Antidepressant Treatment Algorithm
**ANTIDEPRESSANT TREATMENT ALGORITHM**

Complete Depression Screen (PHQ-9 or EPDS) +/- PASS, and ask single Bipolar Screen question.

- Does patient screen positive for depression and negative for mania?
- Is patient currently taking an antidepressant?

If “yes” to both:

- If medication is still low dose, increase and optimize both.
- If dose has been therapeutic for 6-8 weeks without benefit, consider changing medication.

If “yes” to first and “no” to second:

- If patient was formerly on a helpful medication, re-start with slow titration.
- Start with an agent below, depending upon side effect profile.

**ESCITALOPRAM**
- Start at 10 mg daily.
- Can increase to 20 mg in 2-4 weeks, maximum dose of 20 mg daily.
- Short titration, as low max dose and starting dose is often therapeutic.
- Generally very well tolerated.

**FLUOXETINE**
- Start at 20 mg daily in the morning.
- Increase in 10-20 mg increments every 2-4 weeks, maximum dose 80 mg daily.
- Long half-life, so good choice if daily compliance is a concern.
- Tends to be activating.

**SERTRALINE**
- Start at 50 mg daily.
- Increase in 50 mg increments every 2-4 weeks, maximum dose 200 mg daily.
- Few drug-drug interactions.
- May increase nausea/GI upset, particularly in 1st trimester.

**VENLAFAXINE**
- Start at 37.5 mg daily.
- Can increase to 75 mg after 2 weeks, then increase in 75 mg increments every 2-4 weeks, maximum dose of 225 mg daily.
- Few drug interactions.
- May increase BP can occur.
- Withdrawal symptoms can be significant if stopped abruptly.

**MIRTAZAPINE**
- Start at 15 mg nightly.
- Increase in 15 mg increments every 2-4 weeks, maximum dose of 45 mg daily.
- Good if patient has significant nausea, low appetite, or difficulty sleeping.
- Monitor weight gain; discontinue if rate of weight gain is too rapid.
- May be too sedating to care for baby over night.

Re-evaluate after 4-6 weeks.

**If improved:**
- Re-evaluate monthly and postpartum.
- Refer back to primary provider when obstetric care complete.
- Continue to offer non-medication based therapies.
- Call PERISCOPE if arranging follow-up is difficult or any questions arise.

Re-evaluate after 4-6 weeks.

**If not improved, or having side effects:**
- If minimal side effects, increase dose and repeat cycle until maximum dose achieved.
- If intolerable side effects, switch to different medication and repeat cycle.