Alabama Child Health Improvement Alliance

MEDICATION TITRATION RECORD

Practice name: _____ Practice Phone: _____ Practice Fax: _____

Patient name: _____ DOB: _____

Caregiver name(s): _____

The medication(s) is(are) best used by starting with a low beginning dose and then increasing the dose in a step-by-step manner until the most effective dose has been reached. As part of the shared plan of care, we will follow up at each step to determine if depressive symptoms are improving, to assess for side effects, and to discuss any questions.

Initial: Medication: _____ Dose: _____ Frequency: _____

Start date: _____ Next follow-up on: _____ Type (check one): ☐ Phone ☐ Office visit

Notes (side effects, PHQ, therapy updates): _____

_____

Clinician: _____ Caregiver: _____

Follow- Up 1: Medication: _____ Dose: _____ Frequency: _____

Start date: _____ Next follow-up on: _____ Type (check one): ☐ Phone ☐ Office visit

Notes (side effects, PHQ, therapy updates): _____

_____

Clinician: _____ Caregiver: _____

Follow- Up 2: Medication: _____ Dose: _____ Frequency: _____

Start date: _____ Next follow-up on: _____ Type (check one): ☐ Phone ☐ Office visit

Notes (side effects, PHQ, therapy updates): _____

_____

Clinician: _____ Caregiver: _____

Follow- Up 3: Medication: _____ Dose: _____ Frequency: _____

Start date: _____ Next follow-up on: _____ Type (check one): ☐ Phone ☐ Office visit

Notes (side effects, PHQ, therapy updates): _____

_____

Clinician: _____ Caregiver: _____

Managing Depression

Shared Plan of Care: While we are the experts on medical care, you (the caregiver) and your teen are the experts on you and your family. It is essential that you and your teen have your questions answered, have treatment barriers addressed, and most of all, participate in a plan that makes sense to you. You and your teen have the right to revise the plan at any point. The information below is a brief overview of depression and h ow it is treated.

Brief Overview: Depression is a serious illness that can affect almost every part of a young person's life and significantly impact his or her family. The goals of treatment are to 1) shorten the duration of the depressive episode 2) provide treatment until symptoms are in remission (having minimal or no depressive symptoms) 3) prevent relapse or return of symptoms. Untreated single episodes of depression often last 6 to 9 months. Untreated depression increases risk of substance abuse, school and home problems, eating disorders, teenage pregnancy, suicidal thinking and behaviors and developing more difficult to treat long-lasting depression.

Management Options: Treatments include psychosocial therapies such as Cognitive-Behavioral Therapy (CBT) and/or medications. CBT alone can be effective for first time mild depression. For recurrent or more severe depression, CBT is most effective when combined with medication. Approximately 55-65% of teens respond to the initial antidepressant medication. Of those who do not respond to the first treatment, a high number will respond to another medication and/or other therapies.

Medications: Selective Serotonin Reuptake Inhibitors (SSRIs) are the first line treatment for teens with depression. It can take 4-6 weeks of taking the medication regularly to decrease the depressive symptoms. An appropriate trial can be up to 12 weeks. We will follow up with you 2-3 times during this period. If your teen responds to treatment, which is when depressive symptoms are reduced by 50% or more, it is recommended they continue taking the medicine for 6-12 months. At that point, most patients can come off of the medications. Work with the doctors to slowly discontinue medications. Stopping medications suddenly can lead to side effects such as headaches.

Common Side Effects: At follow up visits, we will ask you about common side effects and, if they are present, if they are tolerable or disruptive.

Common SSRI Side Effects	Management Tips
Gastrointestinal upset (nausea, stomachaches, diarrhea)	Take with meals. Commonly resolves
Headaches	Monitor. Commonly resolves
Agitation/ Activation	
Sleepiness	Take at bedtime. Commonly resolves
Insomnia	Take in morning. Commonly resolves
Irritability	

Rare and Serious Side Effect: Serotonin syndrome is a rare but serious potential side effect. Contact your doctor right away if these symptoms develop:

FDA Black Box Warning: An SSRI FDA Black Box Warning for Suicidality was issued based on the observation that younger populations often have increased energy before mood improves rather than on data showing increased suicides. Contrarily, youth suicide increased after the FDA warning due to reduced medication use resulting in untreated depression. We recommend all children with depression develop a Safety Plan. Source: https://www.nejm.org/doi/full/10.1056/NEJMp1411138

Comorbidities: When a person has two or more medical conditions, the conditions occurring together are called comorbidities. Up to 70% of children with depression have at least one other condition and many have two or more. Common conditions include anxiety disorders, attention deficit hyperactivity disorder, oppositional defiant disorder, substance use disorder. Part of the depression management plan may include assessing for these conditions.

Please read ***Depression: A Parents Medication Guide*** for more information https://www.aacap.org/App_Themes/AACAP/docs/resource_centers/resources/med_guides/DepressionGuide-web.pdf