐
S/he felt lonely.	☐	☐	☐
S/he thought nobody really loved him/her.	☐	☐	☐
S/he thought s/he could never be as good as other kids.	☐	☐	☐
S/he felt s/he did everything wrong.	☐	☐	☐

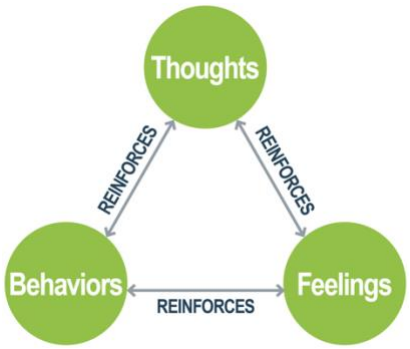
Score the SMFQ as follows:
NOT TRUE = 0
SOMETIMES = 1
TRUE = 2

A total score on the child version of the SMFQ of 8 or more is considered significant.

Copyright Adrian Angold & Elizabeth J. Costello, 1987; Developmental Epidemiology Program; Duke University

EVIDENCE-BASED BEHAVIORAL INTERVENTIONS FOR DEPRESSION

Cognitive Behavioral Therapy (CBT) — bidirectional relationship between feelings, thoughts, and behavior to identify patterns of thinking that influence behavior and contribute to depressed mood



Interpersonal psychotherapy — explores relationship difficulties with family and friends that can exacerbate depressed mood; teaches problem-solving skills

Family therapy — involves family members together to promote alliances, connection, and strengths

Dialectical Behavioral Therapy (DBT) — PowerPoint Presentation (nami.org) - may be helpful for patients who experience very strong negative emotions but know few skills to manage them and resort to suicidal/self-injurious behavior

Does depression need to be treated? Will it just get better?

- Single episode of untreated depression can last 6-9 months — a whole school year!
- Serious consequences — increased risk for suicide, substance abuse, eating disorders
- Impairment in functioning at school, home, work and with peers has long-term implications/consequences
- Lack of treatment increases risk for future relapse and worsening depression which can be harder to treat

How can caregivers help children and teens with depression?

- One caring adult is the path to resilience
- Can make a difference in providing hope and be a sounding board for the child/youth
- Safety planning: talk about suicide and self-harm seriously, remove lethal means, monitor and listen carefully
- Symptom improvement requires encouragement; reduce family conflict and increase support
- Ensure sleep adequacy and hygiene, exercise, healthy diet; consider reducing screen time
- Work with school professionals to adjust workload, lighten other obligations outside school
- Enhance protective factors and reduce risk factors
- Be a coach as your teen learns new ways of thinking and coping through therapy

What if therapy is not working?

- Reassess diagnosis, co-occurring conditions, treatment plan, and compliance
- Consider medication evaluation
- Consider consultation with VMAP

Coming July 16, 2022!

Virginians will soon be able to dial "988" to access the National Suicide Prevention Hotline.

The current Lifeline phone number (1-800-273-8255) will always remain available to people in emotional distress or suicidal crisis, even after 988 is launched nationally.

MEDICATION GUIDANCE: COMMONLY PRESCRIBED ANTI-DEPRESSANTS (not an exhaustive list)

Class	Generic	Brand Name	Available Forms/Doses	Dosing Information	Other Information	Comments
SSRI	fluoxetine	Prozac	• 20mg/5ml • Tabs 10/20/40/60mg	***Initial dose:** 5-10mg **Max dose:** 80mg **Typical effective dose:** 20mg **Duration:** 24 hours	When switching meds tapering is not usually required due to very long half-life of active metabolite (avg 9.3 days) Common side effects and risk of serotonin syndrome ++	Common first line, FDA approved for MDD age 8+, OCD age 7+, PMDD
SSRI	escitalopram	Lexapro	• 5mg/5ml • Tabs 5/10/20mg	***Initial dose:** 5mg **Max dose:** 20mg **Typical effective dose:** 10mg **Duration:** 24 hours	Contraindicated in known congenital long QT syndrome Common side effects and risk of serotonin syndrome ++	Common first line, FDA approved for MDD age 12+, GAD
SSRI	sertraline	Zoloft	• 20mg/ml • Tabs 25/50/100mg	**Initial dose:** 12.5mg **Max dose:** 200mg **Typical effective dose:** 100mg **Duration:** 24 hours	Drowsiness and sleep disturbance more common in adults than children Common side effects and risk of serotonin syndrome ++	Evidence based for MDD, OCD age 6+, PMDD, PTSD.
SSNRI	duloxetine	Cymbalta	• Caps 20/30/60mg • Sprinkle 20/30/40/60mg	**Initial dose:** 30mg for at least 2 weeks **Max dose:** 120mg **Typical effective dose:** 40-60mg for MDD, up to 120mg for GAD **Duration:** 24 hours	Common side effects: abd pain, dec appetite, nausea, vomiting, dry mouth, drowsiness, headache. Sexual side effects, sleep disturbance, and weight loss can be seen.	MDD and GAD age 7+, consider after two SSRIs have been tried, juvenile fibromyalgia age 13+
NDRI	buproprion	Wellbutrin	Multiple forms Short and longer acting	Dosing depends upon the release of the med	NOT first line therapy for depression — may consider for refractory depression; consider psychiatry consultation	Not first line for ADHD but may be considered for MDD with co-occurring ADHD

Note: all medication information should be verified using current PDR

SSRI = selective serotonin reuptake inhibitor, SSNRI = selective serotonin-norepinephrine reuptake inhibitor, NDRI= norepinephrine and dopamine reuptake inhibitor

* Initial dose, max dose, typical effective dose are half for age 8-11.

