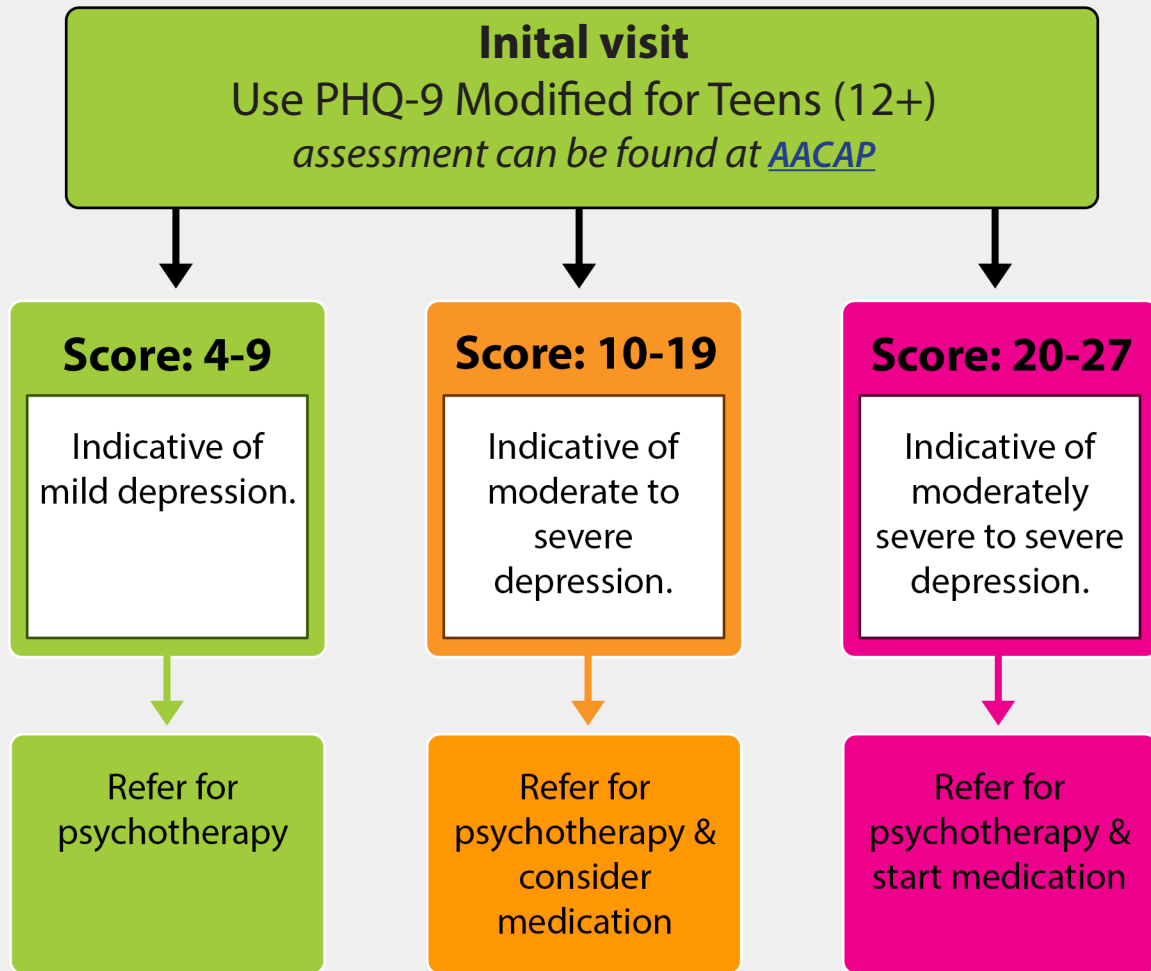




**NOTE: All positive answers to question 9 as well as the two additional suicide items MUST be followed up by a clinical interview.**

## Medication Options for Severe Depression

### FDA Approved Options

#### a. **Fluoxetine - Ages 8 and up**

- Start at 10mg and monitor weekly for agitation, suicidality, and other side effects.
- Consider increase in dose to 20mg if tolerating well after 1-2 weeks.

#### b. **Lexapro - Age 12 and up**

- Start at 5mg and monitor weekly for agitation, suicidality, and other side effects.

### How to use NVPAL

if you are **not** a registered PCP, sign up for free:  
<https://nvp.al.org/>.

If you are a **registered** PCP, call the PAL line 9AM - 5PM PST at [\(702\) 553-4528](tel:7025534528).

## Reassessment of Psychiatric Symptoms

**Administer PHQ-9 at every visit**

1. If score is greater or level of impairment continues to persist, consider consultation with a Mental Health Professional.
2. If there is a decrease in score with corresponding decrease in level of impairment, maintain dose for 6-12 months.
3. Monitor bi-monthly after first 4 weeks of treatment. Increase to monthly appointments to continue monitoring for remission of symptoms, agitation, suicidality, and other side effects.
4. Every visit must have ongoing safety assessment for suicidality and self-harming behaviors.

**Refer to emergency psychiatric assessment if there is active suicidal intent/plan.**

## When to Discontinue Medication

**Maintain treatment for at least 6-12 months**

1. Monitor PHQ-9 and cut off score of 10. If score is less than 10 and no impairment, consider tapering medication 25-50 percent of total current dose.
2. Taper slowly in a period where there is low stress (i.e. summer vacation).
3. Continue medication regardless of PHQ-9 and level of impairment if previous history of suicidal behavior and a lengthy duration of illness with multiple mood episodes.

## Useful Links

1. [NV PAL's Depression Guide](#)
2. [PHQ-9](#)
3. [AACAP Facts for Families](#)
4. [AAP Educational material for parents and families](#)
5. [Consent Form for Medication](#)



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