

# Antidepressant Medication Management

## WHY IS THIS IMPORTANT?

In 2017, an estimated 17.3 million American adults had at least one major depressive episode<sup>1</sup>. Without treatment, symptoms associated with these disorders can last for years, or can eventually lead to death by suicide or other causes. Fortunately, many people can improve through appropriate medications.

According to the American Psychiatric Association (APA)<sup>2</sup>, successful treatment of patients with major depressive disorder is promoted by a thorough assessment of the patient and close adherence to treatment plans. Treatment consists of an *acute phase*, during which remission is induced; a *continuation phase*, during which remission is preserved; and a *maintenance phase*, during which the susceptible patient is protected against the recurrence of a subsequent major depressive episode.

Patients who have been treated with antidepressant medications in the acute phase should be maintained on these agents to prevent relapse. Monitoring should include continuing appropriate use of antidepressants in patients progressing toward remission.

<sup>1</sup>National Institutes of Mental Health (NIMH): *Major Depression*, last updated 2/2019, accessed 2/10/20 @ [https://www.nimh.nih.gov/health/statistics/major-depression.shtml#part\\_155029](https://www.nimh.nih.gov/health/statistics/major-depression.shtml#part_155029)

<sup>2</sup>American Psychiatric Association, 2010. Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third edition. Arlington, Virginia [www.psych.org](http://www.psych.org)

## WHAT CAN YOU DO?

Annual screening for depression with the PHQ – 9 screening tool is recommended by the American Psychiatric Association (APA)

Medication is only recommended for those who score above a 10 on the PHQ – 9 scale (moderate severity)

Once it has been decided that medication is appropriate:

- Emphasize the importance of consistent utilization of the medication, until the desired result is achieved – can take up to 6 months
- Educate the patient on the risks of sudden withdrawal of medications
- Refer the patient for psychotherapy when necessary to medicate complex conditions and to help the patient better understand their depression

## ADDITIONAL RESOURCES:

Patient Health Questionnaire (PHQ-9) @ [https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjQn-nRyvDqAhU6g3IEHRB3CNcQFjADegQIBRAB&url=https%3A%2F%2Fwww.uspreventiveservicestaskforce.org%2FHome%2FGetFileByID%2F218&usq=AOvVaw2yZ9TqORR-INR\\_A1Fdw8-M](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjQn-nRyvDqAhU6g3IEHRB3CNcQFjADegQIBRAB&url=https%3A%2F%2Fwww.uspreventiveservicestaskforce.org%2FHome%2FGetFileByID%2F218&usq=AOvVaw2yZ9TqORR-INR_A1Fdw8-M)

APA Clinical Practice Guideline for the Treatment of Depression Across Three Age Cohorts: Guideline Development Panel for the Treatment of depressive Disorders (Adopted as APA policy 2/16/2019) @ <https://www.apa.org/depression-guideline/guideline.pdf>