++ Common SSRI side effects: nausea, diarrhea, dry mouth, drowsiness, insomnia, decreased libido, ejaculatory dysfunction.

Serotonin syndrome is an emergency and is a clinical diagnosis. KNOW all of patient's medications (rx, other substances and supplements) and symptoms of serotonin syndrome: tachycardia, hypertension, hyperthermia, agitation, ocular clonus, dilated pupils, tremor, akathisia, hyperreflexia, clonus, flushed skin, diaphoresis.

Consider **switchrx.com** for guidance on medication switch

PROVIDER TIPS & CLINICAL PEARLS: PCP MANAGEMENT OF DEPRESSION

Careful History

- Functioning in all domains
- Trauma and triggers
- Somatic and mood complaints
- Co-occurring and/or family hx of psychiatric diagnoses
- Substance abuse
- History of mania
- Peer relationships
- Sexual identity, gender identity
- Perfectionism

Presentation

- **Younger children:** withdrawal, temper tantrums, persistent boredom, school avoidance, failure to gain weight appropriately
- **Teens:** irritability or anger, reckless or hostile behavior, low self-esteem, new academic issues, withdrawal from activities and peers, substance abuse and risk-taking behaviors

Medical Work-Up and Differential Diagnosis

- Complete PE, weight change and appetite
- Hx of traumatic brain injury, recurrent concussion
- Consider labs if clinically indicated:
  TSH, CBC, urine drug screen, pregnancy test
- Consider possible differential diagnoses:
  - Adjustment disorder
  - Bereavement
  - PTSD
  - Bipolar Disorder
  - DMDD
  - Substance induced depression
  - Anemia
  - Thyroid dysfunction
  - Adverse effect of medication
  - Substance use
  - Mononucleosis

Psychoeducation

- Message to patient: “We are glad you’re here. We are on the same team!”
- See **Suicidality Care Guide** for safety planning
- Self-care is power! Strong bodies make strong minds; encourage sleep, exercise, nature.
- See family handout
- Patients with residual symptoms have an increased risk of relapse
- GLAD-PC is free to download: screeners, medication guidelines, family handouts

PREVALENCE OF DEPRESSION

Estimates: 2-4% in children, 4-8% in adolescents

Increases by a factor of 2-4 after puberty, especially in females

Screening and Diagnostic Criteria

- 5 or more of symptoms (with one of these * nearly daily):
  - Depressed, sad, or irritable mood*
  - Significant loss of interest or pleasure in activities*
  - Significant weight loss/gain or appetite changes
  - Difficulty falling/staying asleep or sleeping too much
  - Restlessness, unable to sit still (psychomotor agitation), being slowed down (psychomotor slowing)
  - Fatigue or loss of energy
  - Feelings of worthlessness, excessive/inappropriate guilt
  - Concentration/decision-making difficulties
  - Constant thoughts of death, suicidal thinking, or a suicide attempt
- Symptoms have lasted for at least 2 weeks, affecting performance at school, at work, with family, or with friends
- Symptoms are not caused by medication, drug abuse, or alcohol and are not the result of another medical or mental illness

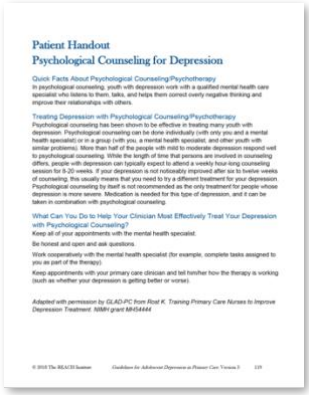
GLAD-PC Toolkit published in 2018 for primary care providers

Download the entire document for free, and consider these handouts for families:


OLDER TEEN

Antidepressant Medication and YOU

Self-Care *(p.117-118)*


Patient Handout

Psychological Counseling for Depression

Sleep *(p.119)*


Self-Care Success!

Things you can do to help yourself.

Therapy *(p. 120)*


How Can You Help with Sleep Problems

Meds *(p. 123)*

PROVIDER TIPS: EVIDENCE-BASED PHARMACOTHERAPY FOR DEPRESSION

PCP checklist before starting meds:

- ✓ careful assessment, including trauma and triggers
- ✓ family hx and success with medications
- ✓ alliance with family
- ✓ setting goals for treatment
- ✓ safety planning
- ✓ active follow-up and/or therapy have not resulted in improvement
- ✓ depression is moderately severe or severe

SSRIs (selective serotonin reuptake inhibitors) are first line:

1. FDA-approved medications:
   Fluoxetine: age 8+
   Escitalopram: age 12+
2. Evidence-based medication for depression:
   Sertraline

See Medication Dose Chart

This is not intended to be an exhaustive overview of antidepressants, but rather a starting point for providers to become familiar with the evidence-base for general practice with pediatric patients.

