

Medications may be useful in treating symptoms of pediatric mental health conditions. In most cases medications are used along with evidence based psychosocial treatments. Discuss all medications child's treatment team (doctor, pharmacist, and therapist). Additional resources can be found at www.utahpips.org/upop.

Antidepressants – For Depression and Anxiety

Uses:

Antidepressant medications may be helpful in the treatment of depression, anxiety, and obsessive-compulsive disorder. For most children with depression and/or anxiety, in addition to psychosocial interventions, a first line antidepressant may help, and generally only one medication is needed to treat their symptoms. When antidepressants are not successful in treating depression or anxiety, re-examining the diagnosis and psychosocial treatments should be considered in addition to exploring other treatment options.

Most Effective Anti-Depression Medications:

- **Selective Serotonin Reuptake Inhibitors** (SSRIs) include: Fluoxetine (Prozac), Sertraline (Zoloft), Escitalopram (Lexapro)

Other Anti-depression Medications:

- **Serotonin Norepinephrine Reuptake Inhibitors** (SNRIs) include: Duloxetine (Cymbalta), Venlafaxine (Effexor)
- **Atypical Antidepressants** include: Bupropion (Wellbutrin), Trazodone (Desyrel), and Mirtazapine (Remeron).
- **Tricyclic Antidepressants** (TCAs) include: Amitriptyline (Elavil), Clomipramine (Anafranil), Imipramine (Tofranil),

Side effects:

The most common side effects of SSRI medications are nausea, stomachaches and/or diarrhea, headaches, agitation, sleep disturbance, and irritability, and some may experience new or worsening suicidality. If your child experiences side effects from one SSRI, they will not necessarily experience the same side effects from all SSRIs. Side effects from non-SSRI anti-depressant medication can vary; you should ask your child's doctor about the side effects that are specific to each medication. It is important to let the fostering health children's nurse and the child's doctor know if your foster child experiences any of the side effects.

Monitoring & Safety:

Once a person begins taking antidepressants, it may take 4-6 weeks to feel benefit of the antidepressant. Sometimes people taking antidepressants feel better and stop taking the medication too soon, and the depression may return. It is important to not stop taking the antidepressants without the help of a doctor. When it is time to stop the medication, the doctor may slowly decrease the dose. It is important to give the body time to adjust to the change. People do not get addicted (or "hooked") on these medications but, stopping them abruptly may cause withdrawal symptoms.



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Monitoring & Safety Cont.:

In few cases youth have adverse physical and/or emotional reactions to SSRI's, foster parents should pay attention to any signs of increased anxiety, agitation, aggression, or impulsivity. Foster parents should also check their children for involuntary restlessness or unexplained happiness, or energy accompanied by fast, driven speech, and unrealistic plans or goals. These reactions most often at the start of treatment but can occur at any time during treatment. If your child shows any of these symptoms or any other concerning changes in behavior, consult your child's doctor immediately. It may be necessary to adjust the dose, change to a different medication, or stop using the medication. You should implement a safety plan in the event your foster child experiences new or increased thoughts of suicide or self-harm. You can discuss how to create a safety plan with the child's therapist or doctor. Your Fostering Healthy Children's Nurse may also assist you with setting up a safety plan. See the resources below for more information regarding specific medications.

Resources:

https://www.aacap.org/App_Themes/AACAP/docs/resource_centers/resources/med_guides/DepressionGuide-web.pdf

https://www.nimh.nih.gov/health/topics/mental-health-medications/index.shtml#part_149856