

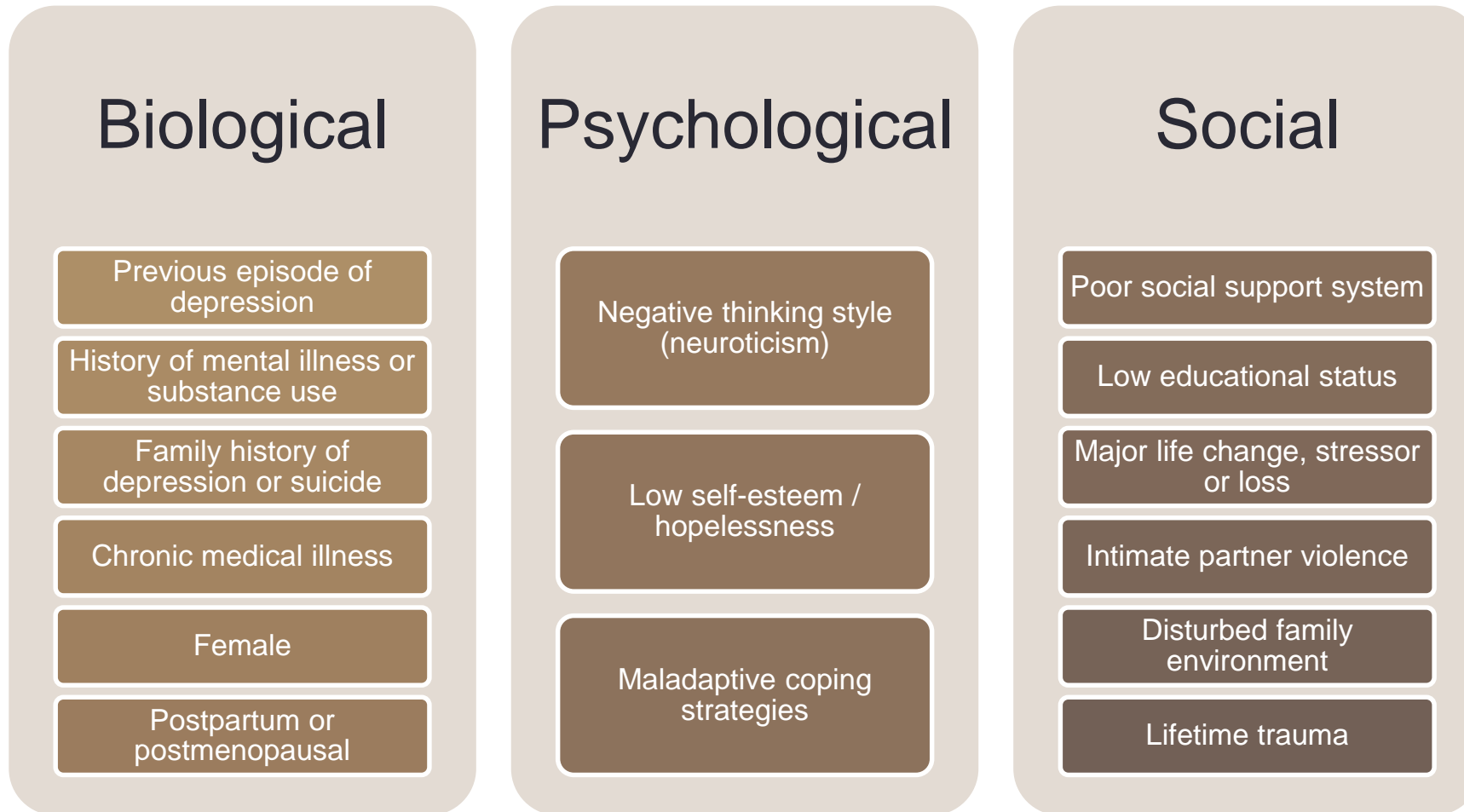
DEPRESSION TREATMENT OVERVIEW

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Learning Objectives

- Recognize risk factors for depression
- Understand how individual risk factors for depression inform treatment plan decisions
- List evidence-based non-pharmacological options for treating depression
- Identify whether psychosocial interventions, medication, psychotherapy or a combination is preferred based on depression severity
- Identify which class an antidepressant agent belongs to based on mechanism of action (MOA)

