Picking up SSRI Treatment After It's Been Started

Abigail Schlesinger MD

UPMC | WESTERN PSYCHIATRIC HOSPITAL

UPMC | CHILDREN'S HOSPITAL OF PITTSBURGH

UPMC | CHILDREN'S COMMUNITY PEDIATRICS

1

Goals and Objectives

At the completion of this program, participants should be able to:

1. Recognize the importance of the behavioral health differential diagnosis when prescribing medication for depression/anxiety
2. Describe a method to deploy components of their behavioral health toolbox(therapy strategy, safety plan, and/or medication)
3. Recognize the importance of appropriate follow-up for behavioral health interventions provided in pediatric primary care

2

UPMC | WESTERN BEHAVIORAL HEALTH

2

I have….(please select only 1)

- A. Been asked to continue an SSRI
- B. Continued an SSRI someone else started
- C. Both A and B
- D. Been asked to stop an SSRI because a patient is doing well
- E. Discontinued an SSRI because a patient is doing well
- F. D and F
- G. All of the above

3

3

This sounds familiar.

A.True

B.False

- Jordan is a 15 year old male whose mother calls and requests a new medication for attention. He has been on Zoloft 100mg for 1 year. It has helped his depression.

4

UPMC | WESTERN BEHAVIORAL HEALTH

4

Jordan is a 15 year old male whose mother calls to request a new medication for attention. He has been on Zoloft 100mg for 1 year. It has helped his depression. He restarted therapy 1 month ago.

A. Request neuropsychologic testing
B. Refer to psychiatry
C. See Jordan for an appointment
D. Switch to another antidepressant
E. Call TIPS
F. Talk to his therapist
G. Order Gene-sight testing

5

UPMC | WESTERN BEHAVIORAL HEALTH

5

A.Neuropsychology Testing

- Jordan is a 15 year old male whose mother calls and requests a new medication for attention. He has been on Zoloft 100mg for 1 year. It has helped his depression.

- Can help identify anxiety/depression or executive dysfunction
- Often doesn't definitively separate ADHD from depression and anxiety
- Make sure family has appropriate expectations
- Can be very useful to help identify learning needs

6

UPMC | WESTERN BEHAVIORAL HEALTH

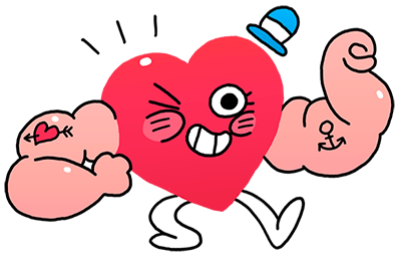
6

B. Refer to Psychiatry

- Jordan is a 15 year old male whose mother calls and requests a new medication for attention. He has been on Zoloft 100mg for 1 year. It has helped his depression.

- A psychiatrist certainly can help with that
- A good evaluation with a therapist could also be helpful
- Consider calling TIPS if
  - You need help with diagnosis
  - You are not sure what to do next
  - You want help referring to the community

C. See Jordan for an Appointment



Some things to think about before session

- Ask for completion of scales .
- How long in therapy and how many actual sessions
- How long in treatment, and at what dose

- …MORE TO COME….

D. Switch to another antidepressant

- Please don't do this without seeing him
- Average effective dose of Zoloft is 100-150mg and dose can go all the way to 200mg without going over FDA recommendation
- If it was useful at first and not working as well you are better off increasing rather than changing
- Other meds may have side effects if tolerating this but partially effective(or wearoff, or less effective, or not helping anxiety) increase medication rather than changing
- Anxiety often requires higher doses over longer periods of time -*this should be it's own slide

UPMC | WESTERN BEHAVIORAL HEALTH

9

Anxiety often higher doses over longer periods of time – especially OCD

- All antidepressants 1 month for "full effect" for depression
- Up to 12 weeks (yes 3 months) for "full effect" for anxiety

