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Diagnosing and Treating Major Depressive Disorder

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Laura Willing, MD Department of Psychiatry

Disclosure

Laura Willing, MD has financial interests including stock with Pfizer, Moderna, Sanofi, and Biontech

Outline

Diagnostic Criteria

Differential Diagnosis

Evaluation

Sample Language to use in the office

Treatment Options

When to Refer to Psychiatry

Brief Interventions for the office

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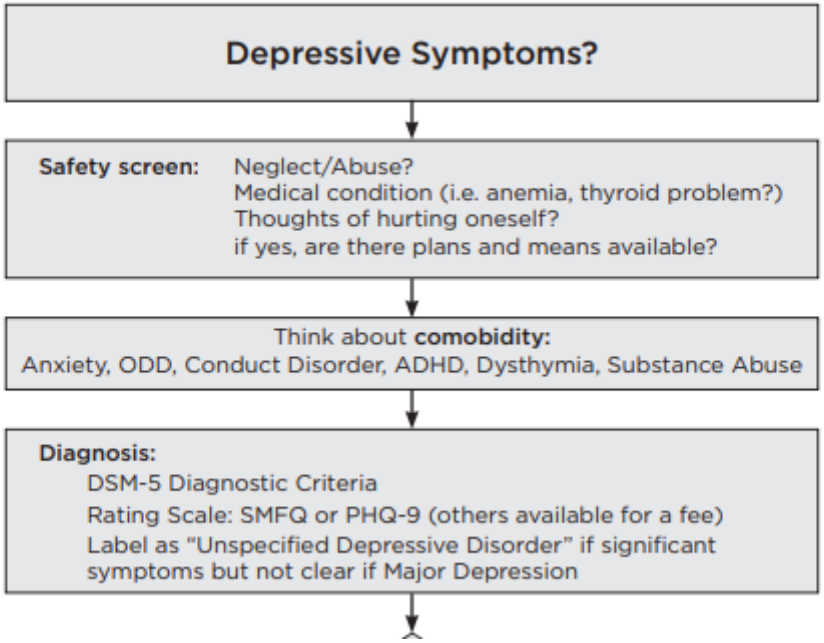
Diagnostic Criteria

- Depressed or irritable mood
- Change in sleep
- Anhedonia
- Excessive guilt
- Decreased energy
- Poor concentration
- Change in appetite
- Psychomotor agitation or retardation
- Suicidal thoughts

At least two weeks
Significant Impairment
Not better explained by a medical condition, substance use, bipolar disorder, or psychotic illness

Key Resource: Seattle Children's Depression Care Guide



https://www.seattlechildrens.org/globalassets/documents/healthcare-professionals/pal/wa/wa-depression-care-guide.pdf

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Differential Diagnosis

- Adjustment Disorder
- PTSD
- Substance Use
- Eating Disorder
- Bipolar Disorder
- Gender Dysphoria
- Anxiety Disorder
- Medication Induced (steroids, contraceptive hormones)
- Medical Illness (Thyroid disease, head injury, seizures, mono, Lyme)

Medical Evaluation

- Vital Signs
- Physical ROS
- TSH, CBC, B12, Vitamin D
- Urine Drug Screen

PHQ-9 is a screening tool

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
add columns		1 +	4 +	15
(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).	**TOTAL:**	20		

10. If you checked off *any* problems, how *difficult* have these problems made it for you to 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 .....

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Sample Language

I have reviewed your forms, and I want to talk about how you have been feeling lately. On this form, you indicated that you are feeling hopeless. Can you tell me more about that?

When people feel down, have low energy, have trouble sleeping, and no longer enjoy activities, they may have depression. Does that sound like it could apply to you?

What do you think is going on? Is there something you are worried about?

