

What to Do When First-line Psychiatric Treatments Don't Work

Treating depression and anxiety in pediatrics:

Mild – moderate symptoms: CBT is considered first-line treatment

It is okay to initiate CBT first, without starting medication, for some of these patients.

Moderate – severe symptoms: CBT plus medication is considered standard of care, and SSRIs are first-line medication recommendation.

If an SSRI doesn't work:

- Titrate – Adequate trials are essential. To be adequate, a trial must have both sufficient *duration* and *dosing*.
- Therapy – CBT + medication has repeatedly been demonstrated to be superior to medication alone. The addition of CBT improves the global health and quality of life in adolescents; medication alone improves functioning.
- Consider a switch of medication – Another medication within the same class vs. non-SSRI, such as SNRIs, bupropion, mirtazapine.
- Consider augmentation of current therapy with an additional medication – adding a new medication to bolster the effects of the current medication. Augmentation may include use of bupropion, mirtazapine, buspirone, second generation antipsychotics, and mood stabilizers.
 - Augmentation can be helpful in cases of partial response to medication, in patients with multiple failed trials of monotherapy, and in cases where there is comorbidity across multiple diagnostic areas.
 - Consider possible synergistic effects of medications together, as well as drug-drug interactions, polypharmacy, risk of adding on many medications, and adherence.

Treating ADHD in pediatrics:

Stimulants are the medications of choice; therapy can be helpful as an adjunct.

If stimulants don't work:

- Stimulants are performance-enhancing medications; it is more likely that they will be difficult to use from a side effect perspective as opposed to completely ineffective. Most patients will respond after two trials of stimulant medication.
- Manage side effects, including sleep problems, appetite changes, and irritability.
 - Extended vs. immediate release, timing of dosing, switching class or formulation, booster doses.
- Medications to target sleep, appetite, tics.
- Manage comorbidities.
- Switch classes – Methylphenidates vs. amphetamines vs. non-stimulant options.
- Augment – alpha-2 agonists, atomoxetine.

Remember to consider all possible diagnoses when deciding if something is treatment-resistant, especially in cases where symptoms are non-specific.