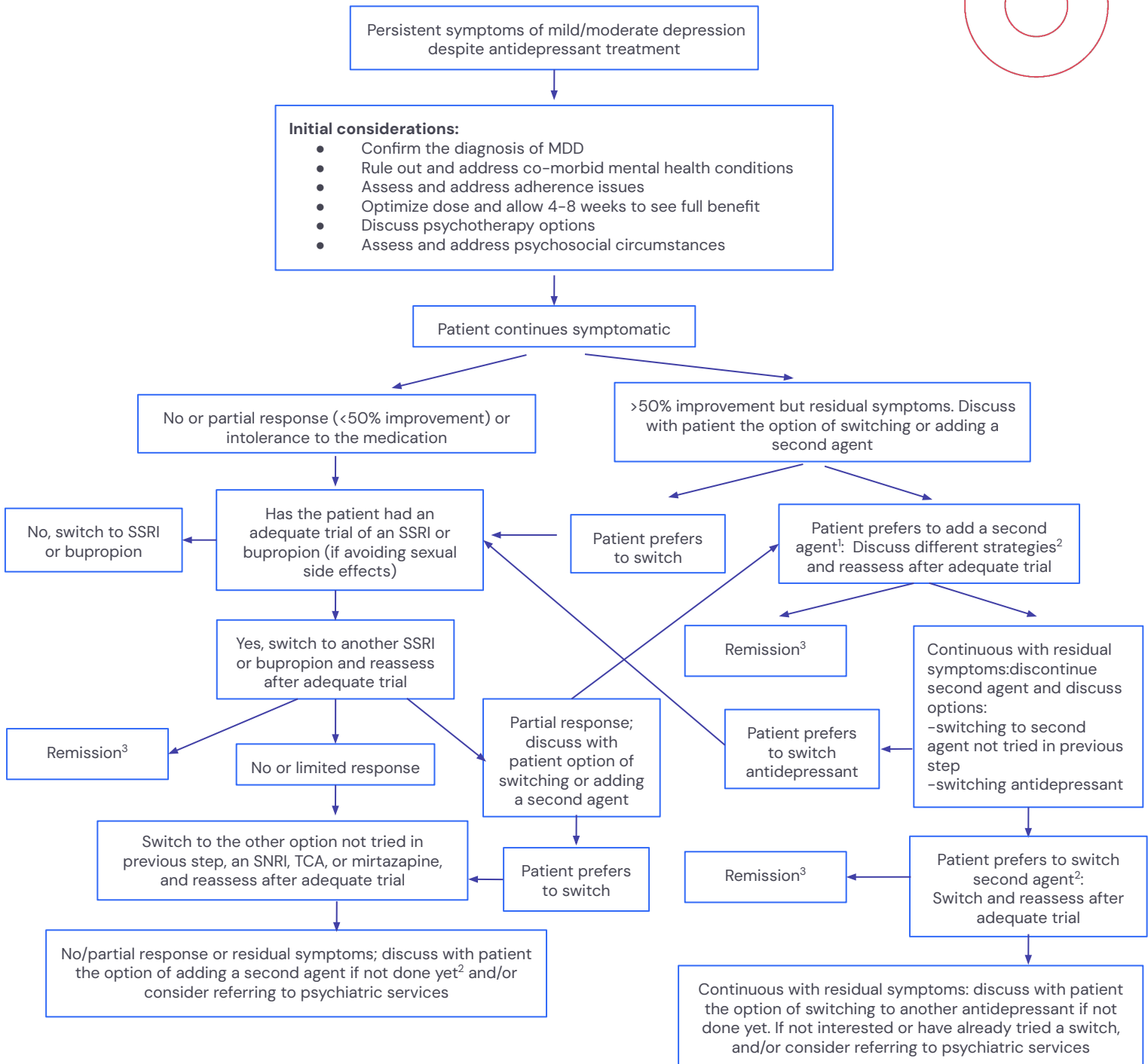


# Algorithm for the pharmacological treatment of major depressive disorder in primary care

Most patients presenting with major depressive disorder require modifications to the treatment plan before achieving remission of symptoms. The following algorithm offers guidance on when and how to modify the regimen to help your patient regain full functionality.



<sup>1</sup> It is reasonable to switch to another antidepressant at any point in this pathway

<sup>2</sup> Strategies include adding a second-generation antipsychotics (e.g. quetiapine, aripiprazole, olanzapine) or a second antidepressant from a different class (e.g. bupropion, mirtazapine)

<sup>3</sup> Continue same regimen for at least 6 months. Longer if at risk of recurrence



You can find more information about how to:

- [Confirm the diagnosis of depression](#)
- [Select an antidepressant](#)
- [Switch antidepressant](#)
- [Discontinue antidepressants](#)

The evidence on relative advantages of switching vs. adding a second agent or which second agent to add lacks quality studies. Engaging in a shared-decision making process to discuss alternatives, risks, benefits and preferences is encouraged. The table below summarizes important aspects to discuss with your patients regarding different options.

Strategy/medication	Pros	Cons
<b>Switching</b>	Less risk of interactions and side effects	Risk of losing the gains made with the first agent
<b>Adding second agent</b>	Benefits of the first agent will be maintained	More risk of interactions and side effects
- <b>2<sup>nd</sup> generation antipsychotic</b>	Can help treat insomnia	More risk of side effects Requires diligent monitoring (weight, lipids, glucose, extrapyramidal and prolactin-related side effects)
- <b>Bupropion</b>	Relatively safer option (lower risk of side effects)	Avoid in patients at risk of seizures Some patients can experience anxiety and insomnia as side effects
- <b>Mirtazapine</b>	Can help treat insomnia and low appetite	Side effects including weight gain, drowsiness and dry mouth Avoid concomitant use with sedatives

In summary, many times the treatment of major depressive disorder requires treatment modifications that can include switching to other antidepressants or adding second agents. Patients should be informed about the different options, and treatment planning should ideally be the result of a discussion that incorporates patient preferences and a risk and benefit analysis.