Review SSRI side effects:

Common Usually resolve with time	Less Common May require med change		Rare But Notable Emergency
• Insomnia	• Agitation	• Constipation	• New Suicidality
• Sedation	• Restlessness	• Dizziness	• Serotonin syndrome
• Appetite change (up ≈ down)	• Impulsivity	• Tremor	• Easy bleeding
• Nausea	• Irritability	• Diarrhea	• Hyponatremia
• Dry mouth	• Silliness		• Mania
• Headache			• Prolonged QT interval
• Sexual dysfunction			

Review Box Warning: Monitor carefully for suicidal thoughts, especially in early treatment phase

- 2004 FDA review of 24 clinical trials (4,400 children and teens prescribed antidepressants for MDD, anxiety, OCD). **No completed suicides in any trials.**
- See guidebook module on Psychopharmocology Basics

Initial treatment phase: medication effect might not be felt until 4-6 weeks

- **Week 1-2:** start SSRI at initial test dose to assess for adverse effects; contact family to assess after Week 1
- **Week 2-4:** if no adverse effects and residual symptoms, increase to target dose
- **Week 4:** recheck in person or via telehealth and use a rating scale to support assessment

Continuation phase: goal is remission by 8 weeks

- AACAP recommends monitor monthly for 6 months after full remission
- If partial improvements, side effects, or maximum dose — consider contacting VMAP or psychiatry referral

Remission phase: 6-12 months of successful treatment

- If score < cut-point without impairment, then consider tapering antidepressant medication according to the following schedule: decrease daily dose by 25% every 2-4 weeks (or more slowly!) to starting dose, then discontinue.

VMAP psychiatrists and care navigators are only a phone call away!
1-888-371-VMAP (8627) | www.vmap.org

DEPRESSION ACTION PLAN

My important contacts: parents, caregivers, PCP, therapist, neighbor, teacher, friend!

Put all in your phone now! Take a picture of this plan!

Contacts	Daytime Phone	Evening Phone	E-mail Address
Name:			
Name:			
Name:			
PCP:			
Therapist:			
Emergency Contact:			

National Suicide Prevention Lifeline: 1-800-273-TALK (en Español: 1-888-628-9454)
Crisis Text Line: Text "HOME" to 741-741

How to use this plan:

GO — Continue current plan

Green Zone: depression symptoms under control → What to do?

You are feeling well, functioning well in school and work, enjoying relationships at home and with peers.

Personal Goals:

1. _____

2. _____

- **Continue current plan:** Therapy? PCP visits? Medication?
- **Self-care:** Do these areas need more focus?
  - Sleep
  - Diet
  - Exercise
  - Fun
  - Activities
- **Continue progress on two goals**

CAUTION — Reach out and reassess

Yellow Zone: depression symptoms NOT in remission → What to do?

You are not feeling as well, experiencing at least 3 of the following, and you are **NOT harming yourself, wishing you were dead, thinking about or planning to kill yourself:**

- Sleep is off
- Energy level is off (fatigue)
- Slow or agitated feeling
- Little interest or pleasure
- Concentration is off
- Recurrence of previously improved symptoms
- Guilt or worthlessness
- Appetite changes
- New triggering event that is causing distress

REACH OUT (to a parent, therapist, PCP, emergency contact, school counselor, or a hotline) and say: **I NEED HELP!** Get near someone who is your support person, and together plan next steps with your care team.

DANGER — Immediately get help

Red Zone: DANGER → What to do?

You are really down with more than 3 of the above symptoms **AND/OR you are thinking about suicide now:** wishing you were dead, feeling that family would be better off, planning a suicide attempt, previous suicide attempt.

IMMEDIATELY GET HELP:
You are loved! Call the above contacts right away! Remember your call and text hotline numbers are in your phone!

ADDITIONAL LINKS FOR CAREGIVERS AND PATIENTS

What is depression?

- AACAP Facts for Families: Depression in Children and Teens
- National Alliance on Mental Illness (NAMI): 'About Mental Illness: Major Depression'
- Adolescent Depression: What Parents Can Do To Help - HealthyChildren.org
  defines depression and action steps for parents

Guidance about depression diagnosis, therapy and medication:

- Depression: Parents' Medication Guide (American Academy of Child & Adolescent Psychiatry, aacap.org)
- effectivechildtherapy.org (Society of Clinical Child & Adolescent Psychology)

Self-care for depression

- For extensive family information including parent guides visit: *Families for Depression Awareness* at www.familyaware.org *(covers the role of the caretaker and self-care for caretakers)*
- **Apps:** Headspace, Calm, Breathe, CBT Companion