UPMC | WESTERN BEHAVIORAL HEALTH

10

E. Call TIPS

- Yes!!!
- Could call before the appointment
  - – "what data should I collect?"
  - I'm not sure what to do (there's something new –to you- about the presentation
    - Eg – he just started T and your not sure how that might impact your choices
    - You know kids with transgender have higher risks of SI – not sure how that impacts your choices
- Could call after the appointment
  - You want to review choices, and or review with us before finalizing plan
  - You got thrown a curveball

UPMC | WESTERN BEHAVIORAL HEALTH

11

F. Call the therapist

- What did they see that they thought was ADHD – or did they even say that
- What are they doing?
- Could they increase level of care if needed
- Have they considered hospitalization
- What is the safety plan?

UPMC | WESTERN BEHAVIORAL HEALTH

12

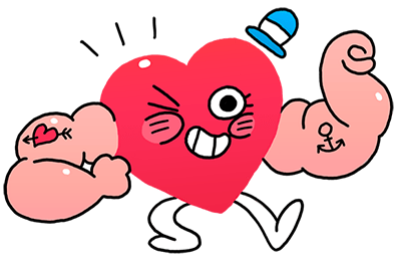
G. Order genetic testing

- There is no evidence to support gene-site testing at this point.
- Doesn't really have any clinical correlation
- Pretty picture – confuses patients
  - Does green mean go – Cymbalta is green almost always –
- Some specialist use for kids with history of side effects, but evidence for that is weak

UPMC | WESTERN BEHAVIORAL HEALTH

13

C. See Jordan for an Appointment



Some things to think about before session

- Ask for completion of scales .
- How long in therapy and how many actual sessions
- How long in treatment, and at what dose

14

UPMC | WESTERN BEHAVIORAL HEALTH

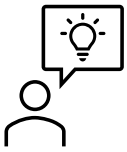
14

Remember Your Therapeutic Toolbox

UPMC | WESTERN BEHAVIORAL HEALTH

15

Therapeutic Toolbox



- Follow-up
- Non-medication Interventions
- Safety Planning
- Medication
- Referral and Coordination

UPMC | WESTERN BEHAVIORAL HEALTH

16

Nonmedication Interventions

Relationship

HELLPP Skills

Assessment

Health Behavior Interventions

BH Interventions

UPMC WESTERN BEHAVIORAL HEALTH

17

"Initiation" (Reevaluation) Check

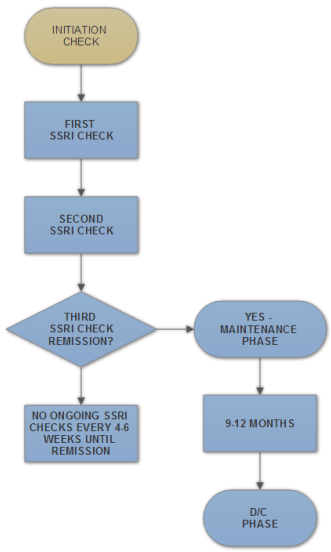
1. Validate Diagnosis & Safety
   - Review Interim History Including change in mood/anxiety, treatment, perceived side effects, stressors
   - ~~Review Family History~~

~~2. Complete Consent/Assent~~

3. Clarify Goals/Expectations/Safety Plan

~~4. Start~~ Plan for Medication increase or change

5. Schedule follow-up



UPMC WESTERN BEHAVIORAL HEALTH

18

1. Validate Diagnosis & Safety

- ASSURE SAFETY
  - Is his safety plan still appropriate, **has he had to use it**
- Review work-up & interim history- medical diagnosis & comorbid psychiatric
  - Confirm Diagnosis
    - Review Behavioral Scales
      - SCARED parent and child(7-18) or GAD-7(13 and over 18)
      - PHQ9(or PHQ9a)
    - Consider Comorbidities that can Complicate Treatment

