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Update on best practices and next steps in treatment of pediatric depression and anxiety

Estimates for ever having a diagnosis among children aged 3-17 years, in 2016-2019:

Anxiety 9.4% (approximately 5.8 million)

Depression 4.4% (approximately 2.7 million)

If a positive screening

Consider potential causes/confounders:

Medical conditions

Medical treatments

Psychosocial stressors

Depression med treatment

1st line: Fluoxetine (also many drug interactions)

 $2^{\rm nd}$ line: Escitalopram/Sertraline

3rd line: Other SSRIs, Bupropion, Mirtazapine

Wait 4 weeks between dose increases to see changes.

Stop SSRI if suicidality, anxiety, agitation

Anxiety med treatment

Fluoxetine, Sertraline, Fluvoxamine which are FDA approved for OCD.

Clomipramine, FDA approved for OCD in ≥ 10 years old.

Duloxetine, FDA approved for $GAD \ge 7$ years old.

Not often used: Paxil (suicidality if also depressed), Fluvoxamine (drug interactions).





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