

Recommended Steps before Beginning Antidepressant Medication Algorithm

(Discussion should include yet not be limited to the below)

Counsel patient about antidepressant use:

- No decision regarding whether to use antidepressants during pregnancy is perfect or risk free
- SSRIs are among the best studied class of medications during pregnancy
- Both medication and non-medication options should be considered
- Encourage non-medication treatments (e.g., psychotherapy) in addition to medication treatment or as an alternative when clinically appropriate

Risks of antidepressant use during pregnancy

- Small, but inconsistent increased risk of birth defects when taken in first trimester, particularly with paroxetine
- The preponderance of evidence does not suggest birth complications
- Studies do not suggest long-term neurobehavioral effects on children
- Possible transient neonatal symptoms

Risks of under treatment or no treatment of depression during pregnancy

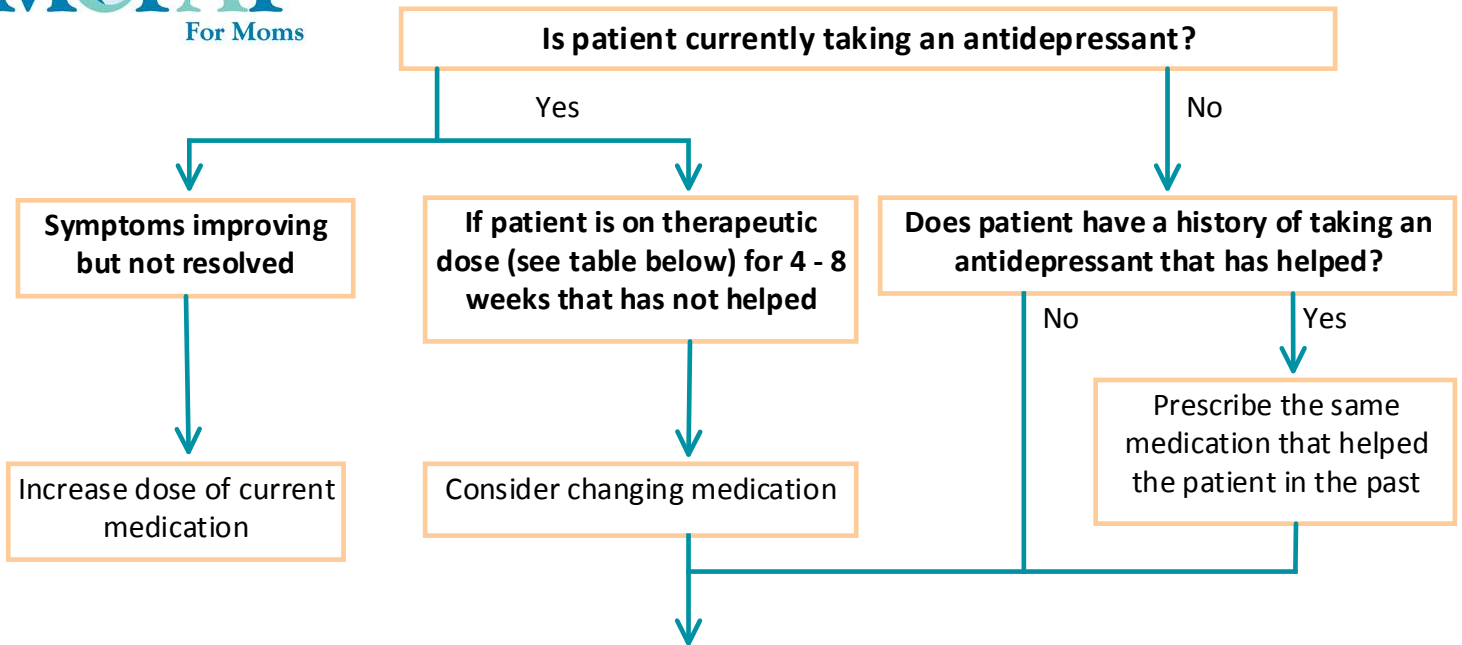
- Increases the risk of postpartum depression
- Birth complications
- Can make it harder for moms to take care of themselves and their babies
- Can make it harder for moms to bond with their babies

- *If pregnant: In your situation, the benefits of taking an antidepressant outweigh the chance of the things we just discussed.*
- *If lactating: SSRIs and some other antidepressants are considered a reasonable treatment option during breastfeeding. The benefits of breastfeeding while taking antidepressants generally outweigh the risks.*

SEE ANTIDEPRESSANT TREATMENT ALGORITHM ON BACK FOR GUIDELINES RE: PRESCRIBING MEDICATIONS

CALL MCPAP FOR MOMS WITH CLINICAL QUESTIONS THAT ARISE DURING SCREENING OR TREATMENT AT 855-666-6272

Antidepressant Treatment Algorithm



	First line treatment [†]	Other SSRI Options		
Medication	sertraline [‡] (Zoloft)	fluoxetine (Prozac)	citalopram (Celexa)	escitalopram (Lexapro)
Starting dose	25 mg	10 mg	10 mg	5 mg
How to ↑	↑ to 50 mg after 4 days, ↑ to 100 mg after 7 days, then ↑ by 50 mg until symptoms remit	↑ to 20 mg after 4 days, then ↑ by 10 mg until symptoms remit	↑ to 20 mg after 4 days, then ↑ by 10 mg until symptoms remit	↑ to 10 mg after 4 days, then ↑ by 10 mg up to 20 mg until symptoms remit
Therapeutic range	50 - 200 mg	20 - 60 mg	20 - 40 mg	10 - 20 mg

[†]if not currently on a medication that is helping
[‡]a safer alternative in lactation: lowest degree of translactal passage & fewest reported adverse effects compared to other antidepressants

In general if an antidepressant has helped, it is best to continue it during lactation

General side effects of medication	Temporary	Long-term	<i>Recommend patients take medication with food to decrease side effects</i>
	Nausea Constipation/diarrhea Lightheadedness Headaches	Increased appetite/weight gain Sexual side effects Vivid dreams/insomnia	

Tell women only to increase dose if tolerating; otherwise wait until side effects dissipate before increasing
For effects on fetus/neonate see *Educating Patients About Antidepressant Medication during Pregnancy and Lactation*

