South Georgian Bay My DAWN – DEPRESSION

Depression Anxiety Wellness Navigation for children and teens (6-17 years)

Based on the #Cundill@CAMH decision aid

Doctor/NP visit for concerns re mood

- Assess severity using RCADS 6-17 years LINK
- RCADS-P for parents if necessary
- Consider risk of suicide 4 ASQ
- Consider Caregiver Education Package and Parent Handout under myDAWN

Mild Depression

Up to 17yrs NewPath Quick Access Clinic
12yrs+ Catholic Family Services
12yrs+ 1door.ca
16yrs+ FHT JIT
Parenting Support FHT JIT
12-18yrs Collingwood Youth Centre Headstrong (self referral)

If appropriate, FHT will use warm referral pathway to escalate to NewPath

Moderate to Severe Depression

Consider medication

Trial of Fluoxetine **OR E-consult**

Monitoring Medication
Frequent monitoring initially (weekly for the first 4 weeks); closely monitor for suicidal behaviour, self-harm, hostility
Recommended **Fluoxetine as first-line medication** titration:

- Week 1: 10mg/d
- Week 2: 20mg/d (if tolerated and clinically necessary)
- Week 4: Assess response: continue at 20mg/day or consider increase to 30mg/day
- Week 8: or 12: Assess response, insufficient continue with fluoxetine at 20-40 mg/day. If some response but significant symptom remain, increase to 60mg/day. If insufficient response switch to another ssri (try sertraline or citalopram) (see additional guidelines below)

New Path 16 session group /individual CBT Caribou program LINK for 12-17 Yrs
10-11yrs → Refer to Waypoint Family Child and Youth program for pediatrician assessment; can start CBT

EMR reminder for RCADS at week 6. Improvement?

No

Team Review by New Path and Referrer

- Contact Referrer/NewPath via EMR?
- Consider medication trial, if not already started
- Consider referral to Pediatrician
- Consider referral to Psychiatry
- Consider changing psychotherapy
- Consider family therapy
- Consider 1:1 Therapy, if in Group
- +/- Sertraline

Yes

Continue with Intervention with RCADS monthly

Response

Yes, PT on Rx

Continue antidepressant for 6 months more; relapse prevention plan

No response

Yes

Remission

No remission

RCADS and follow up monthly for 2 months, at 6 months, then annually

Re-referral if relapse (should be seen ASAP)

NOTE: This decision guide is based on #CundillatCAMH Decision Aid for Treatment of Depression in Youth LINK

Legend

- GBFHT
- New Path
- Physician/NP
- Team

Other Guidelines

- Do not offer antidepressant without also offering psychotherapy
- If psychotherapy declined, medication may still be given
- Cautiously consider fluoxetine in children if unresponsive to psychotherapy after 6 weeks
- Do not offer paroxetine, venlafaxine, tricyclic antidepressants or St. John's Wort
- Recognized scale should be chosen with clear cut-offs for "response" and "remission"

Georgian Bay FAMILY HEALTH TEAM
new path
Waypoint CENTRE for MENTAL HEALTH CARE CENTRE de SOINS de SANTÉ MENTALE Advancing Understanding. Improving Lives. Avancer la compréhension. Améliorer la vie.
camh

South Georgian Bay myDAWN ANXIETY

(Depression Anxiety Wellness Navigation for children and teens (6-17 years)

Based on the #Cundill@CAMH decision aid

Doctor/NP visit for concerns re GAD or Social Anxiety

- Assess severity using RCADS 6-17 years LINK
- Consider risk of suicide 4 ASQ
- Consider Caregiver Education Package and Parent Handout under myDAWN

NOTE: This guidance does not apply to simple phobias, post traumatic stress disorder, or obsessive-compulsive disorder. Avoid benzodiazepines and atypicals (see references below)

Mild Anxiety

Moderate to Severe Anxiety

Consider medication

Trial of 1. Sertraline or 2. Fluoxetine **OR E-consult**

Monitoring Medication

Frequent monitoring initially (weekly for the first 4 weeks); closely monitor for suicidal behaviour, anxiety, intolerance.

