Best Practices Patient Monitoring Parameters for Antidepressants					
All Antidepressants	Baseline	Upon Dosage Change	Every 6 months	Annually	As Clinically Indicated
General Physical Assessment *(blood pressure, heart rate, height, weight, BMI)*	✓	✓	✓		✓
General Physical Assessment *(temperature and respiratory rate)*					✓
Lifestyle assessment – *(smoking, exercise, self-care, hydration, nutrition, alcohol and other drug dependence and oral hygiene) In patients who smoke, bupropion or nortripytline may be options to simultaneously treat. Of note, SSRIs can cause bruxism/teeth grinding*	✓			✓	✓
Review Past Medical History Including Review of All Medications *(assess allergies, current medications including over-the-counter and herbal supplements, medical/psychiatric illnesses, surgeries/ injuries/ hospitalizations)*	✓			✓	✓
Pregnancy Status *(in females of childbearing age, assess reproductive status including last menstrual period, last pelvic exam/pap smear and contraceptive use)*	✓				✓
Renal function testing *(use caution/reduce dosage of medications excreted renally including bupropion, duloxetine/Cymbalta, venlafaxine, mirtazapine, tricyclic antidepressants and escitalopram.)*					✓
Assess Suicide and Homicide Risk *(past/recent history of suicide attempts, self harming behavior or violence towards others, observe for clinical worsening, suicidal thoughts, intent, plans and behavior, current stressors, family history; treat modifiable risk factors such as anxiety, insomnia, substance abuse, agitation)*	✓	✓			✓
Assess for Risk of Serotonin Syndrome *(abdominal pain, diarrhea, flushing, sweating, hyperthermia, lethargy, mental status changes, tremor, renal failure, shock, particularly when combining serotonergic medications such as triptans for migraines e.g. Imitrex, synthetic opioids (tramadol/Ultram,methadone), the antibiotic linezolid/Zyvox)*					✓

All Antidepressants, cont.	Baseline	Upon Dosage Change	Every 6 months	Annually	As Clinically Indicated
Assess side effects, symptom severity, and adherence to treatment plan – *[including change in appetite, sleep disturbances, sexual function (menstrual disturbances, libido disturbances or erectile/ejaculary disturbances), orthostatic hypotension]*		✓		✓	✓
Abdominal girth *(particularly with TCAs including amitriptylline, clomipramine, doxepin, imipramine as well as mirtazapine) Encourage exercise and a healthy diet.)*	✓		✓		✓
Bone Density *(Depression and some treatments including SSRIs have been linked to a decrease in bone density. If indicated, refer to PCP for bone density monitoring and treatment to reduce bone loss (e.g.calcium, vitamin D, weight bearing exercise, etc.)*					✓
SSRIs *(citalopram, escitalopram, fluoxetine, fluvoxamine, sertraline)*					
Bleeding Risk – *(Identify whether concomittant medications may effect clotting. SSRIs may potentiate the hypoprothrombinemic effects by inhibiting serotonin uptake by platelets. Monitor for signs of bleeding.)*	✓				✓
TCAs(*amitriptyline, desipramine, imipramine, nortriptyline, protriptyline)*					
Electrocardiogram (ECG) *(TCAs can cause arrhythmias, and heart block in patients with preexisting conduction disorders. Evaluate patients for cardiac risk factors such as a personal history of heart disease or syncope, a family history of sudden death under the age of 40, or congenital long QT syndrome. Avoid TCAs if recent MI, history of ventricular arrhythmia or other conduction defects. Coordinate with PCP for a baseline ECG if cardiac risk factors are present or patient is older than 50 and a follow up ECG if the patient has symptoms associated with QT interval prolongation such as syncope)*	✓				✓
Plasma levels *(tricyclic antidepressants)-caution should be given to document drug interactions that can greatly elevate plasma levels*					✓
Thyroid Function *(Regular thyroid function monitoring is recommended)*	✓			✓	✓
Liver Function Tests	✓				✓

	Baseline	Upon Dosage Change	Every 6 months	Annually	As Clinically Indicated
Mirtazapine					
Lipid Panel *(total cholesterol, LDL, triglycerides and HDL at baseline and as clinically indicated)*	✓				✓
Liver Function Tests	✓				✓
Fasting Blood Glucose	✓				✓
Bupropion					
Screen for history of seizures. *(Bupropion is contraindicated if there is a pre-existing seizure disorder. Avoid using in those at higher risk for seizures, including those undergoing abrupt discontinuation of alcohol or benzodiazepines/sedatives, those with eating disorders including anorexia or bulimia, head trauma or brain tumors. Also, avoid doses above the maximum recommended dosage limits.)*	✓				✓
Nefazodone					
Liver Function Tests *(Do not initiate treatment if active liver disease and use caution with elevated baseline serum transaminases. Advise patients to be alert for signs of liver dysfunction such as jaundice, GI complaints) as nefazodone has potential for hepatic injury). If AST or ALT levels increase ≥ 3 times upper normal limit, withdraw drug and do not restart.)*	✓				✓
MAO Inhibitors *(phenelzine, tranylcypromine, selegeline)*					
Blood Chemistries (phenelzine, tranylcypromine) hepatic and renal functions	✓			✓	✓
Assess diet (avoid tyramine containing foods and caffeine during treatment and for 2 weeks after discontinuing) *(combinations may cause severe headaches, increased blood pressure or irregular heart beat. Tyramine-containing foods to avoid include aged cheeses, aged/processed meats and pickled fish, beer, ale, wine, sheery, hard liquor, liquers, avacados, bananas, figs, raisins, soy sauce, miso soup, yeast/protein extracts, bean curd, or over-ripe fruit. Also avoid caffeine including tea, coffee, chocolate or cola.)*	✓				✓

*This document is meant to educate practitioners on best practices for antidepressant monitoring. For minimum recommended psychotropic monitoring recommendations, please refer to Provider Manual 3.15: http://www.magellanofaz.com/media/156576/3-15_psychotropic_medications.pdf

References:

1. American Psychiatric Association Practice guidelines for Major Depressive Disorder; 3rd Edition. *Am J Psychiatry*; 2010:167(suppl):1-152. Web address: http://www.psych.org/guidelines/mdd2010 Accessed 1/16/12
2. Suehs B., Argo T., Bendele S., Crismon M., et al. Texas Medication Algorithm Project Procedural Manual - Major Depressive Disorder Algorithms. Texas Department of State Health Services. Web address: http://www.pbhcare.org/pubdocs/upload/documents/TMAP%20Depression%202010.pdf Accessed October 2, 2012
3. National Collaborating Centre for Mental Health. Depression: the treatment and management of depression in adults. London (UK); National Institute for Health and Clinical Excellence (NICE). 2009 Oct. Clinical Guideline; no. 90). Web address: http://www.guideline.gov/content.aspx?id=15521 Accessed October 2, 2012
4. Khalil RB, Richa S. Thyroid Adverse Effects of Psychotropic Drugs: A Review. *Clin Neuropharmacol*. 2011 Nove-Dec:34(6):248-55.
5. Clinical Pharmacology Online. Web address: http://www.clinicalpharmacology-ip.com Accessed October 2, 2012
6. Provider Manual 3.15: http://www.magellanofaz.com/media/156576/3-15_psychotropic_medications.pdf accessed 1/17/2012 Accessed October 2, 2012.