Click here for link to full guideline:
Depression in Adults and Older Adults - OHFT and Primary Care Treatment Guideline

Buckinghamshire Healthcare NHS Trust | Buckinghamshire Clinical Commissioning Group | Oxfordshire Clinical Commissioning Group | Oxford Health NHS Foundation Trust

Antidepressant Algorithm. Written by Rachel Hogan, Clinical Lead Pharmacist, OH. Approved by APCO November 2020

Antidepressant treatment algorithm

Mild depression → Do not prescribe an antidepressant → Patient to self-refer to IAPT

Mild depression unresponsive to psychological intervention or long duration of symptoms (typically 2 years) → Consider:
- An antidepressant
- A high intensity psychological intervention
- Referral for further assessment and interventions

Moderate or severe depression → Provide combined treatment with an antidepressant and a high intensity psychological therapy

Severe depression; history of mania, manic symptoms or bipolar disorder suspected; psychotic symptoms; significant risks (suicide, self-neglect); possibility of dementia; significant co-morbid substance misuse; poor response to two or more antidepressants → Consider referral to secondary care services.

General principles for antidepressant prescribing (see full guideline p.12):

- Discuss choice of drug with the patient and provide written information as appropriate.
- For people started on antidepressants who are not considered to be at increased risk of suicide, normally see them after two weeks. See them regularly thereafter, for example at intervals of two to four weeks in the first three months, and then at longer intervals if response is good.
- Patients started on antidepressants who are at increased suicide risk and those younger than 30 years, should normally be seen after one week and frequently thereafter as appropriate until the risk is no longer considered clinically important.
- Titrate the dose (if necessary) to a recognised minimum effective dose (see table in appendix of main guideline). Assess efficacy after two weeks.
- If no effect, assess weekly for a further two weeks. If still no response, consider increasing the dose. If still no effect switch to a different antidepressant – see treatment algorithm below.
- If no effect to a second treatment, consider alternative treatment options or refer to secondary care for further advice. See main guideline for guidance about switching antidepressants.
- For a single episode, continue treatment for at least 6-9 months after resolution of symptoms.
- Patients with two prior episodes and functional impairment should be treated for at least two years. After two years, patients should be reassessed and the risks and benefits of continuing maintenance treatment beyond two years weighed up. In some cases, life-long antidepressant treatment may be considered appropriate.
- Withdraw antidepressants gradually; always inform patients of the risk and nature of discontinuation symptoms. See main guideline for more detailed information.

Additionally, refer to the full guideline for older adults (p.15), pregnant (p.17) or breast-feeding women (p.20).

FIRST LINE

- Restart a previously effective antidepressant if appropriate

OR choose from options below, taking into account any factors that might affect SSRI choice – see box 1.

- Sertraline Green
- Citalopram Green
- Mirtazapine [where patient meets criteria – see box 2] Green

[Escitalopram - may be used 1st line by specialists treating severely ill patients]

SECOND LINE

Switch to a different antidepressant from the list below, taking into account any factors that might affect choice – see box 1

- Sertraline Green
- Citalopram Green
- Escitalopram Green
- Fluoxetine Green
- Mirtazapine [where patient meets criteria – see box 2]

THIRD LINE

Switch, augment or combine, taking into account any factors that might affect choice - see box 1

- Duloxetine Green
- Venlafaxine Green
- Mirtazapine Green
- Vortioxetine Amber
- Augment with lithium Amber
- Augment a second-generation antipsychotic *(aripiprazole, quetiapine, olanzapine or risperidone)* Amber
- Combine an SSRI or SNRI with mirtazapine Green
- Combine an SSRI or SNRI with trazodone Green

FOURTH LINE

Use antidepressants or augmentation strategies listed under previous steps.

The following may also be considered but refer to main guideline for more details / restriction criteria

- Agomelatine Amber
- Moclobemide Amber
- MAOI *(preferred MAOI = phenelzine)* Amber
- TCA *(lofepramine, imipramine, or clomipramine)* Amber
- Bupropion Red
- SSRI or SNRI plus bupropion Red
- Add liothyronine Red

Box 1: Factors that may affect choice:

- Age – refer to full guideline for additional recommendations for older adults (p.15-16)
- Pregnancy/ breast-feeding – refer to full guideline (p.17-21)
- Co-morbid anxiety / product licence: see BNF
- Chronic physical health conditions e.g. epilepsy, cardiovascular problems (e.g. IHD, heart failure, post MI, QT prolongation, hypertension) – see full guideline p.22
- Hepatic or renal impairment
- Concomitant medication that interacts e.g. fluoxetine (CYP2D6 substrates)
- Contraindicated combinations (e.g. citalopram and escitalopram are contraindicated with other medication that prolongs the QT interval e.g. antipsychotics)
- Depression severity
- Risk of self-harm by overdose
- Difficulty swallowing tablets and availability of liquid /oro-dispersible formulations
- Half-life and risk of discontinuation symptoms
- Compliance concerns

See full guideline for more detailed information p.3-10

Box 2: Criteria for using mirtazapine first line:

- SSRIs relatively contraindicated
- Takes medication that interacts or are relatively contraindicated with SSRIs e.g. NSAIDs or warfarin
- Has experienced SSRI related adverse effects e.g. insomnia, bleeding, sexual dysfunction, or significant nausea.
- Insomnia is significantly impacting functioning, where an immediate improvement in sleep is considered paramount.

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