Depression Medication Pathway for Adults

The aim of this pathway is to encourage safe and efficient prescribing by advising the best evidence based pharmacological treatments for unipolar depression.

**Patients aged over 65 years:** Any doses stated refer to adult dosing and the prescriber should consult the BNF for advice on doses for elderly patient groups.

**Key prescribing guidelines**

* At all steps, consider non-pharmacological options instead of or in support of drug treatment, e.g. talking therapies
* Request a full list of medical problems and medication from the GP
* Consider causative underlying physical health problems
* Consider monotherapy first
* Medication trials should be at least 6 weeks at the maximum tolerable dose
* Combination or augmentation may be more effective when there is partial response
* Antidepressants used for alternative indications at low doses should be taken into consideration but are not considered combination treatment

**Definitions**

* Combination - A combination of two or more treatments, each of which represents an antidepressant alone, i.e. it adds an extra effect without altering the action of the first drug.
* Augmentation - Augmentation means adding another drug that by itself is not an antidepressant, but that may improve the efficacy of the original antidepressant.
* Partial Response - failure to respond completely to two successive courses of single drug therapy with different groups of antidepressants.
* Off-label - prescribing a licensed medication for a condition outside of their licence
* Unlicensed - prescribing a medicine that does not have a UK marketing licence

**Off-label and Unlicensed Medicines**

Before prescribing off-label or unlicensed medicines the following conditions must be met:

* The medicine is better suited to the patient/client’s needs than an appropriately licensed alternative
* There is a sufficient evidence base and/or experience of using the medicine to demonstrate its safety and efficacy
* The reasons why medicines are not licensed for their proposed use should be explained to the patient/client, or parent/carer
* A clear and accurate record of medicines and the rational for use should be documented on Paris (unless the medication is included in TEWV off-label permissions) as part of the Medication Treatment Plan
* Prescribing & monitoring arrangements for “off-label” and unlicensed medications are likely to remain in secondary care unless transfer has been agreed

**Any drug marked with an (N) is recommended by NICE guidelines**

**Any drug marked with an asterisk (\*) should only be initiated by a Consultant Psychiatrist or Level 3 Non-Medical Prescriber with competency to initiate the medication.**

**In need of ACTIVATION**

* Loss of interest
* Oversleeping
* Overeating
* Poor concentration
* Indecisive
* General slowing

**In need of SEDATION**

* Lack of sleep
* Lack of appetite
* Agitation/restlessness
* Suicidal thoughts
* Loss of libido\*

\* SSRI not primary choice

**SSRI or low dose venlafaxine (N)**

* Sertraline 100mg OM (titrate to dose)
* Venlafaxine 37.5mg BD

**Mirtazapine (N)**

* Mirtazapine 30mg ON (More sedating at 15mg)
* Not ideal for patients concerned about weight gain

Reassess mood using interview and PHQ-9

Check effects of medication and adherence

Reassess mood using interview and PHQ-9

Check effects of medication and adherence

PARTIAL RESPONSE

Consider increase to maximum dose for further 6 week trial if tolerated

**General**

**Symptom**

**Profile**

**STEP 1**

Trial of single drug therapy – 4-6 weeks at treatment dose

**STEPS 2 & 3**

2 further trials of single drug therapy from different drug groups – 4-6 weeks at treatment dose

**CONSIDER (in any order)**

* + A different SSRI if the first is not tolerated **(N)**
* Increase venlafaxine to 150-225mg/day or switch to duloxetine if not tolerated **(N)**
* TriCyclic Antidepressant (TCA) **(N)**
* [Vortioxetine](#Vortioxetine) **(N)** (if 2 previous failed or non-tolerated trials)

**CONSIDER (in any order)**

* Venlafaxine + hypnotic (short term for sleep 2 weeks)
* SSRI + hypnotic

(short term for sleep 2 weeks) **or** + trazodone 50-150mg

* TriCyclic Antidepressant (TCA) **(N)**
* [Vortioxetine](#Vortioxetine) **(N)** (if 2 previous failed or non-tolerated trials)

