

# CT Children's CLASP Guideline Clinician Guide

## Anxiety & Depression

### CLINICIAN GUIDE: MEDICATION TITRATION & MONITORING SCHEDULE

#### First line medication for Anxiety and Depression SSRI Titration Schedule (< 12 years)

Metabolized by Cytochrome	Medication	Starting Dose	Week 2	Week 3-4	Pause Week 4-6	Effective Dose Range	Contraindicated
2C19	*Lexapro <sup>®</sup> (Escitalopram)  5 mg/5 ml	1 mg=1 ml  1 ml daily	Increase to 2 ml daily	Increase to 2.5 ml daily or ½ of 5 mg tablet	Consider increase to 7.5 daily x 2 weeks, then consider increase to 10 mg daily. *Never increase more than 2.5 mg every 2 weeks.	5-10 mg daily.  Maximum of 20 mg daily.	Monoamine oxidase inhibitors (MAOIs)
Major – 2D6 Minor – 2C9	*Prozac <sup>®</sup> (Fluoxetine)  Liquid form is available	20 mg/5ml 5 mg = 1 ml  1 ml daily or ½ tab 10 mg (5 mg) daily	Increase to 2 ml (8 mg daily)	Increase to 2.5 ml (10 mg) daily or 10 mg tab daily	Consider increase to 15 mg daily x2 weeks, then consider increase to 20 mg daily. *Never increase more than 5 mg every 2 weeks	10-20 mg daily.  Maximum of 50 mg daily.	Monoamine oxidase inhibitors (MAOIs)
Major – 2C19 Minor – 2D6	Celexa <sup>®</sup> (Citalopram)  Liquid form is available	10 mg/5 ml 2 mg=1 ml  1 ml daily	Increase to 2 ml (4 mg) daily	Increased to 2.5 ml (5 mg) daily or ½ tab 10 mg (5 mg) daily	Consider increased to 10 mg daily. *Never increase more than 5 mg every 2 weeks.	5-20 mg daily.  Maximum of 40 mg daily.	Monoamine oxidase inhibitors (MAOIs)
2C9	Zoloft <sup>®</sup> (Sertraline)  20 mg/1 ml not recommended highly concentrated	12.5 mg daily or ½ of 25 mg tablet	Increase to 25 mg daily	25 mg daily	Consider increase to 37.5 mg daily x 2 weeks, then consider increase to 50 mg daily. *Never increase more than 12.5 mg every 2 weeks.	25-50 mg daily.  Maximum of 200 mg daily.	Monoamine oxidase inhibitors (MAOIs)

\*FDA Approved for Adolescent Depression

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Metabolized by Cytochrome	Medication	Starting Dose	Week 2	Week 3-4	Pause Week 4-6	Effective Dose Range	Contraindicated
2C19	<b>*Lexapro<sup>®</sup></b> (Escitalopram)  Remember, dosing of Lexapro <sup>®</sup> and Celexa <sup>®</sup> are NOT equal/ not 1:1	5 mg daily	Increase to 10 mg daily	10 mg daily	Consider increase to 15 mg daily x 2 weeks, then 20 mg daily	10-20 mg daily.  Maximum of 20 mg daily.	Monoamine oxidase inhibitors (MAOIs)
Major – 2D6 Minor – 2C9	<b>*Prozac<sup>®</sup></b> (fluoxetine)	5 mg daily	Increase to 10 mg daily	Increase to 15 mg daily	Consider increase to 20 mg daily	10-20 mg daily.  Maximum of 60 mg daily.	Monoamine oxidase inhibitors (MAOIs)
Major – 2C19 Minor – 2D6	<b>Celexa<sup>®</sup></b> (Citalopram)	5 mg daily	5 mg daily	Increase to 10 mg daily	Consider increase to 15 mg daily x 2 weeks, then consider increase to 20 mg daily	10-20 mg daily.  Maximum of 40 mg daily.	Monoamine oxidase inhibitors (MAOIs)
2C9	<b>Zoloft<sup>®</sup></b> (Sertraline)	12.5 mg daily	Increase to 25 mg daily	Increase to 37.5 mg daily	Consider increase to 50 mg daily	25-50 mg daily.  Maximum of 200 mg daily.	Monoamine oxidase inhibitors (MAOIs)

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