

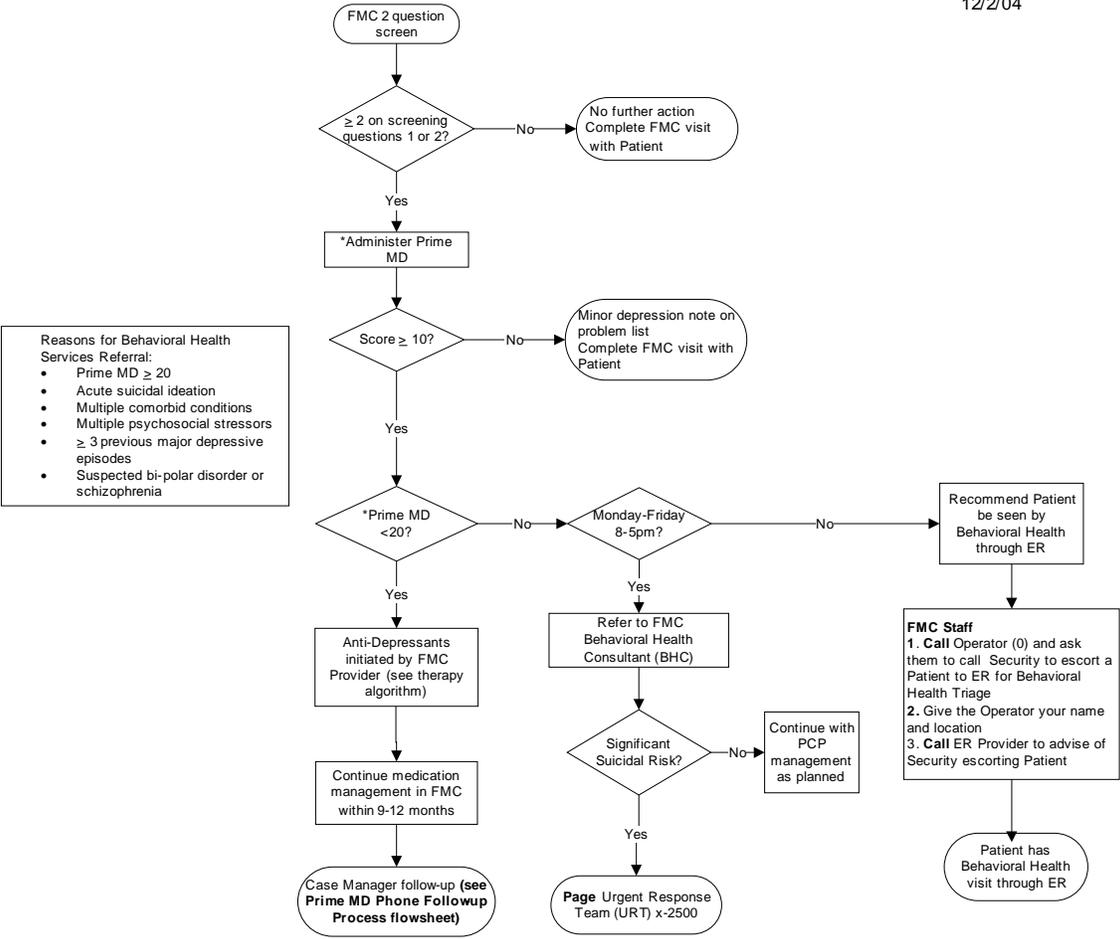


Depression Screening, Treatment and Follow-Up for Patients ≥ 18

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FMC Depression Screening and Follow-up
12/2/04



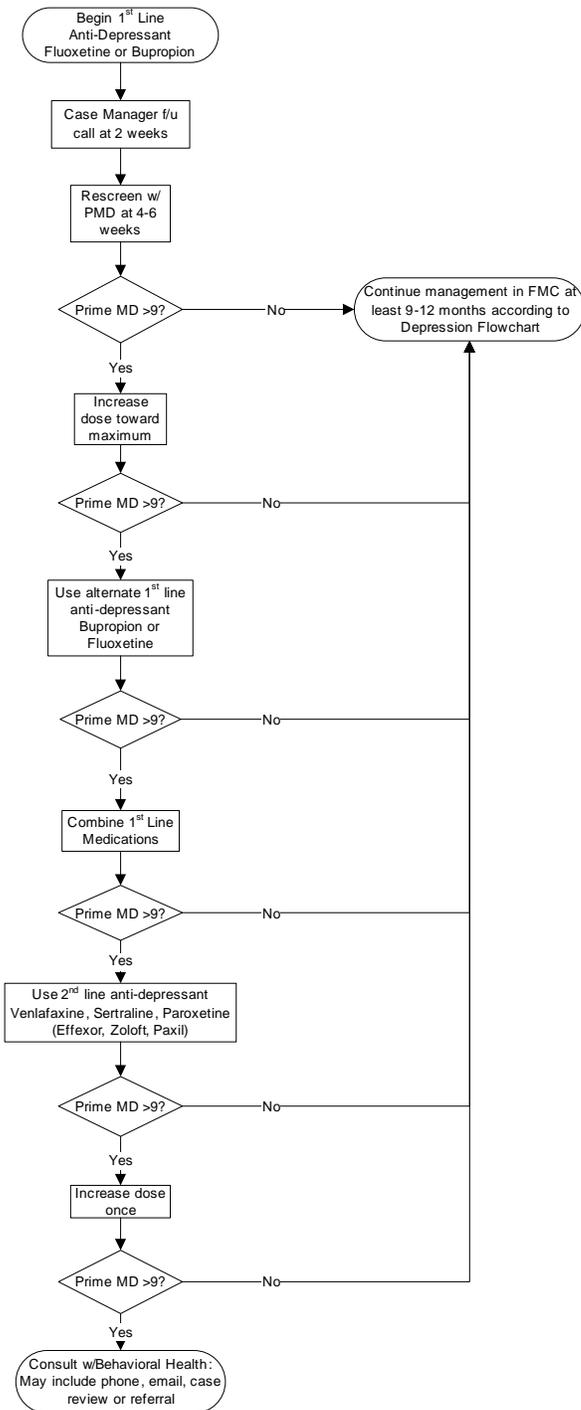
- Reasons for Behavioral Health Services Referral:
- Prime MD ≥ 20
 - Acute suicidal ideation
 - Multiple comorbid conditions
 - Multiple psychosocial stressors
 - ≥ 3 previous major depressive episodes
 - Suspected bi-polar disorder or schizophrenia

