

Antidepressant Treatment Algorithm

1. Is patient currently taking an antidepressant?

If YES

Symptoms improving but not resolved:
Increase dose of current medication

If patient is on therapeutic dose (see table below) for 4 - 8 weeks that has not helped:

Consider changing medication, and use the information below to select a course of treatment

If NO

Does patient have a history of taking an antidepressant that has helped?

- **If YES:** Prescribe the same medication that helped the patient in the past, and use the information below to help with dosage
- **If NO:** Use the information below to select a course of treatment

	First Line Treatment†	Other SSRI Options		
Medication	sertraline‡ (Zoloft)	fluoxetine (Prozac)	citalopram (Celexa)	escitalopram (Lexapro)
Starting dose	25 mg	10 mg	10 mg	5 mg
How to up	up to 50 mg after 4 days, up to 100 mg after 7 days, then up by 50 mg until symptoms remit	up to 20 mg after 4 days, then up by 10 mg until symptoms remit	up to 20 mg after 4 days, then up by 10 mg until symptoms remit	up to 10 mg after 4 days, then up by 10 mg up to 20 mg until symptoms remit
Therapeutic range	50 - 200 mg	20 - 60 mg	20 - 40 mg	10 - 20 mg

† if not currently on a medication that is helping. Has lowest amount of excretion into the breast milk; however, higher risk of side effects for mom
‡ a safer alternative in lactation: lowest degree of transplacental passage

In general, if an antidepressant has helped, it is best to continue it during lactation

General Side Effects of Medications

Temporary

- Nausea
- Constipation/diarrhea
- Lightheadedness
- Headaches

Recommend patients take medication with food to decrease side effects

Tell women only to increase dose if tolerating; otherwise wait until side effects dissipate before increasing

For effects on fetus/neonate see [Discussing Antidepressant Use with Perinatal Patients](#)

Long-Term

- Increased appetite/weight gain
- Sexual side effects
- Vivid dreams/insomnia

2. Repeat EPDS in 2 – 4 weeks and re-evaluate depression treatment plan via clinical assessment

If no/minimal clinical improvement after 4-8 weeks

If patient has no or minimal side effects, increase dose

If patient has side effects that are severe/intolerable, or that do not resolve after 1-2 weeks, switch to a different medication

If clinical improvement and no/minimal side effects

Reevaluate every month and at postpartum visit

This resource has been adapted with permission from the MCPAP for Moms Provider Toolkit.

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<https://mc3.depressioncenter.org/wp-content/uploads/2022/03/antidepressant-treatment-algorithm.pdf>