MEDICATION MANAGEMENT OF ANXIETY AND DEPRESSION FOR PRIMARY CARE

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UVA Health
DISCLOSURE

I do not have any personal or professional financial relationships with commercial entities producing healthcare goods and/or services.
LEARNING OBJECTIVES

At the conclusion of this activity, participants will be able to:

1. Identify the medications with the best evidence for treating depression and anxiety disorders in children
2. State an appropriate order for medication trials in treating anxiety and depression in children
3. Evaluate different options to use in treatment-resistant cases
SL is a 12-year-old girl who presents with depressed mood, insomnia, low energy, decreased interest in activities, and worthlessness. She has had suicidal ideation at times and was cutting on a daily basis until her mother took away her razor two weeks ago.
DEPRESSION

- Fluoxetine
  - At least 4 RCTs in children
  - Behavioral activation
- Sertraline, escitalopram, citalopram, venlafaxine
- Bupropion, duloxetine, mirtazapine
DEPRESSION

INADEQUATE RESPONSE

- Switch to alternate SSRI, then venlafaxine
- Augmentation
  - Bupropion, mirtazapine, atypicals
  - Buspirone, thyroid hormone, stimulants
- Alternate Class
  - Bupropion, duloxetine, mirtazapine
  - Little evidence for tricyclics
# DEPRESSION

<table>
<thead>
<tr>
<th></th>
<th>Recommended Initial Dose* (mg)</th>
<th>Recommended Maximum Dose* (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citalopram</td>
<td>10-20</td>
<td>40</td>
</tr>
<tr>
<td>Escitalopram</td>
<td>5-10</td>
<td>20</td>
</tr>
<tr>
<td>Fluoxetine</td>
<td>5-20</td>
<td>20-80</td>
</tr>
<tr>
<td>Paroxetine**</td>
<td>10-20</td>
<td>50</td>
</tr>
<tr>
<td>(immediate release)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sertraline</td>
<td>12.5-50</td>
<td>200</td>
</tr>
</tbody>
</table>

* Doses for MDD or depression were used if listed and other indication doses were used if no MDD.

DEPRESSION

CONTINUATION
- 6-12 months after symptom remission
- Full therapeutic dose
- To discontinue, reduce dose by 25-50%/week

MAINTENANCE
- All patients after third episode
- Some patients after second episode
ANXIETY DISORDERS

AP is a 14-year-old girl who reports anxiety for many years, worrying particularly about her health for the last year. Her mother says that during the worst times she will ask about her health constantly from the time she gets home from school until she goes to bed. She also worries about school and about storms and previously worried excessively that her parents would die.
ANXIETY DISORDERS

GENERALIZED ANXIETY DISORDER
- RCTs supporting venlafaxine, sertraline and duloxetine

SOCIAL ANXIETY DISORDER
- RCTs supporting fluoxetine, paroxetine, and venlafaxine

SELECTIVE MUTISM
- Two small RCTs negative for fluoxetine and sertraline
ANXIETY DISORDERS

PANIC DISORDER
- Uncontrolled trials positive for fluoxetine and paroxetine

SPECIFIC PHOBIAS
- Small uncontrolled study of fluoxetine

SEPARATION ANXIETY DISORDER
- One positive and one negative study with imipramine
ANXIETY DISORDERS

POSTTRAUMATIC STRESS DISORDER

- Little evidence for antidepressants
- Antiadrenergic medications:
  - Clonidine and guanfacine
  - Prazosin
RD is a 16-year-old girl with a long history of intrusive thoughts. When she was 12, she had fears of hurting herself, especially when she saw scissors, that lasted 2-3 months. Presented with several months of thoughts of being gay even though she says she knows she’s not. At times, she makes an X symbol with her eyes to cross out the thoughts. At bedtime, she says a particular prayer and reads the same comic book each night. She then counts down in intervals, at times moving her hand or foot in a particular pattern as she counts. When preparing to travel, she takes pictures of all her appliances unplugged and then checks the pictures over the next couple of days to make sure they are in fact unplugged.
OBSESSIVE-COMPULSIVE DISORDER

TREATMENT OPTIONS

- SSRI
  - Fluoxetine, fluvoxamine, or sertraline
- A second SSRI
- Augmentation with an atypical
  - Clomipramine
- Combination of SSRI and clomipramine
### OBSESSIVE-COMPULSIVE DISORDER

<table>
<thead>
<tr>
<th>Drug</th>
<th>Starting Dose (mg)</th>
<th>Typical Dose Range (mg)</th>
<th>Mean Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Preadolescent</td>
<td>Adolescent</td>
<td></td>
</tr>
<tr>
<td>Clomipramine&lt;sup&gt;b,c&lt;/sup&gt;</td>
<td>6.25–25</td>
<td>25</td>
<td>50–200</td>
</tr>
<tr>
<td>Fluoxetine&lt;sup&gt;b,d&lt;/sup&gt;</td>
<td>2.5–10</td>
<td>10–20</td>
<td>10–80 (25)</td>
</tr>
<tr>
<td>Sertraline&lt;sup&gt;b,d&lt;/sup&gt;</td>
<td>12.5–25</td>
<td>25–50</td>
<td>50–200 (178)</td>
</tr>
<tr>
<td>Fluvoxamine&lt;sup&gt;b,c&lt;/sup&gt;</td>
<td>12.5–25</td>
<td>25–50</td>
<td>50–300 (165)</td>
</tr>
<tr>
<td>Paroxetine&lt;sup&gt;a&lt;/sup&gt;</td>
<td>2.5–10</td>
<td>10</td>
<td>10–60 (32)</td>
</tr>
<tr>
<td>Citalopram&lt;sup&gt;d&lt;/sup&gt;</td>
<td>2.5–10</td>
<td>10–20</td>
<td>10–60</td>
</tr>
</tbody>
</table>

**Note:**
- <sup>a</sup>Mean daily doses used in randomized controlled trials.
- <sup>b</sup>Approved by the Food and Drug Administration for obsessive-compulsive disorder in children and adolescents.
- <sup>c</sup>Doses lower than 2.5 mg/day may be administered by compounding 2.5 mg into a 5-mL suspension.
- <sup>d</sup>Oral concentrate commercially available.
- <sup>e</sup>Oral suspension commercially available.

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