Recommended **Sertraline** titration:

- Week 1: 25 mg/d week;
- Week 2-3: can be adjusted flexibly to 50mg/d by week 2-3 (if tolerated and clinically warranted)
- Can gradually increase to adult daily dose

Recommended **Fluoxetine** titration:

- Week 1: 10mg/d
- Week 2-3: can be adjusted flexibly to 20mg/d by week 2-3 (if tolerated and clinically warranted)
- Can gradually increase to adult daily dose

Up to 17yrs NewPath Quick Access Clinic
12yrs+ Catholic Family Services
12rs+ 1door.ca
16yrs+ FHT JIT
Parenting Support FHT JIT
12-18yrs Collingwood Youth Centre Headstrong (self referral)

New Path Brief Coping Cat 7-12 year olds or CAT Project 13-17 year olds (8-week group/individual CBT)

If appropriate, FHT will use warm referral pathway to escalate to NewPath

EMR reminder for RCADS at Week 6. Response?

No

Team Review by New Path and Referrer

- Contact Referrer/NewPath via EMR
- Consider medication trial, if not already started
- Consider referral to Pediatrician
- Consider referral to Psychiatry
- Consider changing psychotherapy
- Consider family therapy
- Consider 1:1 Therapy, if in Group

Yes

Continue with Intervention with RCADS monthly

Response

Yes, PT on Rx

Continue anti-anxiety medication for further 6-9 months; relapse prevention plan

No

Yes

Remission

No

RCADS and follow up monthly for 2 months, at 6 months, then annually

Re-referral if relapse

Legend

- GBFHT
- New Path
- Physician/NP
- Team

Strawn et al. (2018). The Impact of Antidepressant Dose and Class on Treatment Response in Pediatric Anxiety Disorders: A Meta-Analysis. *J Am Acad Child Adolesc Psychiatry, 57*(4):235-244.e2. doi:10.1016/j.jaac.2018.01.015

Sidorchuk et al. (2018). Benzodiazepine prescribing for children, adolescents, and young adults from 2006 through 2013: A total population register-linkage study. *PLoS Med, 15*(8):e1002635. doi:10.1371/journal.pmed.1002635

Georgian Bay FAMILY HEALTH TEAM | new path | Waypoint CENTRE for MENTAL HEALTH CARE CENTRE de SOINS de SANTÉ MENTALE | Advancing Understanding. Improving Lives. Avancer la compréhension. Améliorer la vie. | camh

Tapering medications:

Fluoxetine
- If current dose is ≤ 40mg, can be stopped abruptly.
- If current dose is > 40mg, reduce by 20mg every week until stopped.

Sertraline
- If current dose is 100mg/d or above, reduce by 50mg/d every week until 50mg/d is reached - then reduce by 25mg/d a week until stopped.
- If current dose is 75mg/d or less, reduce by 25mg/d a week until stopped.

Citalopram
- Reduce by 10mg/d every week until stopped.

Es-Citalopram
- Reduce by 5 mg/d every 2 weeks until stopped.

Citalopram → New antidepressant
- Start new tx as soon as citalopram is at 10mg/d.

Relapse prevention plan:

After achieving remission, the young person should be followed up monthly for the first 2 months, then at 6 months and yearly thereafter. At each visit the RCADS should be repeated. In addition consider the following:

1) How severe was the depression at its peak? More severe – closer follow up.

2) Were there safety risks at the height of depression? More risk - closer follow-up.

3) Are there residual symptoms? (more likely to relapse).

4) How solid is the communication between the youth and caregiver? Should they relapse, would they volunteer this information to their caregiver and/or seek care?

Keks et al. (2016). Switching and stopping antidepressants. *Aust Prescr, 39*(3): 76-83. doi:10.18773/austprescr.2016.039

Georgian Bay FAMILY HEALTH TEAM

new path