UPMC WESTERN BEHAVIORAL HEALTH

19

Review work-up and interim history

- No seizure, concussion or other medical complaint
- Psychiatric History
  - Started medication about 1 year ago – no side effects
  - He feels like his depression got all the way better, but not sure about anxiety(although panic stopped) (PHQ went from 25 to 4, GAD 7 is still 14)
  - He started panicing about school work before the end of the first semester of school, anxiety continued to worsen, then depression came back.
    - PHQ – 15, GAD 7 – 14
  - NO SI or SIB thoughts or actions, although some slight hopelessness

UPMC WESTERN BEHAVIORAL HEALTH

20

Consider Psychiatric Comorbidities that Could Complicate Treatment

- Bipolar Disorder
- Autistic Spectrum Disorder
- Trauma
- Substance Use
- Eating Disorder
- Suicidality
- ADHD & ODD

- Assess personal history
- Are ASD driving "anxiety behaviors"
- Acute or Chronic Trauma
- Consider Substance Screen
- Medication won't work if you don't have enough food to feed the brain
- Assess past and Current
- Consider Vanderbilts

UPMC | WESTERN BEHAVIORAL HEALTH

21

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems? *(Use "✔" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

UPMC | WESTERN BEHAVIORAL HEALTH

22

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so figety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

UPMC | WESTERN BEHAVIORAL HEALTH

23

You bring him in and he says

- I'm most worried that my grades are way down this year.
- I think about it all the time, but am getting less able to complete work.
- Although I've always been a worrier, this is worse than usual.
- Appetite- fine;
- Sleep – can't sleep at night – sleeping in until noon, doing work on bed all day long, sometimes napping around 3pm and irritated when mom wakes him up for dinner.

24

What would you do next?

- A. Set a goal for improved sleep hygiene
- B. Increase Zoloft
- C. Suggest melatonin
- D. Ask therapist to work on sleep hygiene

25

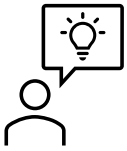
25

Remember Your Therapeutic Toolbox

UPMC | WESTERN BEHAVIORAL HEALTH

26

26



Therapeutic Toolbox

- Follow-up
- Non-medication Interventions
- Safety Planning
- Medication
- Referral and Coordination

UPMC WESTERN BEHAVIORAL HEALTH

27

Nonmedication Interventions

- Relationship
- HELLPP Skills
- Assessment
- Health Behavior Interventions
- BH Interventions

UPMC WESTERN BEHAVIORAL HEALTH

28

Brief Behavioral Interventions

Sluggish, Irritable, Amotivated

Activation – "pick up sticks" Fab Four

Avoidant, fearful, anxious

Boss-Back- Exposure, 1,2 3 Worry

Busy Body, busy brain

Practice mindfulness Deep breathing, Progressive Muscle Relaxation

29

Health Behavior Interventions

Sleep

Track Sleep
Consolidate Sleep
Limit Naps
Consistent Schedule

Food Intake

Track
Encourage Healthy Food Intake

Exercise

Have family work together

30

Health Behavior Interventions

- Sleep – sleep at night awake during the day, limiting screentime at night
- Caffeine – limiting caffeine in the evening
- Social Media – reasonable use of social media
- Eating – encouraging breakfast, meals, healthy eating
- Exercise – exercise alone can treat mild depression (and perhaps moderate depression)
- More…

31

31

You decide to increase the medication. What dose would you increase it to.

A. Sertraline/Zoloft 125mg
B. Sertraline/Zoloft 150mg
C. Sertraline/Zoloft 200mg
D. Sertralne/Zoloft 250mg

UPMC | WESTERN BEHAVIORAL HEALTH

32

When and how would you follow-up?

- 1-2 weeks on the phone or in person – side effect check
- 2-4 weeks after change – check on efficacy of change consider more changes(another small goal, increased therapy, increased medications, make sure new stressors haven't occurred)
- Every month after if not in full remission and/or making clear progress every session.
- Increase frequency if increase in symptoms and/or decline in functioning

UPMC | WESTERN BEHAVIORAL HEALTH

33

Harry is an 18 year old with social phobia who had impairing symptoms at 17, but had therapy and medication and has been doing very well for 6 months. Mom calls in December and wants him to stop the medication so it doesn't need to go on the form for college.

