

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

OFFICE OF THE MEDICAL DIRECTOR

3.2 PARAMETERS FOR THE USE OF ANTIDEPRESSANT MEDICATIONS

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I. GENERAL PARAMETERS FOR USE IN MOOD DISORDERS

A. Definition: Antidepressant medications in this parameter include: tricyclic antidepressants, maprotiline, bupropion, trazodone, nefazodone, mirtazapine, SSRIs (fluoxetine, fluvoxamine, sertraline, citalopram, escitalopram), SSNRIs (duloxetine, venlafaxine, desvenlafaxine), and selected monoamine oxidase inhibitors (isocarboxyzid, tranylcypromine).

- B. Essential Use:**
1. Antidepressant medications should be tried during depressive mood episodes of moderate or severe intensity in patients 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.
 2. 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. Antidepressant medication should be tried in individuals with dysthymic disorder who have not successfully responded to six months of treatment with psychotherapy alone or psychotherapy and other psychopharmacologic agents.

- C. Optional Use:**
1. Antidepressant medications may be tried in individuals with substance induced mood disorders with depressive features when detoxification from the responsible substance alone does not adequately resolve symptomatology or is not possible.
 2. Antidepressant medications may be tried in individuals with mood disorders with depressive features due to a general medical condition when treatment of the responsible general medical condition alone does not adequately resolve symptomatology or is not possible.
 3. Antidepressants may be tried for initial treatment in individuals with dysthymic disorder.
 4. Antidepressant medications may be continued for an indefinite

period in treatment-responsive individuals with a diagnosis of major depressive disorders, recurrent, in partial or complete remission. Decisions regarding indefinite treatment should be informed by patient preference and the past course of the illness.

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

II. USE OF ANTIDEPRESSANT MEDICATIONS FOR OTHER DISORDERS (Excluding use for anxiety disorders described in 03.4 Parameters for the Use of Anxiolytic Medications)

A. Essential Use

1. Non-tricyclic antidepressants should be tried as the treatments of first choice for panic disorder and obsessive-compulsive disorder and generalized anxiety disorders.
2. SSRIs should be tried for treatment of bulimia nervosa.

B. Optional Use

1. Tricyclic antidepressants and MAOIs may be tried for treatment of panic disorder when non-tricyclic antidepressants are ineffective or poorly tolerated and benzodiazepines are contraindicated.
2. Desipramine and bupropion may be used to treat ADHD when psychostimulant medications, guanfacine and atomoxetine are ineffective or contraindicated.
3. SSRIs may be used for obsessive-compulsive spectrum disorders such as trichotillomania and body dysmorphic disorder.

III. MULTIPLE CONCURRENT ANTIDEPRESSANT MEDICATIONS

Only one antidepressant medication should generally be used at any one time, but 2 may be used in exceptional circumstances; e.g., when trazodone is initially used to treat sleep disturbance in an individual whose 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 patient fails to respond to numerous trials of monotherapy from multiple antidepressant classes and neuromodulation, e.g. rTMS, VNS, or ECT is contraindicated or unavailable.

IV. USE OF TRICYCLIC ANTIDEPRESSANTS AND MAOIs

A. Essential Use

Tricyclic antidepressants and MAOIs should be used when other antidepressant medications are contraindicated, ineffective or unavailable, or when patients are already stabilized and doing well on a tricyclic antidepressant or MAOI.

B. Contraindications:

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.

V. USE OF ANTIDEPRESSANTS IN MAJOR DEPRESSIVE DISORDER

1. SSRIs/SSNRIs should be tried initially for treatment of major depressive disorder when no contraindications exist for their use.
2. Determination of which SSRI/SSNRI should be used first is based upon availability, clinical judgment, presence of other general medical conditions, patient preference, and likelihood of adequate compliance.
3. When a non-tricyclic antidepressant 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 or augmentation strategies should be tried.
5. Selection of antidepressants for sequential trials should be based upon availability, clinical judgment, presence of side effects, presence of other general medical conditions, patient preference, and potential toxicity. 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 2 weeks between termination of an MAOI and initiation of a non-tricyclic medication.
7. No more than a 14-day supply 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 major depressive disorder that does not respond sufficiently to two adequate trials of antidepressant medications, where risk of immediate suicide is high, and where comorbid general medical conditions preclude the safe use of antidepressants.
9. For pregnant women who have a major depression, informed consent, including the consideration and discussion of the risks/benefits of using a specific antidepressant should be documented and should specifically address first trimester risks.

V. USE OF ANTIDEPRESSANTS IN BIPOLAR DISORDERS

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

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

VI. USE OF ADJUNCTIVE MEDICATIONS WITH ANTIDEPRESSANT MEDICATIONS

1. When psychotic symptoms are present, antipsychotic medications may be used in conjunction with antidepressant medications for treatment of depressive episodes during major depressive disorder, bipolar mood disorders, substance -induced mood disorders, and mood disorders due to general medical conditions.
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 should, in general, 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 manic episodes.
5. Selected antipsychotic medications, lithium or triiodothyronine may be used during depressive episodes to augment the therapeutic response to antidepressant medication when antidepressant medications alone are not effective.

VI. 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 as necessary.
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.

VIII. ANTIDEPRESSANTS AND SUICIDAL IDEATION AND BEHAVIOR

A. FDA Black Box Warning:

1. 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] or 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 patients) 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 or furnishing clinician.
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.

IX. 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 condition, and concurrent medications, and should be consistent with DMH Parameters, [3.7 Parameters for General Health-Related Monitoring](#).
2. Baseline EKG should be obtained prior to treatment with tricyclic antidepressants in individuals with cardiac disease or who are over age 55.