Minds Matter
Ohio Psychotropic Medication Quality Improvement Collaborative

Algorithm F

Moodiness and Irritability

F.1.

Patient presents with any of the following:

- Depressed mood.
- Persistent sadness.
- Marked irritability or "mood swings".
- Loss of interest or pleasure in usual activities.
- Suicidal thoughts and behaviors.

F.2. ASSESS PRESENTING SYMPTOMS

- Utilize *Patient Health Questionnaire* (PHQ-9) for screening, case finding and validation.

- Other important symptoms often associated with depressed mood include:
  - Change in appetite or weight
  - Sleep disturbance
  - Psychomotor slowing or agitation
  - Fatigue or loss of energy
  - Feelings of worthlessness or inappropriate guilt
  - Poor concentration or indecision
  - Reoccurring thoughts of death or suicide

- Common presentations of patients with depressed mood include:
  - Decreased functioning in daily life
  - Increasing temper outbursts, agitation or arguing
  - Social withdrawal or withdrawal from friends/family
  - Declining school performance and/or attendance
  - Medically unexplained physical symptoms
  - Alcohol or drug abuse

F.3. EVALUATE

PATIENT/FAMILY INTERVIEW

- History of symptoms
  - Duration, severity, frequency
- Mental health and educational history.
- History of self injurious and/or suicidal behavior.
- History of aggressive or violent behavior.
- History of manic/hypomanic and/or psychosis.
- History of alcohol or drug abuse.
- Adverse childhood experiences or trauma.
- Family history of psychiatric disorders (e.g., depression, bipolar disorder, suicide).
- Family history, structure, functioning, social interaction.
- Peer relations, social skills.
- School performance and functioning.treatments (e.g., psychosocial, exercise, nutrition or environmental adjustments).

PHYSICAL/DEVELOPMENTAL ASSESSEMENT

- Perinatal, medical, and developmental histories.
- Physical illness including medically unexplained physical symptoms.
- Laboratory and/or directed physical examination if warranted by medical history.

F.4. ASSESS FOR DANGEROUSNESS

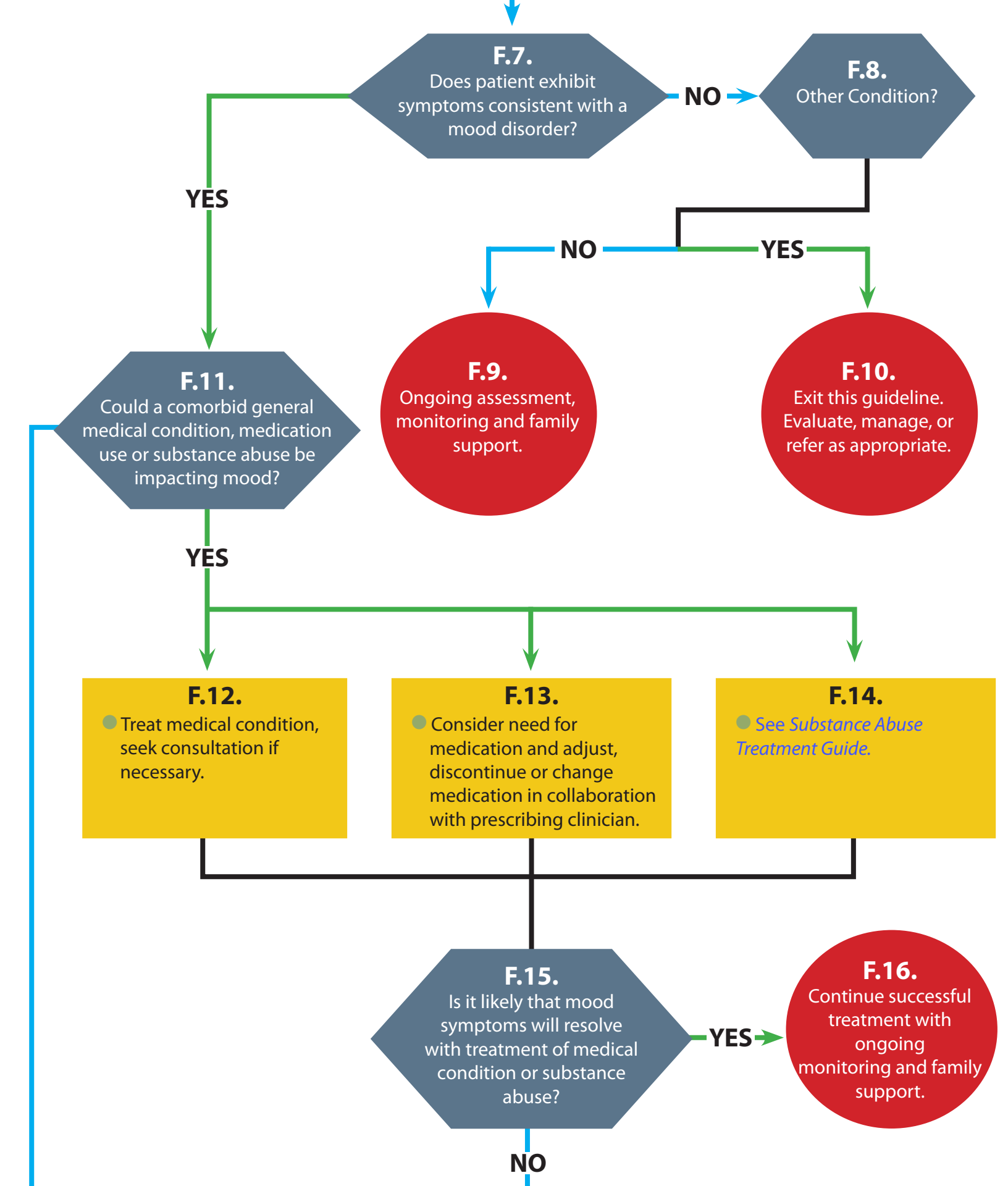
- Persistent thoughts of death and/or passive death wish.
- Suicidal thinking, plans, behaviors or attempts.
- Violent/homicidal thinking, plans or behaviors.
- Family history of completed suicide and/or impulsive aggression.
- Psychosis and command hallucinations.
- See *Ask Suicide-Screening Questions.*
- See *Modified Aggression Scale (in tool kit section: Disruptive Behavior & Aggression).*