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Next Steps

Assess	Assess for safety including self injury, harm to others, suicidality and psychosis
Gather	Gather more diagnostic information
Consider	Consider further workup and evaluation
Explore	Explore possible diagnoses including depression
Review	Review treatment options
Make	Make appropriate referrals
Follow up	Follow up regularly
Consider	Consider brief interventions

Psychiatric Evaluation

- Ask questions of both the parent and child
    - You might get different answers!
- Family History, Social History, Trauma History, Educational History, Developmental History, Medical History
- Ask about the symptoms of depression at each visit, track improvement in symptoms (is sleep improving? Is energy improving?)
- Ask about other relevant symptoms (nightmares, anxiety, social relationships)
- Evaluate for a history of mania or psychotic symptoms
- Evaluate for safety concerns at every visit

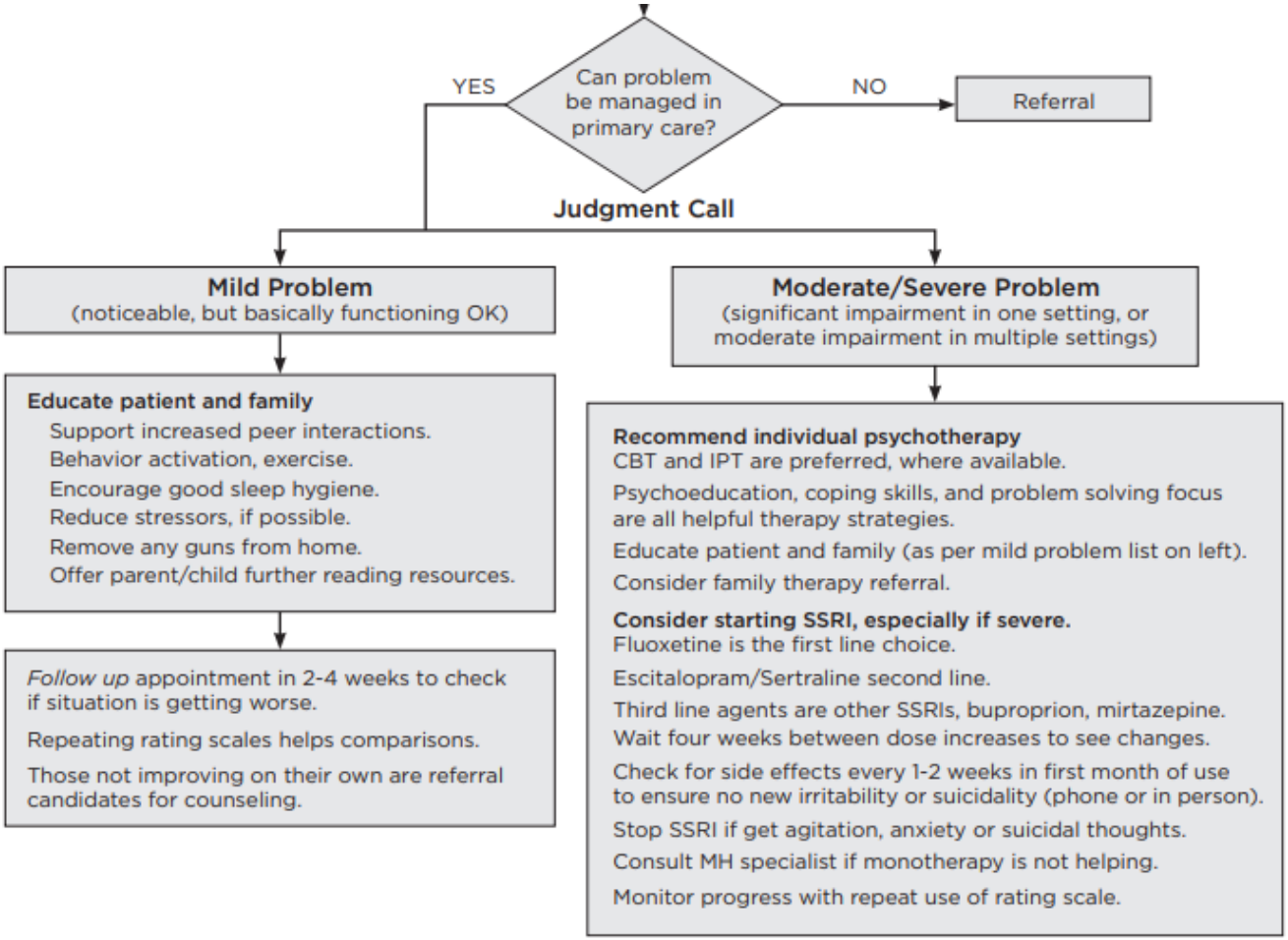
Treatment Options

Psychoeducation – identify strengths, shared decision making
Follow up soon
Refer to Therapy
Pharmacologic Intervention
Brief Intervention
Refer to Psychiatry
Send to ED or Crisis Services

When to Refer to Therapy

- Depression symptoms are impairing
- Therapy is desired by patient and family
- Weekly therapy
- Cognitive Behavioral Therapy
- Consider Family Therapy
- Consider Group Therapy

Treatment Algorithm



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When to Consider Medication

- Moderate to severe depression
- Therapy alone has not been helpful
- Significant impairment
- Serious safety concern

Which Medication?