Biopsychosocial Risk Factors



Biopsychosocial Treatment

Biological

- Antidepressants
- Augmenting agents
- Electroconvulsive therapy (ECT),
Transcranial magnetic stimulation (TMS)

Psychological & Social

- Behavioral activation
- Cognitive behavioral therapy (CBT)
- Interpersonal psychotherapy (IPT)

Note: benefits of antidepressant over placebo increases with severity and duration of depressive symptoms

Acute Treatment Selection

Subthreshold depression

- Repeat screening in 1 year
- Psychosocial interventions
- Pharmacotherapy not recommended unless chronic in nature

Mild depression (minimal functional impairment)

- Psychotherapy and/or behavioral activation
- Pharmacotherapy if persistent symptoms

Education, physical activity, behavioral activation, team-based care, active monitoring & referral

Moderate depression (moderate functional impairment)

- Psychotherapy and/or pharmacotherapy

Severe (marked functional impairment)

- Pharmacotherapy necessary and psychotherapy when able

Available Antidepressants

TCA = tricyclic antidepressant

MAO-I = monoamine oxidase inhibitor

SSRI = selective serotonin reuptake inhibitor

SNRI = serotonin-norepinephrine reuptake inhibitor

NDRI = norepinephrine dopamine reuptake inhibitor

NMDA = N-Methyl-D-Aspartate

TCAs

Imipramine (Tofranil®)

Amitriptyline (Elavil®)

Clomipramine (Anafranil®)

Doxepin (Silenor®)

Desipramine (Norpramin®)

Nortriptyline (Pamelor®)

MAO-Is

Phenelzine (Nardil®)

Tranylcypromine (Parnate®)

Selegiline (Emsam®)

Miscellaneous

Mirtazapine (Remeron®)

Trazodone (Olepto™)

Nefazodone (Serzone®)

Vilazodone (Viibryd™)

Vortioxetine (Trintellix™)

SSRIs

Citalopram (Celexa®)

Escitalopram (Lexapro®)

Fluoxetine (Prozac®, Prozac® Weekly™, Sarafem®)

Fluvoxamine (Luvox® CR)

Paroxetine (Paxil®, Paxil CR®)

Sertraline (Zoloft®)

SNRIs

Venlafaxine (Effexor®, Effexor XR®)

Desvenlafaxine (Pristiq®)

Duloxetine (Cymbalta®)

Levomilnacipran (Fetzima®)

NDRIs

Bupropion (Wellbutrin®, Wellbutrin SR®, Wellbutrin XL®)

NMDA receptor antagonist

Esketamine (Spravato™)

Activity Break

- Take 1 minute to think about **what factors you would consider when selecting a specific antidepressant agent for a patient with depression.** Write these down on a sheet of paper or electronic device so you can compare to those I've identified on the next slide.

Treatment Selection

- Selection based on patient and treatment specific factors:
 - **Expected efficacy**
 - **Expected acceptability, tolerability, safety**
- Population-level comparison data (head to head trials, meta-analyses)
- Patient's prior medication experience (response, tolerability)
- History of 1st degree relative's medication response
- Concurrent medical/mental health conditions
- Depression presentation / target symptoms
- Expected short and long-term side effects
- Other medications (risk for drug interaction)
- Risk for toxicity in overdose (suicidal ideation)
- Patient's history of adherence (short vs long half-life agents, single vs split daily dosing)
- Access to treatment: cost/insurance, availability
- Pharmacogenomics
- Patient preferences

Practice Assignments (non-graded)

- Module 7 Depression Clinical Presentation Practice Quiz
 - Goal: practice recognizing risk factors for depression

Questions??

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