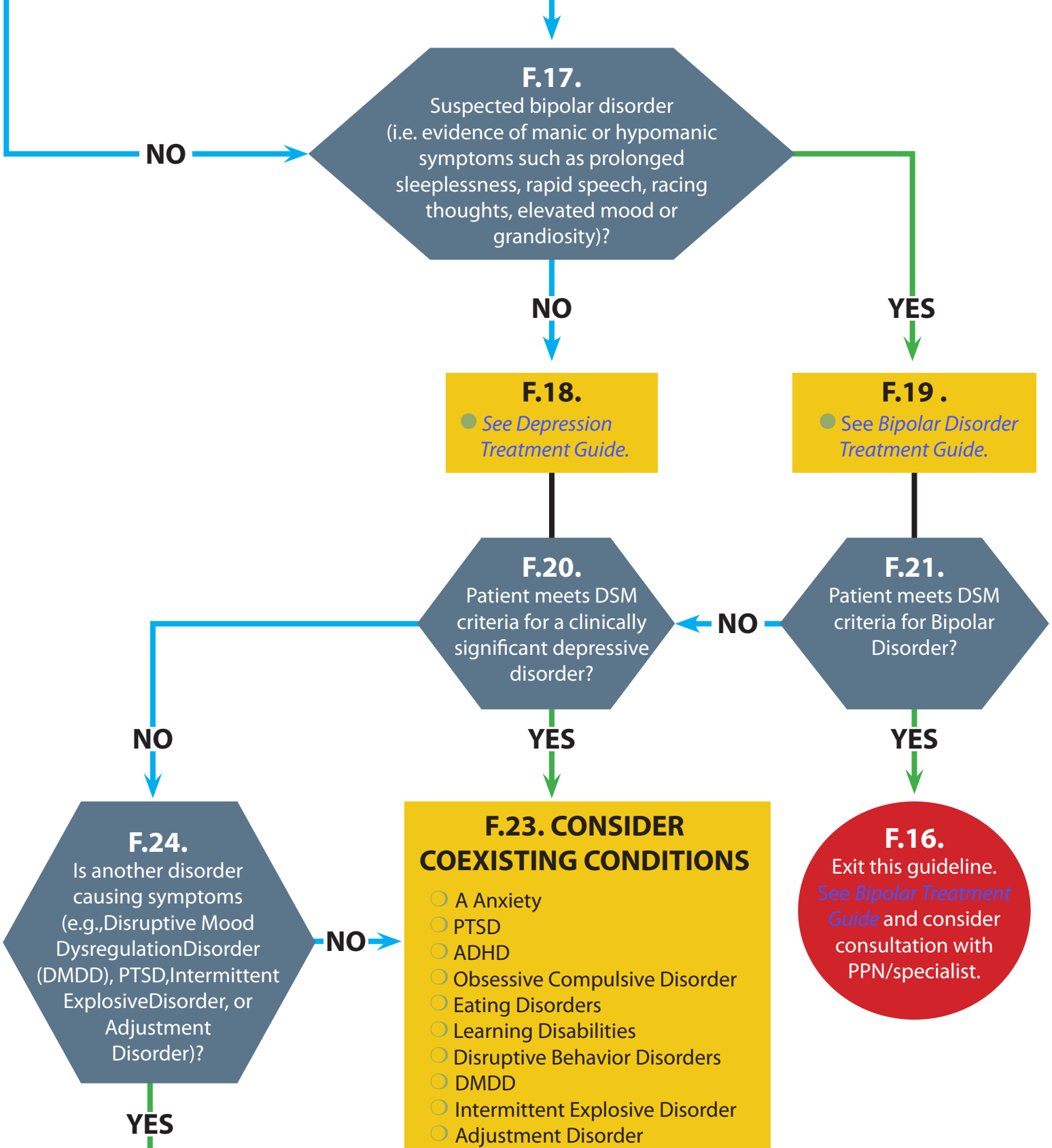
F.5.
Urgent, unstable condition (i.e. imminent threat to self or others)?

