SECTION 5, CHAPTER 11, POLICY 002-B

ATTACHMENT B – PARAMETERS FOR THE USE OF ANTIDEPRESSANT MEDICATIONS

A. General Parameters for Use in Mood Disorders

1. Antidepressant medications in this parameter include: tricyclic antidepressants, maprotiline, bupropion, trazodone, nefazodone, mirtazapine, SSRIs (fluoxetine, fluvoxamine, sertraline), duloxetine, venlafaxine, and selected monoamine oxidase inhibitors (isocarboxazid, tranylcypromine).

2. Essential Use: Antidepressant medications should be tried during depressive mood episodes of moderate or severe intensity in clients with a diagnosis of:

a. Major Depressive Disorder,

b. Bipolar I Disorder,

c. Bipolar II Disorder,

d. Schizoaffective Disorder, Depressed Type, or

e. Schizoaffective Disorder, Bipolar Type

Antidepressant medications should be continued for 6 to 12 months in treatment-responsive individuals with a diagnosis of major depressive disorder, single episode, in partial or complete remission, after which time a gradual taper should be tried.

3. Optional Use:

a. Antidepressant medications may be tried in individuals with substance induced mood disorders with depressive features when detoxification from the substance(s) alone does not adequately resolve symptomatology or is not possible.

b. Antidepressant medications may be tried in individuals with mood disorders with depressive features due to a general medical condition when treatment of the general medical condition alone does not adequately resolve symptomatology or is not possible.

c. Antidepressants may be tried for initial treatment in individuals with dysthymic disorder, and should be tried in individuals with dysthymic disorder who have not successfully responded to six (6) months of treatment with psychotherapy alone or psychotherapy and other psychopharmacologic agents.

d. Antidepressant medications may be continued for an indefinite period in treatment-responsive individuals with a diagnosis of major depressive disorder, recurrent, in partial or complete remission. Decisions regarding indefinite treatment should be informed by client preference and the past course of the illness.

e. Antidepressant medications may be used for other disorders characterized by mood or affect disturbances only with appropriate additional justification in the medical record.

B. Use of Antidepressant Medications for Other Disorders

1. Essential Use:

a. Selected newer antidepressants (i.e., SSRIs, SNRIs) should be tried as the treatments of first choice for panic disorder and obsessive-compulsive disorder.

b. Clomipramine should be tried for treatment of obsessive-compulsive disorder when newer antidepressants are ineffective or poorly tolerated.

c. SSRIs should be tried for treatment of bulimia nervosa.

2. Optional Use:

a. Tricyclic antidepressants and MAOIs may be tried for treatment of panic disorder when newer antidepressants (SSRIs, SNRIs) are ineffective or poorly tolerated and clinical judgment suggests that benzodiazepines are contraindicated.

b. Desipramine and bupropion may be used to treat ADHD when psychostimulant medications are ineffective or contraindicated.

C. Multiple Concurrent Antidepressant Medications

1. Only one antidepressant medication should generally be used at any time, but two (2) may be used in exceptional circumstances; e.g., when trazodone is initially used to treat sleep disturbance in an individual who depressive episode is likely to respond to a less sedating antidepressant; when bupropion is used to ameliorate sexual side effects from SSRIs; or when a client fails to respond to numerous trials of monotherapy from multiple antidepressant classes and ECT is contraindicated or unavailable.

D. Use of Tricyclic Antidepressants (TCAs) and MAOIs

1. Essential Use:

a. Tricyclic antidepressants and MAOIs should be used when other antidepressant medications are contraindicated or unavailable, or when clients are already stabilized and doing well on the contemplated older antidepressant.

2. Contraindications:

a. Significant risk of untoward general medical effects relative to efficacy for tricyclic medications and MAOIs should preclude their use as initial treatment, except in unusual situations that are adequately documented in the clinical record at least every 90 days.

E. Use of Antidepressants in Major Depressive Disorder (MDD)

1. Newer antidepressants (SSRIs, SNRIs) should be tried initially for treatment of MDD when no contraindications exist for their use.

2. Determination of which newer antidepressant (SSRI, SNRI) should be used first is based upon clinical judgment, presence of other general medical conditions, client preference, and likelihood of adequate compliance.

3. When a newer antidepressant (SSRI, SNRI) is poorly tolerated or ineffective after an adequate clinical trial, the individual may be switched to a different antidepressant selected on the basis of clinical judgment.

4. When a second antidepressant is also poorly tolerated or ineffective after an adequate clinical trial, further trials with other antidepressants may be tried.

