



Antidepressant Medication Management Guideline

The purpose of this Medication Management Guideline is to promote a common, evidence-based standard of care throughout the Care Compass Network PPS in the treatment of persons treated with antidepressant medication who are part of the Integration of Behavioral Health and Primary Care project. The intent is to aid primary care providers, including physicians, nurse practitioners, physicians' assistants and other providers in their care of patients.

This Medication Management Guideline has been developed with input from Care Compass Network Behavioral Health Quality Committee for the South Regional Performance Unit, representing primary care and behavioral health specialists, and the Care Compass Network Clinical Governance Committee. This guideline has been approved by the Clinical Governance Committee. On an annual basis, this guideline will be presented to the Behavioral Health Quality Committee for each Regional Performance Unit for improvement. It will be recertified by the Clinical Governance Committee following a review by the Quality Committee.

Common Antidepressant Medications

- Selective serotonin re-uptake inhibitors (SSRIs)
- Tricyclic antidepressants (TCA)
- Mirtazapine
- Bupropion
- Nefazodone
- Monoamine oxidase inhibitors (MAOIs)

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Recommended Patient Monitoring while taking Antidepressant Medications					
All Antidepressant Medications	Baseline	Upon Dosage Change	Every 6 Months	Annually	As Clinically Indicated
General Physical Assessment					
Blood Pressure, Heart Rate	X	X	X		X
Temperature, Respiratory Rate					X
Waist Circumference	X		X		X
Particularly with TCAs (amitriptyline, clomipramine, doxepin, imipramine, mirtazapine). Encourage exercise and a healthy lifestyle.					
Weight/Body Mass Index	X	X	X		X
Lifestyle Assessment					
Smoking, exercise, dietary habits, alcohol and drug dependency, oral hygiene	X		X		
Review Medical History	X			X	X
Medication Reconciliation including OTC and herbal supplements	X			X	X
Assess side effects and potential drug interactions.	X				
Bone Density					X
Pregnancy Status	X				X
Renal Function Testing					X
Use caution/reduce dosage of medications excreted renally including bupropion, duloxetine/Cymbalta, venlafaxine, mirtazapine, tricyclic antidepressants and escitalopram.					
Assess Suicide and Homicide Risk	X	X			X
Assess for Risk of Serotonin Syndrome					X
Assess side effects, symptom severity, and adherence to treatment plan		X		X	X
SSRI Medications	Baseline	Upon Dosage Change	Every 6 Months	Annually	As Clinically Indicated
Bleeding Risk	X				X
TCA Medications	Baseline	Upon Dosage Change	Every 6 Months	Annually	As Clinically Indicated
Electrocardiogram (ECG)	X				X
TCAs can cause arrhythmias and heart block in patients with preexisting conduction disorders.					
Plasma Levels					X
Thyroid Function	X			X	X
Liver Function Test	X				X
Mirtazapine	Baseline	Upon Dosage Change	Every 6 Months	Annually	As Clinically Indicated
Lipid Panel	X				X
Liver Function Tests	X				X
Fasting Blood Glucose	X				X
Bupropion	Baseline	Upon Dosage Change	Every 6 Months	Annually	As Clinically Indicated
Screen for history of seizures	X				X
Nefazodone	Baseline	Upon Dosage Change	Every 6 Months	Annually	As Clinically Indicated
Liver Function Tests	X				X

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MAO Inhibitors	Baseline	Upon Dosage Change	Every 6 Months	Annually	As Clinically Indicated
Blood Chemistries	X			X	X
Assess Diet	X				X
Avoid tyramine containing food and caffeine during treatment and for 2 weeks after discontinuing					

References:

Table adapted from October, 2012 Magellan Health Services Best Practices Guide. Available at:

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