

CT Children's CLASP Guideline Clinician Guide

Anxiety & Depression

Appendix H: MEDICATION TITRATION & MONITORING SCHEDULE

First line medication for Anxiety and Depression SSRI Titration Schedule (< 12 years)							
Medication	Starting Dose	Week 2	Week 3-4	Pause Week 4-6	Effective Dose Range	Metabolized by Cytochrome	Tips & Notes
Lexapro® (Escitalopram) Formulations: tabs (5mg, 10mg, 20mg) and liquid (5mg/5mL)	1 mg=1 ml 1mg daily	Increase to 2mg daily	Increase to 2.5mg daily	Consider increase to 7.5mg daily x 2 weeks, then consider increase to 10mg daily. <i>*Do not increase more than 2.5 mg every 2 weeks.</i>	5-10mg daily. Maximum of 20 mg daily.	2C19	FDA approved for treating MDD in ages 12+ Good for depression, irritability and anxiety
Prozac® (Fluoxetine) Formulations: capsules (10mg, 20mg, 40mg, 60mg); tabs (10mg); liquid (20mg/5mL)	5mg daily	Increase to 10mg daily	Increase to 10mg daily or hold at 10mg daily	Consider increase to 15mg daily x2 weeks, then consider increase to 20mg daily. <i>*Do not increase more than 5 mg every 2 weeks</i>	10-20mg daily. Maximum of 50 mg daily.	Major – 2D6 Minor – 2C9	FDA approved for treating MDD in ages 8+ and OCD in ages 7+ Helpful for depressed or irritable mood, amotivation, anhedonia and low energy as well as anxiety
Zoloft® (Sertraline) Formulations: tabs (25mg, 50mg, 100mg), and liquid (20mg/mL) <i>Liquid formulation is VERY concentrated and does not taste good!</i>	12.5mg daily	Increase to 25 mg daily	25mg daily	Consider increase to 37.5mg daily x 2 weeks, then consider increase to 50mg daily. <i>*Do not increase more than 12.5 mg every 2 weeks.</i>	25-50 mg daily. Maximum of 200 mg daily.	2C9	FDA approved for treating OCD in ages 6+ Good for obsessions, compulsions, depressed or irritable mood, anxiety

First line medication for Anxiety and Depression

SSRI Titration Schedule (> 12 years)

Medication	Starting Dose	Week 2	Week 3-4	Pause Week 4-6	Effective Dose Range	Metabolized by Cytochrome*	Tips & Notes**
Lexapro® (Escitalopram) Formulations: tabs (5mg, 10mg, 20mg) and liquid (5mg/5mL)	5mg daily	Increase to 10 mg daily	10mg daily	Consider increase to 15 mg daily x 2 weeks, then 20 mg daily	10-20mg daily. Maximum of 20mg daily.	2C19	FDA approved for treating MDD in ages 12+ Good for depression, irritability and anxiety
Prozac® (fluoxetine) Formulations: capsules (10mg, 20mg, 40mg, 60mg); tabs (10mg); liquid (20mg/5mL)	5mg daily	Increase to 10 mg daily	Increase to 15mg daily	Consider increase to 20 mg daily	10-20mg daily. Maximum of 60mg daily.	Major – 2D6 Minor – 2C9	FDA approved for treating MDD in ages 8+ and OCD in ages 7+ Helpful for depressed or irritable mood, amotivation, anhedonia and low energy as well as anxiety
Zoloft® (Sertraline) Formulations: tabs (25mg, 50mg, 100mg), and liquid (20mg/mL)	12.5mg daily	Increase to 25mg daily	Increase to 37.5mg daily	Consider increase to 50 mg daily	25-50mg daily. Maximum of 200mg daily.	2C9	FDA approved for treating OCD in ages 6+ Good for obsessions, compulsions, depressed or irritable mood, anxiety

***Using Cytochromes:** Cytochromes, especially the CYP450 system, influence drug effectiveness and drug-drug interactions. When starting a medication it is important to check for interactions. A medication that induces a cytochrome may decrease drug effectiveness and necessitate a higher target dose, while a medication that inhibits a cytochrome may cause side effects due to drug buildup, necessitating a lower target dose or alternative medication. When changing medications due to lack of efficacy or side effects, choosing a drug metabolized by a different cytochrome can be considered. For a list of CYP450 inducers and inhibitors, please see: [CYTOCHROME P450 DRUG INTERACTION TABLE \(iu.edu\)](#)

****Side Effects:** The most common side effects of SSRIs include gastrointestinal (nausea, diarrhea, loss of appetite, constipation), sleep changes (insomnia or fatigue), headaches, dizziness, reduced sex drive and difficulty achieving orgasm/erection. If side effects occur, most mild effects will resolve within 4-7 days. For symptoms that persist, consider adjusting dosing, timing or changing medications.

WHEN CONSIDERING STARTING A MEDICATION
or MAKING A DOSE CHANGE

Consult the Big T's and the Little T's:

2 Big T's

- **TARGET** symptoms - identify clear goals for symptom reduction
- **TOLERANCE** - is patient having side effects? Are they tolerable or intolerable

5 Little T's

- This is a **TRIAL**
- It takes **TIME** to work
- Have parent/patient **TELL** about concerns
- Ask about **TREATMENT** adherence
- Sometimes you have to hold **TIGHT** and re-evaluate