MAGELLAN
HEALTH SERVICES
Getting Better All the Time

Prescribing Guidelines for Antidepressants[1,2]

- Pharmacotherapy should not be the sole treatment; medication use should be combined with psychotherapy.

- The patient and caregiver should be informed about the medication therapy, including information on the delay in onset of therapeutic effect, side effects, dosing regimen, the danger of overdose, and the early signs of relapse.

- Patients should continue therapy for at least 16 to 20 weeks after remission.

- Maintenance therapy should be considered for patients with multiple or severe episodes of depression, residual symptoms between episodes, and comorbid psychiatric disorders. Side effects and patient preference should also be taken into account.

- Effectiveness between and within classes of antidepressants is generally comparable.

- When choosing a first-line antidepressant, some of the factors that should be considered are:
  - Side effects
  - Safety and tolerability
  - Previous response in patient or family member
  - Patient preference
  - Cost
  - Clinical trial data.

- If at least a moderate response has not been seen in the first 6 to 8 weeks of therapy, the treatment plan should be reevaluated.

- If a patient is showing a partial response, consider extending the medication trial. For patients on modest dosages or who have low serum drug levels despite usual doses, use of higher doses may be helpful.

- Side effects should be monitored closely, especially for patients who have had their dose increased.

Monitoring for suicide[3]:

- Closely monitor patients via weekly office visits in the first few months (supplemented by phone calls between visits for the first two weeks) of medication therapy and after any dosage changes.

- Monitor for new or more frequent thoughts of suicide; increased anxiety, agitation, aggressiveness or impulsivity; and involuntary restlessness or hypomania.
- Educate patients and families on these warning signs, as well as general suicide prevention strategies (e.g., removal of weapons).
- Contact all patients who miss appointments.

These guidelines are not intended to replace a practitioner's clinical judgment. They are designed to provide information and to assist practitioners with decisions regarding care. The guidelines are not intended to define a standard of care or exclusive course of treatment. Health care practitioners using these guidelines are responsible for considering their patient's particular situation in evaluating the appropriateness of these guidelines.

---

[1] American Psychiatric Association. www.psych.org. Practice Guidelines for Major Depressive Disorder.
[2] March JS, et.al. Fluoxetine, Cognitive-Behavioral Therapy, and Their Combination for Adolescents with Depression. *JAMA*. 2004;292:807-820.
[3] Magellan Health Services. Introduction to the Practice Guideline for the Treatment of Patients with Major Depressive Disorder. 2003-2005.