34

UPMC | WESTERN BEHAVIORAL HEALTH

34

What would you do in the folow-up appointment

A. Repeat measures, and if all are in agreement stop Zoloft
B. Recommend an evaluation with a therapist before stopping Zoloft
C. Recommend treatment with a therapist while stopping Zoloft.
D. Continue Zoloft for another 6 months as a stressor is coming up in 3

35

35

Defining Full Remission

- Little or no evident impairment
  - May still be working on goals, but not getting stuck on them
- Anxiety
  - Overall SCARED < 13 and no impairment
  - GAD-7 <5 and no impairment
- Depression- PHQ9 <10 and no impairment or <5

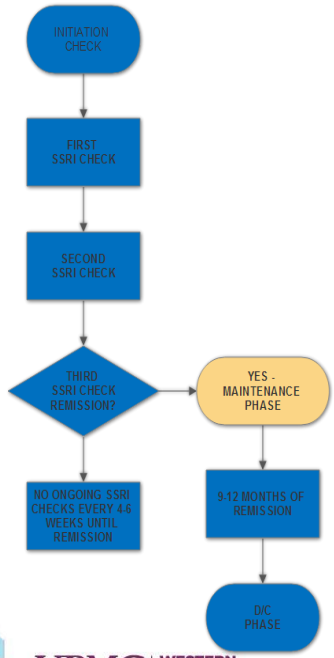
36

UPMC | WESTERN BEHAVIORAL HEALTH

36

Maintenance

- SSRI Check every 1-3 months
- Assess response
  - Ask
  - Repeat original screens for target symptoms
- Check side effects
- Review goals/expectations/safety plan
- Begin to discuss when discontinuation will occur



UPMC WESTERN BEHAVIORAL HEALTH

37

Length of Maintenance

- 1st episode 6-9 months of Full Remission
- 2nd episode 1 – 2 years
- 3rd episode – for life?

- This is extrapolated from depression data in adults.

UPMC WESTERN BEHAVIORAL HEALTH

38

When to Stop Medication

- Assure that maintenance occurred for enough time
  - Were they really in maintenance phase?
  - Were they really in maintenance phase the entire time?
- Rules of thumb for when **not** to stop
  - Immediately before or during time of great stress and/or change
    - Be weary of "medication is not working so I would like to stop"
  - Relapse more common with discontinuation in the winter

39

UPMC | WESTERN BEHAVIORAL HEALTH

39

Considerations when stopping SSRIs

- Best success by increasing frequency of therapy and decreasing medication slowly – weekly or less
- Remember that it takes 4 half-lives for medication to get out of system and can take at least 4 weeks after that for recurrence

40

40

SSRI General Information

Medication	Typical Effective Dose	Typical Upper Dose Range	Half-life	Half-life of Active Metabolites
Fluoxetine	20mg	60mg	2-3 days	2 weeks
Sertraline	100-150mg	200mg	Males – 22.4 hours females 32-36	NA
Citalopram	20mg	40mg	20-35 hours	NA
Escitalopram	10mg	20mg	20-35 hours	NA

41

UPMC | WESTERN BEHAVIORAL HEALTH

41

Art is a 14 year old with a long history of anxiety and depression. He has been in and out of therapy and says that “therapy never really works for him” as much as medication. He is currently taking Prozac 60mg. He has not been in therapy for 1 year. He has had a significant decline in mood and increase in anxiety over the winter. His PHQ9 = 24(he is not suicidal). His GAD 7 =20. His mother responded to paxil(paroxetine)

42

UPMC | WESTERN BEHAVIORAL HEALTH

42

In 14 year old male with depression and anxiety without therapy for 1 year, wants you to change medication.