5. Selection of antidepressants for sequential trials should be based upon clinical judgment, presence of side effects, presence of other general medical conditions, client preference, potential toxicity, and available formulary. In general, it may be preferable to select antidepressants from classes with different mechanisms of action than those that have previously proved ineffective.

6. Special care must be taken to avoid serotonin syndrome by allowing two (2) weeks between termination of an MAOI and initiation of a newer antidepressant.

7. Appropriately small quantities of antidepressant medication should be provided when they are prescribed for individuals at significant risk for deliberate overdose.

8. ECT should be considered for treatment of MDD that does not respond sufficiently to multiple trials of antidepressant medications, where risk of immediate suicide is high and where comorbid general medical conditions preclude the safe use of antidepressants.

F. Use of Antidepressants in Bipolar Disorders

1. Essential Use: Antidepressant medication should be given with concurrent mood stabilizing medication for treatment of bipolar disorder, depressive episode.

2. Antidepressant medication should not be given on a long-term basis to individuals with bipolar disorders, as they may induce rapid cycling.

G. Use of Adjunctive Medications with Antidepressant Medications

1. Antipsychotic medications may be used in conjunction with antidepressant medications for treatment of depressive episodes during MDD, bipolar mood disorders, substance-induced

mood disorders, and mood disorders due to general medical conditions when psychotic symptoms are present.

2. Phenothiazine antipsychotic medications should not be used adjunctively with tricyclic medications due to increased risk for untoward cardiovascular effects and lowering of seizure threshold.

3. Mood stabilizing medications must be used in conjunction with antidepressant medications when treating depressive symptoms in bipolar mood disorders in order to minimize the likelihood of a manic episode.

4. Antidepressants should be used only during depressive episodes in bipolar I disorder; as longer-term use is associated with increased risk of rapid cycling.

5. Lithium or triiodothyronine (T3) may be used during depressive episodes to augment the therapeutic response to antidepressant medication when antidepressant medications alone are ineffective.

H. Antidepressant Medication Dosages

1. Dosage schedules of antidepressant medications should be determined by clinical situation and, with nortriptyline, imipramine, and desipramine, laboratory monitoring of medication blood levels.

2. Trials of antidepressant medications should be at dosages generally recognized as effective, unless untoward effects prevent this. In such cases, the individual should be switched to a different antidepressant medication.

I. Antidepressants and Suicidal Ideation and Behavior

1. FDA Black Box Warning

a. The FDA Black Box Warning regarding suicidal behavior, currently attached to all antidepressants, should be carefully reviewed:

"Suicidality in Children and Adolescents

Antidepressants increase the risk of suicidal thinking and behavior (suicidality) in children and adolescents with major depressive disorder (MDD) and other psychiatric disorders. Anyone considering the use of [Drug Name] of any other antidepressant in a child or adolescent must balance this risk with the clinical need. Patients who are started on therapy should be observed closely for clinical worsening, suicidality, or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescriber. [Drug Name] is not approved for use in pediatric patients except for patients with [Any approved pediatric claims here]. (See Warnings and Precautions: Pediatric Use).

Pooled analyses of short-term (4 to 16 weeks) placebo-controlled trials of nine antidepressant drugs (SSRIs and others) in children and adolescents with MDD, obsessive-compulsive disorder (OCD), or other psychiatric disorders (a total of 24 trials involving over 4400 participants) have revealed a greater risk of adverse events representing suicidal thinking or behavior (suicidality) during the first few months of treatment in those receiving antidepressants. The average risk of such events on drug was 4%, twice the placebo risk of 2%. No suicides occurred in these trials."

2. Individuals started on antidepressants should be specifically cautioned to immediately report any emergent suicidal ideation or intent to the prescribing practitioner.

3. Individuals for whom antidepressants are prescribed should be regularly questioned about the presence of dysphoria, restlessness, and emergent suicidal ideation and behavior, and responses should be documented.

4. Individuals with emergent suicidal ideation or behavior who have recently been started on SSRIs should be immediately changed to other non-SSRI antidepressant medication.

J. Laboratory Monitoring for Antidepressant Medications

1. Laboratory monitoring of individuals taking antidepressant medications should be determined by clinical situation, including type of medication, health risk factors, duration of treatment, concurrent general medical conditions, and concurrent medications, and should be consistent with Policy and Procedure 5-11-002, Attachment G – Parameters for General Health-Related Monitoring and Interventions in Adults.

2. Baseline EKG should be obtained prior to treatment with tricyclic antidepressants in individuals with cardiac disease or who are over age 55 years.