**Depression Monitoring and Treatment Algorithm for use in Community Pharmacy Settings**

**New antidepressant Rx for depression**

- **Perform baseline PHQ-9⁶**
  - Provide key education⁴

  - **Document PHQ score for comparison at future follow-ups**

  - **Non-response* (minimal to no improvement):**
    - Assess dose, duration and adherence.^ If adherent, consider referral to prescriber for potential change in antidepressant regimen
      - Efficacy of within class and out of class switches considered equivalent
      - Consider patient and medication specific factors if recommending an agent

  - **Partial response* (< 50% improvement):**
    - Assess dose, duration and adherence. If adherent, consider referral to prescriber for potential increase in current dose (see table below) or combination† augmentation‡ therapy

  - **Consider referral to prescriber for potential change in antidepressant regimen:**
    1. Further maximize current antidepressant dose (see table below) †-or-
    2. Add a second antidepressant to the current antidepressant †-or-
    3. Add an augmenting agent to the current antidepressant‡

  - **Educate: antidepressants are usually continued a minimum of 4-9 months, discuss with provider**

**Consider 1-2 week follow-up phone call**

- **Perform PHQ-9 to assess initial response**
  - **Symptom response*:**
    - **Yes**
      - **Educate to continue antidepressant at current dose**
    - **No**
      - **Side effect and adherence screen**

**30-60 day refill visit (4-8 weeks)**

- **Perform PHQ-9 to assess continued response**
  - **Symptom remission*:**
    - **Yes**
      - **Educate: antidepressants are usually continued a minimum of 4-9 months, discuss with provider**
    - **No**
      - **Consider referral to prescriber for potential change in antidepressant regimen:**
        1. Further maximize current antidepressant dose (see table below) †-or-
        2. Add a second antidepressant to the current antidepressant †-or-
        3. Add an augmenting agent to the current antidepressant‡

**90 day refill visit (12 weeks)**

- **Perform PHQ-9 to assess initial response**
  - **Symptom response*:**
    - **Yes**
      - **Educate to continue antidepressant at current dose**
    - **No**
      - **Consider referral to prescriber for potential change in antidepressant regimen:**
        1. Further maximize current antidepressant dose (see table below) †-or-
        2. Add a second antidepressant to the current antidepressant †-or-
        3. Add an augmenting agent to the current antidepressant‡

**Document PHQ score for future follow-ups**

- **Consideration of medication specific factors if recommending an agent**

**Updated and reviewed by**

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**Originally created by**

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Depression Treatment Outcome

- **Non-response** = Little to no improvement in depressive symptoms
- **Partial response** = 25-49% reduction in symptoms as measured on PHQ-9 and/or patient dissatisfied with progress of antidepressant response
- **Response** = 50% or greater reduction in symptom severity as measured on PHQ-9 and/or patient satisfied with progress of antidepressant response
- **Remission** = the absence of symptoms or presence of minimal symptoms (PHQ-9 score of < 5) or satisfactory response that improves functionality and quality of life to level that is acceptable to the patient

### Table 1. PHQ-9 Scoring

<table>
<thead>
<tr>
<th>Total Score</th>
<th>Depression Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 4</td>
<td>None to minimal</td>
</tr>
<tr>
<td>5 – 9</td>
<td>Mild</td>
</tr>
<tr>
<td>10 – 14</td>
<td>Moderate</td>
</tr>
<tr>
<td>15 – 19</td>
<td>Moderately severe</td>
</tr>
<tr>
<td>20 – 27</td>
<td>Severe</td>
</tr>
</tbody>
</table>

Patient Health Questionnaire-9 (PHQ-9) is a concise, self-administered screening and monitoring tool for depression. The PHQ-9 yields a severity score (0-27) which can be used to monitor and assess the efficacy of an antidepressant regimen in treating depression.

Key educational points for patients newly starting on an antidepressant:

1. Antidepressant should be taken daily
2. Antidepressants must be taken for 2-4 weeks for a noticeable effect
3. Continue to take the medication even if feeling better
4. Do not stop taking the antidepressant without checking with your physician or provider
5. Provide specific instructions regarding what to do to resolve questions or concerns regarding the antidepressant
6. Describe what to expect regarding side effects or undesirable effects of the antidepressant

Questions for assessing antidepressant adherence:

- How many times in the last two weeks did you forget to take your antidepressant?
- How often do you skip a dose of your antidepressant?
- Do you ever consider stopping your antidepressant?
- What difficulties have you had getting or taking the antidepressant?
- Do you worry about being able to afford your medications?
- If non-adherence is identified or suspected:
  - Determine why or identify underlying cause behind non-adherence and address as appropriate (education, memory aids, referral back to prescriber)

◊ For within-class switches (e.g., SSRI to SSRI) consider discontinuation of original antidepressant and direct switch to a similar dose (i.e., low, moderate, high) of the new antidepressant to minimize withdrawal symptoms. Alternatively, a cross-taper or direct switch to a slightly lower dose of the new antidepressant may also be considered to increase tolerability and minimize risk of side effects.

◊ For out of class switches (e.g., SSRI to SNRI), cross-taper the antidepressants by slowly reducing the dose of the original antidepressant (approximately one dosage level every 1-2 weeks) while the new antidepressant is started at a low dose and gradually titrated up over the same time period. With a cross-taper, the patient should not be on a high dose of either antidepressant concurrently.