Reassess mood using interview and PHQ-9

Check effects of medication and adherence

Reassess mood using interview and PHQ-9

Check effects of medication and adherence

PARTIAL RESPONSE

Consider increase to maximum dose for further 4-6 week trial if tolerated

**NO RECOVERY**

**NO RECOVERY**

**NO RECOVERY**

Consider Secondary Care

initiation options

**PARTIAL RECOVERY**

Add Psychological Therapy

if not already tried

**STEP 4**

Secondary Care Initiation

Consider in any order

6 weeks at treatment dose

**NO RECOVERY**

[**Combination**](#Combination) **of different antidepressants**

* [SSRI](#SSRIvenlafaxineDuloxetineMirtazapine" \o "SSRI or venlafaxine or duloxetine + mirtazapine) **[or](#SSRIvenlafaxineDuloxetineMirtazapine" \o "SSRI or venlafaxine or duloxetine + mirtazapine)** [venlafaxine](#SSRIvenlafaxineDuloxetineMirtazapine" \o "SSRI or venlafaxine or duloxetine + mirtazapine) **[or](#SSRIvenlafaxineDuloxetineMirtazapine" \o "SSRI or venlafaxine or duloxetine + mirtazapine)** [duloxetine + mirtazapine](#SSRIvenlafaxineDuloxetineMirtazapine" \o "SSRI or venlafaxine or duloxetine + mirtazapine) **[(N)](#SSRIvenlafaxineDuloxetineMirtazapine" \o "SSRI or venlafaxine or duloxetine + mirtazapine)**
* [Mirtazapine **or** SSRI + reboxetine](#MirtazapineorSSRIplusReboxetine) (2-8mg daily)

[**AUGMENTATION**](#Augmentation) **of partially effective antidepressants**

* [Quetiapine immediate release](#Quetiapine) (150-300mg/day) (off-label) **(N)**
* [Lithium](#Lithium)\* **(N)**

**Alternative MONOTHERAPIES** (specialist prescribing only)

* [Agomelatine](#Agomelatine)\* (if 3 previous failed or non-tolerated trials)
* [Bupropion](#Bupropion)\* (off-label)

**STEP 5**

Secondary Care Initiation

Consider in any order

6 weeks at treatment dose

**NO RECOVERY**

[**AUGMENTATION**](#Augmentation) **of partially effective antidepressants**

* [SSRI + buspirone](#SSRIplusBuspirone) (up to 60mg/day)
* [Aripiprazole](#Aripiprazole) (off-label) **(N)**
* [Amisulpride](#Amisulpride) (off-label)

**STEP 6**

Secondary Care Only

**NO RECOVERY**

* Consider ECT
* Consider referral to tertiary service or specialist within TEWV

**Alternative MONOTHERAPIES**

* [Mono Amine Oxidase Inhibitors (MAOIs)](#MAOIs)\* **(N)**

# Further Information About Treatment Options



**Consultation and Prescribing Advice**



**General References**



**Useful links**

**NICE Guidelines for Depression**

Depression in adults: recognition and management. 2009. (Clinical guideline 90.)

[www.nice.org.uk/guidance/cg90](http://www.nice.org.uk/guidance/cg90)

Depression in adults with a chronic physical health problem: treatment and management. 2009. (Clinical guideline 91.)

[www.nice.org.uk/guidance/cg91](http://www.nice.org.uk/guidance/cg91)

**The Maudsley Prescribing Guidelines**

Taylor, D., Paton C. & Kapur S. (2015). Chapter 4 – Depression and anxiety. The Maudsley Prescribing Guidelines, 12th Edition. London: CRC Press.

[lib.myilibrary.com/Open.aspx](http://lib.myilibrary.com/Open.aspx?id=786015&src=0) - You will need an Athens account and login to access this link and can gain one through library services at the Trust if you do not already have one.

Sections

* *Antidepressants: relative adverse effects – a rough guide* – Table 4.22, p332-333
* *Antidepressant discontinuation symptoms* – Table 4.12, p284
* *Serotonin syndrome symptoms* – Fig 4.5, p297
* *Antidepressants – swapping and stopping* – Table 4.15, p298-300

**Medication Information**

The Choice and Medication website has helpful information in agreeing choice of antidepressant with patients [www.choiceandmedication.org.uk/tees-esk-and-wear-valleys/](http://www.choiceandmedication.org.uk/tees-esk-and-wear-valleys/) and you can print out medication information sheets. It also has information on driving whilst taking medication.