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 .



FMC Depression Therapy Algorithm

12/2/04

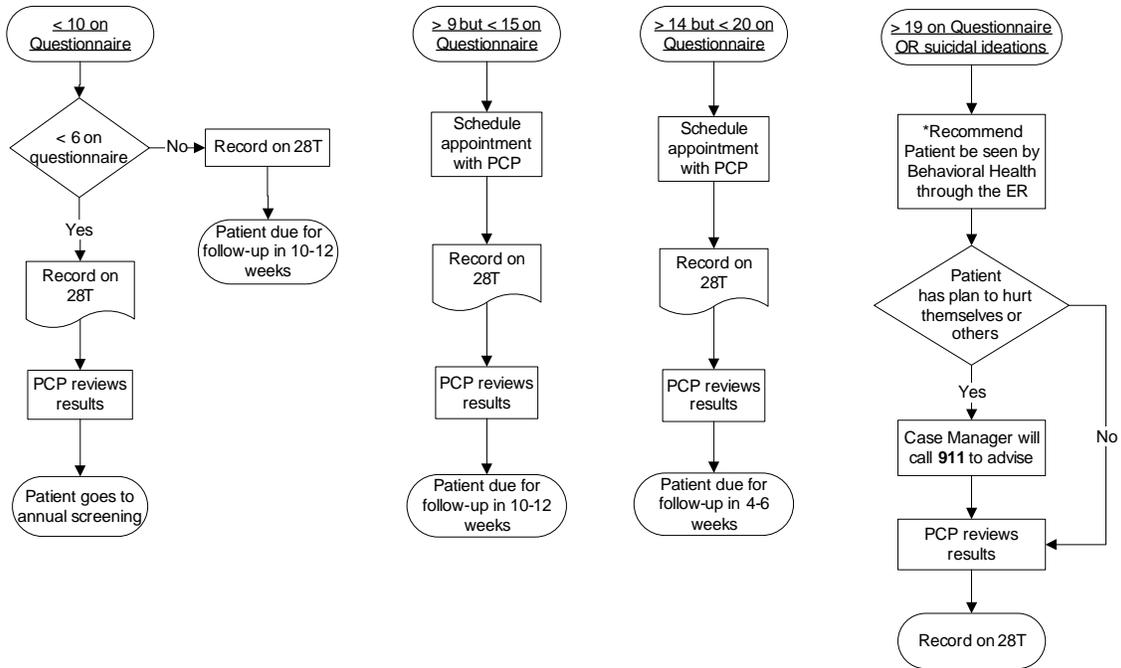


Suggested Dosing
<p>Fluoxetine Dose range: 10-80mg once a day Begin 10mg QD for 1wk then 20mg QD</p>
<p>Bupropion immediate release Dose range: 300-450mg/day Begin 75mg QAM, may increase by 75mg QD in divided doses at least 4hrs apart Q3rd or 4th day, up to 150mg TID. No single dose should exceed 150mg.</p>
<p>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</p>
<p>Sertraline Dose range: 50-200mg/day Begin 25mg QD, increase by 25mg increments each wk, may increase by 50mg Qmonth after 1st month</p>
<p>Paroxetine Dose range: 10-60mg/day Begin 10mg QD for 1wk, then 20mg QD, may increase by 10mg increment Qmonth until max dose</p>
Absolute contraindications
<p>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</p>
<p>Bupropion -Bulimia or anorexia nervosa prior or current diagnosis -Hypersensitivity to bupropion -Patients undergoing abrupt discontinuation of alcohol or sedatives (including benzodiazepines) -Seizure disorders</p>
<p>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</p>
<p>Sertraline -Concomitant use in patients taking monoamine oxidase inhibitors or pimozide -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</p>
<p>Paroxetine -Concurrent use of monoamine oxidase inhibitor (MAOI) drugs -Hypersensitivity -Concurrent use of thioridazine</p>

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Prime MD Phone Follow-up Process



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

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References :

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4. Mischoulon D, Nierenberg AA , Kizilbash L, et al. Strategies for managing depression refractory to selective serotonin reuptake inhibitor treatment : a survey of clinicians. Can J Psychiatry 2000; 45:476-481
5. Maurizio F. New approaches to the treatment of refractory depression . J Clin Psychiatry 2000;61 [suppl 1]:26-32