◊ Factors influencing antidepressant selection: patient preference, prescriber experience or preference, prior patient response to antidepressant agents, side effect or tolerability profile, target depressive symptoms, co-morbid mental health and medical diagnoses, drug interaction potential, history of medication adherence, medication cost (see table below).

† When combining antidepressants, select agents with novel mechanisms of action (from separate antidepressant classes). Common antidepressant combinations include: SSRI + bupropion; SSRI or SNRI + mirtazapine.

‡ Augmenting agents are medications with evidence supporting their use as adjuvants to traditional antidepressants. Augmentation therapy is considered when antidepressant combinations are not effective or tolerable, or if symptoms are present that could better be targeted by an augmenting agent. Augmenting agents with the greatest amount of supporting evidence include lithium, second generation antipsychotics (aripiprazole, quetiapine, olanzapine and risperidone), and thyroid hormone.
Perform PHQ-2\(^\dagger\) for at risk adult (≥18 yo) patients\(^a\)

**PHQ-2 score of ≥ 3**

Yes

Perform PHQ-9\(^\dagger\)

No

Document screening and repeat in 1 year

PHQ-9 score of ≥ 10 (see Table 2)

Yes

Document screening and...

- Refer patient to primary care provider (PCP)
- Communicate PHQ-9 score

No

Document screening and...

- PHQ-9 score of 0-4: repeat screening in 1 year
- PHQ-9 score of 5-9: repeat screening at next refill visit

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**Table 2. PHQ-9 Score, Depression Severity, and Proposed Treatment Action**

<table>
<thead>
<tr>
<th>PHQ-9 Score</th>
<th>Depression Severity</th>
<th>Proposed Treatment Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>None to minimal</td>
<td>None</td>
</tr>
<tr>
<td>5-9</td>
<td>Mild</td>
<td>Watchful waiting; repeat PHQ-9 at follow-up</td>
</tr>
<tr>
<td>10-14</td>
<td>Moderate</td>
<td>Consider counseling, follow-up, and/or pharmacotherapy</td>
</tr>
<tr>
<td>15-19</td>
<td>Moderately Severe</td>
<td>Active treatment with pharmacotherapy and/or psychotherapy</td>
</tr>
<tr>
<td>20-27</td>
<td>Severe</td>
<td>• Immediate initiation of pharmacotherapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and collaborative management</td>
</tr>
</tbody>
</table>

\(^a\) Past history of depression; chronic medical condition (diabetes, cardiovascular disease, chronic pain); postpartum period; current or past substance use (alcohol or other drugs of abuse)

\(^\dagger\) Patient Health Questionnaire-2 (PHQ-2) and Patient Health Questionnaire-9 (PHQ-9). Concise, self-administered depression screening tools. PHQ-2 consists of first 2 questions on the PHQ-9. Available at: http://www.phqscreeners.com/.

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### Table 3. First Line Treatment Options

<table>
<thead>
<tr>
<th>Selective Serotonin Reuptake Inhibitors (SSRIs)</th>
<th>Initial Dose</th>
<th>Usual Daily Dose Range</th>
<th>Considerations for Use</th>
<th>Avoid/Caution Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citalopram (Celexa®)</td>
<td>20 mg</td>
<td>20-40 mg</td>
<td>Anxiety</td>
<td>Risk of QT prolongation</td>
</tr>
<tr>
<td>Escitalopram (Lexapro®)</td>
<td>10 mg</td>
<td>10-20 mg</td>
<td>Anxiety</td>
<td>Risk of QT prolongation</td>
</tr>
<tr>
<td>Fluoxetine (Prozac®)</td>
<td>20 mg</td>
<td>10-80 mg</td>
<td>Poor medication adherence, bulimia nervosa, premenstrual dysphoric disorder</td>
<td>Agitation, complex medication regimen</td>
</tr>
<tr>
<td>Paroxetine (Paxil®)</td>
<td>20 mg</td>
<td>10-60 mg</td>
<td>Anxiety, premenstrual dysphoric disorder, underweight, insomnia</td>
<td>Overweight or obese, pregnancy, elderly, history of poor adherence</td>
</tr>
<tr>
<td>Sertraline (Zoloft®)</td>
<td>50 mg</td>
<td>50-200 mg</td>
<td>Anxiety, premenstrual dysphoric disorder</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Desvenlafaxine (Pristiq®)</td>
<td>50 mg</td>
</tr>
<tr>
<td>Duloxetine (Cymbalta®)</td>
<td>60 mg</td>
</tr>
<tr>
<td>Levomilnacipran (Fetzima®)</td>
<td>20 mg x 2 days then 40 mg</td>
</tr>
<tr>
<td>Venlafaxine (Effexor®)</td>
<td>37.5 mg</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mirtazapine (Remeron®)</td>
<td>15 mg</td>
</tr>
<tr>
<td>Bupropion (Wellbutrin®)</td>
<td>150 mg</td>
</tr>
<tr>
<td>Vilazodone (Viibryd®)</td>
<td>10 mg</td>
</tr>
<tr>
<td>Vortioxetine (Brintellix®)</td>
<td>10 mg</td>
</tr>
</tbody>
</table>

### References