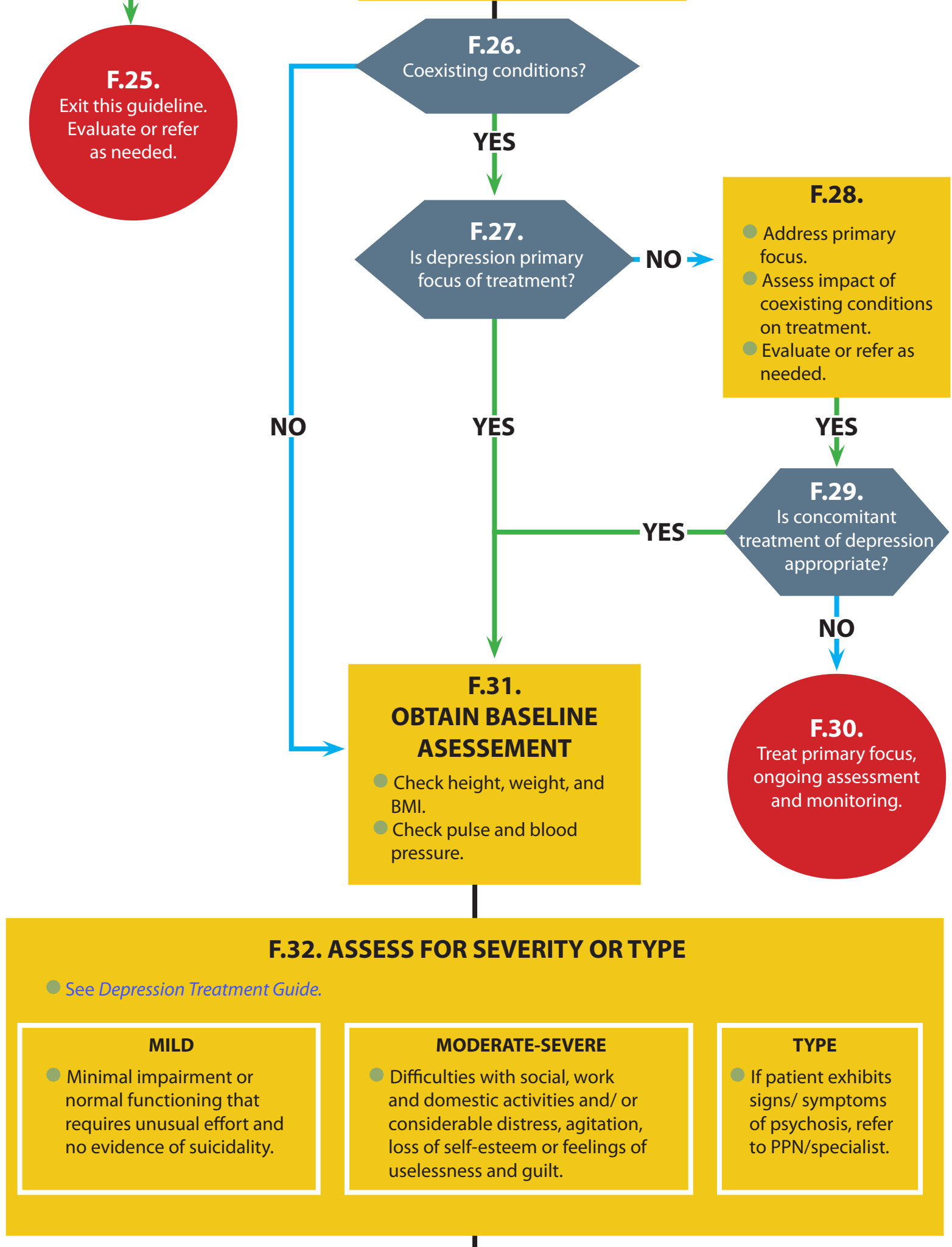
YES →

F.6.
Refer for emergency evaluation and stabilization.