- A. I've been in this situation
- B. I've never been in this situation

43

43

When to cross-titrate between SSRIS

- If patient can no longer tolerate side effects with one SSRI
- If patient is on the maximum FDA approved dose, for at least 4 weeks, is in therapy and is not improving
- Always consider adding therapy and/or having brief behavioral goal prior to increasing medication
- Always reconsider diagnosis prior to cross-titrating SSRIs

44

44

Thoughts about changing SSRIs

- Fact: protocols of how to titrate are as much art as science.
- There is no one way to do this.

- Rules to follow
  - Prozac self-titrates so is easiest to "just stop" and start another medication the next day.
  - Changing SSRIs is an increased risk periods. Mitigate risk by
    - Frequent follow-up with yourself and therapist
    - Make sure therapist is aware that cross-titration is occurring.
    - Be aggressive about dosing, and don't be surprised if you need an "equivalent dose" of the medication you are switching from – you can determine this with

45

Art is a 14 year old with a long history of anxiety and depression. He has been in and out of therapy and says that "therapy never really works for him" as much as medication. He is currently taking Prozac 60mg. He has not been in therapy for 1 year. He has had a significant decline in mood and increase in anxiety over the winter. His PHQ9 = 24(he is not suicidal). His GAD 7 =20. His mother's depression responded to paxil(paroxetine)

46

In your follow-up appointment you confirm that he is back in therapy, working on his sleep-wake cycle, and working on activation skills. What would you do next?

- A. Increase Fluoxetine(Prozac) to 70mg
- B. Stop Fluoxetine/Prozac and start Escitalopram(Lexapro) 5mg
- C. Stop Fluoxetine/Prozac and start Escitalopram(Lexapro) 10mg
- D.Stop fluoxetine(Prozac) and start paroxetine (paxil) 10mg
- E. Decrease fluoxetine(Prozac) to 30mg and start escitalopram(Lexapro) 5mg.
- F.I would call TIPS

47

47

A. Increase Prozac

- There is data for using Prozac 60mg, especially in OCD.
- This is above the FDA approved maximum.
- There is no FDA warning saying not to do this.
- If you choose to do this, please let the patient know that you are aware you are going above the FDA maximum.

48

48

Stop Fluoxetine/Prozac and start Escitalopram(Lexapro) 5mg or 10mg

- Prozac self-titrates slowly over weeks, so reasonable to stop.
- If you choose to start with 5mg please make sure processes are in place to check-in with patient, since this is a “lower equivalent dose”
- Be aggressive, and recognize that Lexapro 20mg(or more) is closer to Fluoxetine 60mg than Lexapro 5mg
- Many psychiatrists titrated Lexapro to 30mg, although the data is minimal.
- Again this is art as much as science. The data for Lexapro over 10mg is not robust, although it is approved for teenagers

49

49

Stop fluoxetine(proxac) and start paroxetine(paxil)

- Paxil is not approved for use in pediatric patients(despite data for depression, anxiety and panic disorder in adults)

50

50

Decrease fluoxetine(Prozac) to 30mg and start escitalopram(Lexapro) 5mg.

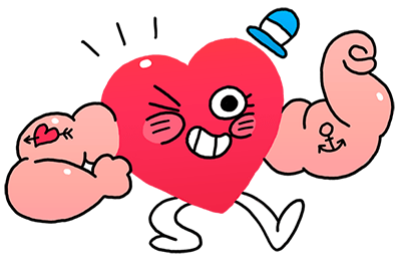
- This is not unreasonable, although probably more complex than needed
- Benefit – Patient keeps taking Prozac, and it stays a theraaputic level while starting Lexapro (to see whether or not they have side effects)
- Downside – as above, probably more complicated than it needs to be with Prozac, which self-titrates

FYI – many of us cross-titrate in increments of 7 days – again art not science

51

51

Call TIPS



52

UPMC | WESTERN BEHAVIORAL HEALTH

52