Drug Name	Dosage Form	Usual starting dose for adolescent	Increase increment (after ~4 weeks)	RCT evidence in kids	FDA depression approved for children?	Editorial Comments
Fluoxetine (Prozac)	10, 20, 40mg 20mg/5ml	10 mg/day (60mg max)*	10-20mg**	Yes	Yes (Age ≥8)	Long 1/2 life, no side effect from a missed dose
Fluoxetine considered first line per the evidence base in children						
Sertraline (Zoloft)	25, 50, 100mg 20mg/ml	25 mg/day (200mg max)*	25-50mg**	Yes	No	May be prone to side effects when stopping
Escitalopram (Lexapro)	5, 10, 20mg 5mg/5ml	5 mg/day (20mg max)*	5-10mg**	Yes	Yes (Age ≥12)	The active isomer of citalopram.
Escitalopram and Sertraline considered second line per the evidence base in children						

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Which Medication?

- SSRI's are first- and second-line medications
- Family History
- Fluoxetine
    - Long half life
    - Possibly more activating
- Sertraline
    - FDA approved for OCD in pediatric patients (not MDD)
    - Possibly more sedating
- Escitalopram
    - Narrow therapeutic window
    - Active enantiomer of citalopram
- Pharmacogenomic Testing – FDA issued a warning letter

What do I do when medicine isn't working?

- It takes 4-6 weeks on a given dose to see the full effect of that dose
- Consider maximizing the dose
- Consider changing to a different medication
- Second line pharmacotherapy is a different SSRI
- Therapy + Medication

Cross Titration

- Consider the half-lives of the medications
- Consider the urgency of treatment
- Consider the risk of side effects

- We will discuss examples of cross titration schedules in upcoming office hours

Side Effects

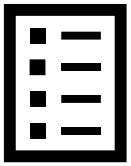
- Activation
- GI Distress
- Sweating, dizziness, HA
- Bleeding
- Sexual Dysfunction
- Mania
- Serotonin Syndrome
- FDA Black Box Warning: Suicidal Thoughts

When to Refer to Psychiatry

Severe MDD, suicidal thoughts, psychotic symptoms
Not responding to a second trial of SSRI, or partially responding
Multiple co-morbid diagnoses
Diagnostic clarity
If you are not comfortable

Brief Interventions

- Psychoeducation
- Reduce Stressors
- Sleep hygiene
- Safety Plan
- Behavioral Activation
- Coping Skills
- Exercise



Case: 16yo boy seeking a sports physical

16yo boy presents for a sports physical

- PHQ-9 is 20 as above (0 for #9)
- Mom notes that he won't be able to play sports if he doesn't get his grades up, which used to be excellent
- He says that he doesn't care anymore if he plays sports
- Mom says that he stays in his room sleeping all the time, not hanging out with friends anymore, and she thinks he is losing weight

With the patient individually,

- He denies substance use
- Denies any acute stressors (like bullying or a recent breakup)
- Denies any history of trauma
- He says that he feels "numb and empty" and "who cares?" about sports or school, which he used to enjoy
- Denies any safety concerns
- He doesn't think he has depression because "I don't feel sad"
- Denies hallucinations, paranoia
- Denies anxiety symptoms

With the mom individually,

- She shares that there is a family history of depression, and that she takes an SSRI for depression and anxiety, which she finds helpful
- She wonders if her son could have depression too
- She denies any concern for mania or substance use with her son
- There are no firearms in the home

Plan

- You discuss safety planning in the home
- You discuss psychoeducation around the diagnosis of depression
- Both pt and mom agree to a therapy referral, but want to see if that helps before considering medication
- You schedule a follow up appointment to monitor symptoms and discuss behavioral activation and sleep hygiene

Upcoming Office Hours

- June 16 (Thursday) at 12:10pm
- June 20 (Monday) at 12:10pm
- June 30 (Thursday) at 12:10pm

Thank You!