Shared Care Guideline: Fluoxetine, sertraline and citalopram for the treatment of depression and anxiety in children and young people aged 11-17

Executive Summary

- Initiation and monitoring of fluoxetine, sertraline and citalopram will remain with the hospital specialist until the CYP is stable (minimum of 8 weeks)
- Patients and their parents/carers should be involved in the decision to start an antidepressant and be provided with information to make an informed choice.
- The hospital specialist is responsible for arranging concurrent psychological therapy.
- Once the dose of antidepressant is stabilised the GP may be approached to take over prescribing and monitoring in line with this Shared Care Guideline
- Guideline produced in accordance with recommendations in NICE guidelines NG134 and CG31.
- When an antidepressant is prescribed to a ***child or young person with depression or body dysmorphic disorder, fluoxetine should be considered first line***.
- For the management of depression, if treatment with fluoxetine is unsuccessful or not tolerated because of side-effects, consideration should be given to the use of another antidepressant; in this case sertraline or citalopram are the recommended second-line treatments.
- When an antidepressant is prescribed to a ***child or young person with obsessive-compulsive disorder, sertraline should be considered first line***.
- Depending on the age of the child and treatment being initiated, the medicine may be unlicensed.
- The use of antidepressants has been linked to the development/worsening of suicidal thoughts and behaviours, self-harm, and hostility, particularly at the start of treatment or after a dose increase; children, young people, and patients with a history of suicidal behaviour are particularly at risk.
- The specialist is responsible for discussing potential risks and benefits of antidepressant treatment.
- Where a child or young person presents with self-harm and suicidal thoughts, safety planning about medicines should include communication with the patient's regular community pharmacy, if they have one, as well as all health care professionals involved in their care.
- Medication should be continued for at least 6 months after remission.
- When medication is to be discontinued, the dose should be gradually decreased (over 6-12 weeks, or longer if necessary).
- The responsibilities of the hospital specialist, GP and patient for this Shared Care Guideline can be found within this document.

Sharing of care depends on communication between the specialist, GP and the patient or their parent/carer. The intention to share care should be explained to the patient and accepted by them. Patients are under regular follow-up, and this provides an opportunity to discuss drug therapy. The doctor/healthcare professional who prescribes the medication has the clinical responsibility for the drug and the consequences of its use.

1. Scope

Prescribing and Monitoring by General Practitioners

2. Aim

To provide advice on the safe prescribing and monitoring of fluoxetine, sertraline, and citalopram for the treatment of depression and anxiety in children and young people aged 11-17 in primary and secondary care.

Patients aged under 11 years are excluded from shared care and both prescribing and monitoring should remain under secondary care.

Patients aged 18 and over no longer fall under shared care and prescribing and monitoring can be undertaken in primary care in line with NICE guidance.

3. Introduction

NG134 (2019) *Depression in children and young people: identification and management* recommends that:

- For mild to moderate depression, psychotherapy (individual or systemic) should be the first-line treatment.
- Children and young people presenting with moderate to severe depression should be reviewed by a CAMHS team.
- For moderate to severe depression, pharmacological treatment may be considered if the child or young person's depression is unresponsive after 4-6 sessions of psychological therapy.
- Combined initial therapy (fluoxetine + psychological therapy) may be considered for a young person with moderate to severe depression.
- When an antidepressant is prescribed to a child or young person with depression, it should be fluoxetine.
- If treatment with fluoxetine is unsuccessful or not tolerated because of side-effects, consideration should be given to the use of another antidepressant; in this case sertraline or citalopram are the recommended second-line treatments.

CG31 (2005) *Obsessive-compulsive disorder and body dysmorphic disorder: treatment* recommends that:

- For children and young people with OCD or BDD and moderate to severe functional impairment, who have not had an adequate response to psychological therapy alone, pharmacological treatment with an SSRI (selective serotonin-reuptake inhibitor) may be considered in combination with psychological therapy.
- Treatment with an SSRI should be initiated by a CAMHS psychiatrist.
- For OCD, an SSRI licensed for this indication and age group should be used (i.e., sertraline or fluvoxamine), unless there is comorbid depression, in which case fluoxetine should be used.
- For BDD, fluoxetine should be used.
- If treatment with the first-line medication is unsuccessful or not tolerated, an alternative SSRI or clomipramine may be considered (in combination with psychological therapy).

[Fluvoxamine and clomipramine are seldom prescribed by CAMHS in CPFT and are not included in this guideline].

NICE guidelines for other anxiety disorders do not make recommendations for pharmacological treatments in children or young people.

Treatment with fluoxetine/sertraline/citalopram should only be initiated by a CAMHS psychiatrist or, for 17-year-olds, an adult services psychiatrist. Patients and their parents/carers should be involved in the decision to start an antidepressant and be provided with information to make an informed choice. The specialist is responsible for discussing potential risks and benefits of antidepressant treatment. Printable leaflets can be found on the CPFT *Choice and Medication* website.

