Pharmacotherapy for Child & Adolescent Depressive Disorders

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Disclosures

• No potential or actual conflicts related to this presentation to disclose
• Off-label use:
  – Any mention of off label use of medications is done to highlight practice patterns and does not indicate evidentiary basis or recommendation for inclusion in your practice.

Objectives

1. Discuss appropriate psychopharmacologic selection in the pediatric patient with depressive disorders
2. Recognize selected controversies in prescribing medications for the treatment of child and adolescent depressive disorders

Background

• Depression is most prevalent diagnosis among adolescents
  – >1 in 4 with at least mild depressive symptoms
  – Increases likelihood of other high risk behaviors
  – They do not seek out treatment
    • Fear of stigmatization
    • Downplayed by parents / caregivers
    • Erickson – growing desire for independence, grounded in the present, little thought toward future, insecurity
  – We have to go looking for trouble at every encounter
    • AAP 15 pages of screening / diagnostic tools. Pick your favorite 2-3 screeners and use them
    • HEADDS, CRAFFT, Modified PHQ-2/9, Child Behavior Checklist, Vanderbilt Diagnostic Rating Scale

Pharmacotherapeutic Decision Making

• First-line therapy for children and adolescents with depressive disorders is
  A. psychotherapy.
  B. fluvoxamine (Luvox).
  C. fluoxetine (Prozac)
  D. venlafaxine (Effexor XR).
Pharmacotherapeutic Decision Making

Which of the following have FDA approval for treatment of depression in adolescents?

A. Bupropion (Wellbutrin) & escitalopram (Lexapro)
B. Fluoxetine (Prozac) & escitalopram (Lexapro)
C. Fluvoxamine (Luvox) & Fluoxetine (Prozac)
D. Sertraline (Zoloft) & bupropion (Wellbutrin)

Pharmacotherapeutic Decision Making

When monitoring efficacy of SSRIs used for major depressive disorder in an adolescent, remission is defined as

A. Reduction of depression symptoms for at least two weeks.
B. Few or no depressive symptoms for at least two weeks and less than two months.
C. No recurrence of depression symptoms after SSRIs are discontinued.
D. Six continuous months of no depressive symptoms while taking antidepressants.

Pharmacotherapeutic Decision Making

An adolescent female has started taking St. John’s Wort to augment the effectiveness of her fluoxetine to treat her depression. Which of the following would indicate a serious reaction is developing?

A. Bradycardia & muscle weakness
B. Tachycardia, fever, & muscle twitching
C. Shortness of breath, blurred vision, nausea
D. Abdominal pain, diarrhea, & truncal rash
Pharmacotherapeutic Decision Making

In an adolescent with a strong family history of dyslipidemia, which second generation antipsychotic should be AVOIDED?

A. aripiprazole (Abilify)
B. olanzapine (Zyprexa)
C. quetiapine (Seroquel)
D. risperidone (Risperdal)

Pharmacotherapeutic Decision Making

An adolescent with depression has been prescribed and taking fluoxetine for two weeks. The parent does not see much improvement and requests a different medication. Appropriate responses include:

A. Order a serum drug level to determine if a dosing increase is needed
B. Discontinue and prescribe a second line agent
C. Re-evaluate effectiveness and consider a dosing increase after another 2-4 weeks
D. Re-evaluate for a medication change after another 6-8 weeks

Diagnostic Criteria

• Bipolar 1
  - Manic episode with or without preceding or followed by hypomanic or major depressive episode
    - At least 3:
      - 1. Inflated self-esteem or grandiosity.
      - 2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep).
      - 3. More talkative than usual or pressure to keep talking.
      - 4. Flight of ideas or subjective experience that thoughts are racing.
      - 5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli), as reported or observed.
      - 6. Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation (i.e., purposeless non-goal-directed activity).
      - 7. Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).

• Bipolar 2
  - No manic episodes
  - MDD episode
  - Hypomanic

• A prepubescent female adolescent with ADHD presents to the clinic meeting diagnostic criteria for bipolar depression. Which of the following are likely predictors of poor response to lithium?
  A. Co-occurring ADHD
  B. Prepubescent onset of illness
  C. Female
  D. Infrequent symptom cycling
Pharmacotherapeutic Decision Making

An adolescent male diagnosed with bipolar disorder is prescribed risperidone. Which adverse effects are MOST likely and should be discussed with the patient and caregivers?

A. Stevens-Johnson Syndrome
B. Insulin Resistance
C. Sexual dysfunction
D. Renal Failure

Pharmacotherapeutic Decision Making

What has been the result of the FDA's Boxed Warning to inform consumers that the use of antidepressants may increase the risk of suicidal ideation and behavior in children and adolescents?

A. Adolescent suicide rates are increasing in proportion to the increase in prescription of SSRIs.
B. Adolescent suicide rates are lower in counties with higher antidepressant prescribing.
C. Prescribing rates of SSRIs for children and adolescents has remained stable.
D. The adolescent suicide rate has decreased since the U.S. Boxed Warning was instituted.

Questions?

• Thank You.
Further Information

- PNCB
  - Pediatric Primary Care Mental Health Specialist Certification Exam
    - Improving Access to Care for Children and Adolescents with Behavioral and Mental Health Concerns
    - [http://www.pncb.org/ptistore/control/exams/mh/index](http://www.pncb.org/ptistore/control/exams/mh/index)

References