

Depression Screening, Treatment and Follow-Up for Patients ≥ 18

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FMC Depression Screening and Follow-up 12/2/04 FMC 2 question No further action Complete FMC visit ≥ 2 on screening questions 1 or 2? with Patient *Administer Prime Minor depression note on problem list Complete FMC visit with Patient Reasons for Behavioral Health Services Referral: Score ≥ 10? Prime MD ≥ 20 Acute suicidal ideation Acute succidal location Multiple comorbid conditions Multiple psychosocial stressors ≥ 3 previous major depressive episodes Suspected bi-polar disorder or schizophrenia Recommend Patient be seen by Behavioral Health through ER *Prime MD <20? Monday-Friday 8-5pm? Yes Refer to FMC FMC Staff 1. Call Operator (0) and ask Anti-Depressants initiated by FMC Provider (see therapy algorithm) Rehavioral Health Consultant (BHC) them to call Security to escort a Patient to ER for Behavioral Health Triage 2. Give the Operator your name Continue with PCP and location 3. Call ER Provider to advise of Significant Suicidal Risk? management as planned Security escorting Patient Continue medication management in FMC

Yes

Page Urgent Response Team (URT) x-2500

This guideline is designed for general use for most patients but may need to be adapted to meet the special needs of a specific patient as determined by the patient's provider .

within 9-12 months

Case Manager follow-up (see Prime MD Phone Followup Process flowsheet)



Patient has Behavioral Health visit through ER

Begin 1st Line Anti-Depressant Fluoxetine or Bupropion Case Manager f/u call at 2 weeks Rescreen w/ PMD at 4-6 weeks Continue management in FMC at least 9-12 months according to Depression Flowchart Prime MD >9? Yes dose toward maximum Prime MD >9? Use alternate 1st line anti-depressant Bupropion or Fluoxetine Prime MD >9? Combine 1st Line Medications Prime MD >9? Use 2nd line anti-depressant Venlafaxine, Sertraline, Paroxetine (Effexor, Zoloft, Paxil) Prime MD >9? once Prime MD >91 Consult w/Behavioral Health

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May include phone, email, case review or referral

FMC Depression Therapy Algorithm

12/2/04

Suggested Dosing

Fluoxetine Dose range: 10-80mg once a day

Begin 10mg QD for 1wk then 20mg QD

Bupropion immediate release

Dose range: 300-450mg/day

Begin 75mg QAM, may increase by 75mg QD in divided doses at least 4hrs apart Q3rd or 4th day, up to 150mg TID. No single dose should exceed 150mg.

Venlafaxine XR

Dose range: 75-450mg/day
Begin 37.5 QD with increase by 37.5 increment each week for 1
month then increase by 37.5-75mg once a month until max dose, may divide dose BID after 150mg

Sertraline

Dose range: 50-200mg/day Begin 25mg QD, increase by 25mg increments each wk, may increase by 50mg Qmonth after 1st month

Dose range: 10-60mg/day Begin 10mg QD for 1wk, then 20mg QD, may increase by 10mg increment Qmonth until max dose

Absolute contraindications

Fluoxetine

- -Hypersensitivity
- -Thioridazine administration within a minimum of 5 weeks of fluoxetine administration
- -After fluoxetine is stopped, wait at least 5 weeks before starting a monoamine oxidase inhibitor

Bupropion

- -Bulimia or anorexia nervosa prior or current diagnosis
- Hypersensitivity to bupropion
- Patients undergoing abrupt discontinuation of alcohol or sedatives (including benzodiazepines)
- Seizure disorders

Venlafaxine

- -Hypersensitivity
- -Concurrent use of monoamine oxidase inhibitor (MAOI) drugs
- -Do not use venlafaxine within 2 weeks of discontinuing an MAOI
- -Do not use an MAOI for at least 7 days after stopping venlafaxine

Sertraline

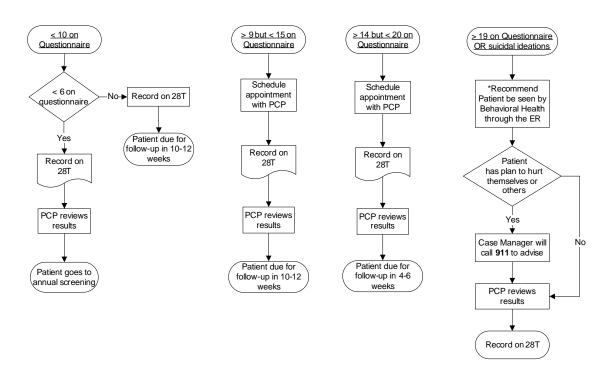
- -Concomitant use in patients taking monoamine oxidase inhibitors
- -Do not use sertraline within 2 weeks of discontinuing an MAOI
- Do not use an MAOI for at least two weeks after stopping sertraline
- -Sertraline oral solution should not be used with disulfuram because it contains 12% alcohol
- -Sertraline oral solution should be used cautiously in patients with latex allergy because the dropper contains dry natural rubber

Paroxetine

- -Concurrent use of monoamine oxidase inhibitor (MAOI) drugs
- -Hypersensitivity
- -Concurrent use of thioridazine



Prime MD Phone Follow-up Process



* If the patient does not want to see BH\$ through the ER they will be given the option of seeing the PCP

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References:

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- 2. Thase ME, Blomgren SL, Birkett MA, et al. Fluoxetine treatment of patients with major depressive disorder who failed initial treatment with sertraline . J Clin Psychiatry 1997; 58(1): 16-21
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