Licensed indications

Drug	Indication
Fluoxetine	Licensed for children aged 8 years and above for the treatment of moderate to severe depression, in combination with psychological therapy
Sertraline	Licensed for the treatment of obsessive-compulsive disorder in children over the age of 6 (Unlicensed for the treatment of depression in children and young people under the age of 18)
Citalopram	(Unlicensed for the treatment of depression in children and young people under the age of 18)

4. Abbreviations

BDD: Body dysmorphic disorder
CAMHS: Child and Adolescent Mental Health Services
CPFT: Cambridgeshire & Peterborough NHS Foundation Trust
OCD: Obsessive-compulsive disorder
SSRI: Selective serotonin re-uptake inhibitors

5. Dose and Administration

Drug and age	Recommended dosages (based on Childrens BNF)
Fluoxetine >5 years (only licensed for >8)	Initial dose 10mg daily. May be increased after 1-2 weeks to 20mg daily if clinically necessary.
Sertraline >12 years (unlicensed)	Initial dose 25mg once daily. May be increased in steps of 25-50mg at intervals of at least 1 week if required. Maximum 200mg per day.
Citalopram >12 years (unlicensed)	(Using tablets): Initial dose 10mg once daily May be increased over 2-4 weeks to 20mg if clinically necessary. Maximum 40mg per day. (See below for equivalent doses if oral drops are used).

Available Dose Forms	Strength
Fluoxetine Capsules	20mg NB 10mg tablets/capsules are expensive and not recommended for prescribing within Cambridgeshire and Peterborough. Dose increments of 10mg can be managed using the liquid formulation or by halving the orodispersible tablet.
Fluoxetine Liquid	20mg/5mL
Fluoxetine Dispersible tablets	20mg NB 10mg tablets/capsules are expensive and not recommended for prescribing within Cambridgeshire and Peterborough. Dose increments of 10mg can be managed using the liquid formulation or by halving the orodispersible tablet.
Sertraline Tablets	50mg, 100mg **NB** 25mg tablets are available, but expensive. The 50mg tablets are scored and can be broken in two.
Sertraline Liquid (unlicensed product, expensive)	50mg/5mL
Citalopram Tablets	10mg, 20mg, 40mg
Citalopram Oral drops	40mg/mL **NB** 4 oral drops (8mg) is equivalent in therapeutic effect to 10mg tablet

Duration of treatment

When a child or young person responds to treatment with fluoxetine/sertraline/citalopram, medication should be continued for at least 6 months after remission (defined as no symptoms and full functioning for at least 8 weeks); in other words, for 6 months after this 8-week period.

Response to treatment in OCD/BDD may be slower: up to 12 weeks. Treatment should be continued for at least 6 months after remission (symptoms not clinically significant and patient fully functioning for at least 12 weeks).

Discontinuing treatment

When medication is to be discontinued, the dose should be gradually decreased (over 6-12 weeks, or longer if necessary). It may be necessary to prescribe a liquid formulation to manage small dose changes.

6. Adverse Effects

The patient (or parent/carer) should be advised to report any of the following signs or symptoms to the prescriber without delay:

- Suicidal behaviour, self-harm, hostility
- Increased anxiety, restlessness, agitation
- Drowsiness, confusion (may be hyponatraemia)
- Seizure

Adverse effects that may occur quite commonly:

- Nausea, vomiting, diarrhoea
- Anorexia, weight loss
- Difficulty sleeping
- Sexual problems

7. Cautions

- The SSRI antidepressants should be used with caution in cardiac disease, concurrent ECT, diabetes mellitus, epilepsy, history of bleeding disorders (especially gastro-intestinal bleeding), history of mania, and susceptibility to angle-closure glaucoma.

8. Contraindications

- The SSRI antidepressants are contra-indicated in poorly controlled epilepsy, acute mania, or if the patient has a known hypersensitivity to the drug or excipient.
- Citalopram is contra-indicated in patients with known QT prolongation or congenital long QT syndrome, or who are taking other medicines known to prolong the QT interval.

9. Interactions

Below are some general drug interactions with fluoxetine/sertraline/citalopram, but prescribers must consult the *Summary of Product Characteristics* for more detailed information on each specific drug. This is not an exhaustive list.

Drug group	**Interaction**
Other serotonergic drugs, including antidepressants, lithium, triptans, tramadol, amfetamines, MAOIs, St John's wort	Serotonin syndrome
Drugs that increase the QT interval, including antiarrhythmics, antipsychotics, tricyclic antidepressants	Prolonged QT interval (particularly with citalopram)
Drugs that increase the risk of bleeding, including anticoagulants and NSAIDs	Risk of bleed (especially gastro-intestinal)
Drugs that increase the risk of hyponatraemia, including diuretics	Hyponatraemia

Fluoxetine, sertraline and citalopram are inhibitors of some cytochrome P450 enzymes, so may affect plasma levels of other drugs.

Further information about dose and administration, adverse affects, cautions, contraindications and interactions can be found in the Summary of Product Characteristics.

10. Monitoring Standards & Actions to take in the event of abnormal symptoms

The use of antidepressants has been linked to the development/worsening of suicidal thoughts and behaviours, self-harm, and hostility, particularly at the start of treatment or after a dose increase; children, young people, and patients with a history of suicidal behaviour are particularly at risk.

Patients and parents/carers should be specifically warned about this risk, and this should be recorded in the notes.

Where a child or young person presents with self-harm and suicidal thoughts, immediate risk management may take priority and urgent advice should be sought from CAMHS. A crisis plan and risk management plan that identifies potential risk factors, gives guidance on how to reduce these and what action should be taken in the event of a mental health crisis should be developed.

This should include consideration of medicines risks and how prescriptions and medicines are safely given to the patient and/or their carers. Safety planning about medicines should include communication with the patient's regular community pharmacy, if they have one, as well as all health professionals involved in their care.

11.Shared Care Responsibilities

a. Hospital specialist:

- Provide patient/parents/carers with relevant information to enable informed consent to treatment, and to understand potential side-effects and appropriate action.
    - Once a young person reaches reach the age of 16, they can agree to examination or treatment just like adults. The rules say that children under 16 may still be able to give consent for themselves, provided they are mature enough to understand *fully* what is involved.
- Specifically warn parents/carers about the risk of suicidal thoughts and behaviour with antidepressant use.
- Initiate treatment and prescribe until dose is stable (minimum first 8 weeks).
- Monitor patient's initial reaction to and progress on the drug, including mental state and general progress, and check for development of suicidal ideation and behaviours.
- Arrange for concurrent psychological therapy.
- The precise frequency of initial monitoring will need to be decided on an individual basis, and recorded in the notes; but typically, it would include weekly monitoring for the first 4 weeks of treatment, and further assessment after a dose increase.
- Write formally to the GP to request shared care, including details of diagnosis, relevant clinical information and baseline results, treatment plan including required monitoring, and duration of treatment before specialist review.
- Ensure the patient has an adequate supply of medication until the GP agrees to take over prescribing.
- Continue to monitor the patient at agreed intervals and review the patient promptly if requested by the GP.
- Adjust dosage or advise GP on dose adjustments.
- Provide the GP with details of outpatient consultations *or* inform GP if the patient does not attend appointment.
- Provide the GP with advice on when and how to stop the antidepressant.

b. General Practitioner:

- Reply to request for shared care, either accepting or declining within 14 days.
- Continue to monitor and prescribe as directed by the specialist.
- Check for any interactions with concomitantly prescribed medicines.
- Seek urgent advice from specialist if:
  - The GP feels a dose change is required
  - The GP feels the patient is not benefitting from the treatment
  - Toxicity is suspected
  - Circumstances change so that SSRI may be contra-indicated (e.g. use of illicit drugs)
  - Non-compliance is suspected
  - The patient becomes pregnant
- The shared care agreement will cease, and prescribing responsibility return to secondary care if:
  - The clinical situation requires a major change of therapy
  - The patient is a risk to self or others
  - The GP feels it is in the best clinical interest of the patient

c. Patient or parent/carer:

- Take medication as directed *or* inform GP if not taking the medication
- Attend specialist and GP clinic appointments
- Attend concurrent psychological therapy
- Report any adverse effects to GP or specialist
- Advise both the GP and specialist as soon as possible if pregnant or planning a pregnancy.

Once a young person reaches the age of 16, they can agree to examination or treatment just like adults. The rules say that children under 16 may still be able to give consent for themselves, provided they are mature enough to understand *fully* what is involved. Consent – what you have a right to expect: A guide for parents

12. Contact numbers for advice and support

Cambridgeshire and Peterborough NHS Foundation Trust

For 11–16-year-olds	*Child and Adolescent Mental Health Service single point of access*	*younited@cpft.nhs.uk*	*0300 3000 830*
For 17-year-olds	*Primary Care Mental Health Service*	*cpm-tr.prismservice@nhs.net*	*01733 748777*

13. Equality and Diversity Statement

This document complies with the CPFT service Equality and Diversity statement.

14. Disclaimer

It is your responsibility to check that this printed out copy is the most recent issue of this document.

15. Document Management

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The information contained in this guideline is issued on the understanding that it is accurate based on the resources at the time of issue. For further information please refer to the most recent Summary of Product Characteristics.

References

- *Summary of Product Characteristics (SPC).* Accessed online 09/06/2021 via www.medicines.org.uk/emc
- *British National Formulary (BNF)* and *British National Formulary for Children (BNFC).* Accessed online 09/06/2021 via www.bnf.nice.org.uk
- *Cambridgeshire and Peterborough formulary.* Accessed online 09/06/2021 via www.cambridgeshireandpeterboroughformulary.nhs.uk
- *Choice and Medication leaflets.* Accessed online 09/06/2021 via www.choiceandmedication.org/cambridgeshire-and-peterborough
- *NICE – Depression in children and young people (NG134, 2019).* Accessed online 09/06/2021 via www.nice.org.uk
- *NICE – Obsessive-compulsive disorder and body dysmorphic disorder: treatment (CG31, 2005).* Accessed online 26/08/2021 *via* www.nice.org.uk