NO


F.7.
Does patient exhibit symptoms consistent with a mood disorder?
NO
F.8.
Other Condition?
YES
NO
YES
F.9.
Ongoing assessment, monitoring and family support.
F.10.
Exit this guideline. Evaluate, manage, or refer as appropriate.
F.11.
Could a comorbid general medical condition, medication use or substance abuse be impacting mood?
YES
F.12.
Treat medical condition, seek consultation if necessary.
F.13.
Consider need for medication and adjust, discontinue or change medication in collaboration with prescribing clinician.
F.14.
See Substance Abuse Treatment Guide.
F.15.
Is it likely that mood symptoms will resolve with treatment of medical condition or substance abuse?
YES
F.16.
Continue successful treatment with ongoing monitoring and family support.
NO


NO
F.17.
Suspected bipolar disorder (i.e. evidence of manic or hypomanic symptoms such as prolonged sleeplessness, rapid speech, racing thoughts, elevated mood or grandiosity)?
NO
YES
F.18.
See Depression Treatment Guide.
F.19 .
See Bipolar Disorder Treatment Guide.
F.20.
Patient meets DSM criteria for a clinically significant depressive disorder?
NO
F.21.
Patient meets DSM criteria for Bipolar Disorder?
NO
YES
YES
F.24.
Is another disorder causing symptoms (e.g.,Disruptive Mood DysregulationDisorder (DMDD), PTSD,Intermittent ExplosiveDisorder, or Adjustment Disorder)?
NO
F.23. CONSIDER COEXISTING CONDITIONS
A Anxiety
PTSD
ADHD
Obsessive Compulsive Disorder
Eating Disorders
Learning Disabilities
Disruptive Behavior Disorders
DMDD
Intermittent Explosive Disorder
Adjustment Disorder
F.16.
Exit this guideline. See Bipolar Treatment Guide and consider consultation with PPN/specialist.
YES


F.25.
Exit this guideline. Evaluate or refer as needed.
F.26.
Coexisting conditions?
YES
NO
F.27.
Is depression primary focus of treatment?
NO
F.28.
Address primary focus.
Assess impact of coexisting conditions on treatment.
Evaluate or refer as needed.
YES
YES
NO
F.29.
Is concomitant treatment of depression appropriate?
YES
NO
F.30.
Treat primary focus, ongoing assessment and monitoring.
F.31.
OBTAIN BASELINE ASESSEMENT
Check height, weight, and BMI.
Check pulse and blood pressure.
F.32. ASSESS FOR SEVERITY OR TYPE
See Depression Treatment Guide.
MILD
Minimal impairment or normal functioning that requires unusual effort and no evidence of suicidality.
MODERATE-SEVERE
Difficulties with social, work and domestic activities and/ or considerable distress, agitation, loss of self-esteem or feelings of uselessness and guilt.
TYPE
If patient exhibits signs/ symptoms of psychosis, refer to PPN/specialist.

F.33. CONSUMER/PARENT ENGAGEMENT AND CONSENT

- Utilize motivational interviewing, technological and media education, parental self-education, and parent support groups to engage parents and consumers in educational process.
- Include topics of medications and evidence based therapies.

See *Shared Decision-Making Process.*

F.34. SELECT TREATMENT REGIMEN(S)

MILD

- Active support and monitoring.
- Psychosocial Interventions.
- Consider medication if mood deteriorates or fails to improve.

MODERATE-SEVERE

- Active support and monitoring.
- Medication and/or psychosocial interventions (when available).
- If patient has repeatedly shown self injurious behavior, consider consult with PPN/Specialist and/or refer for Dialectical Behavior Therapy (DBT).

OPTION: PSYCHOSOCIAL THERAPIES

- Cognitive Behavioral Therapy (CBT).
- Interpersonal Therapy (IPT).
- Psycho-educational therapy, including group.

OPTION: MEDICATION

- Anti-depressants - Selective Serotonin Re-uptake Inhibitors (SSRIs) are usually considered the first line of pharmacological treatment for moderate-severe depression in children and adolescents.
- See *Depression Treatment Guide.*
- See *Medication List.*

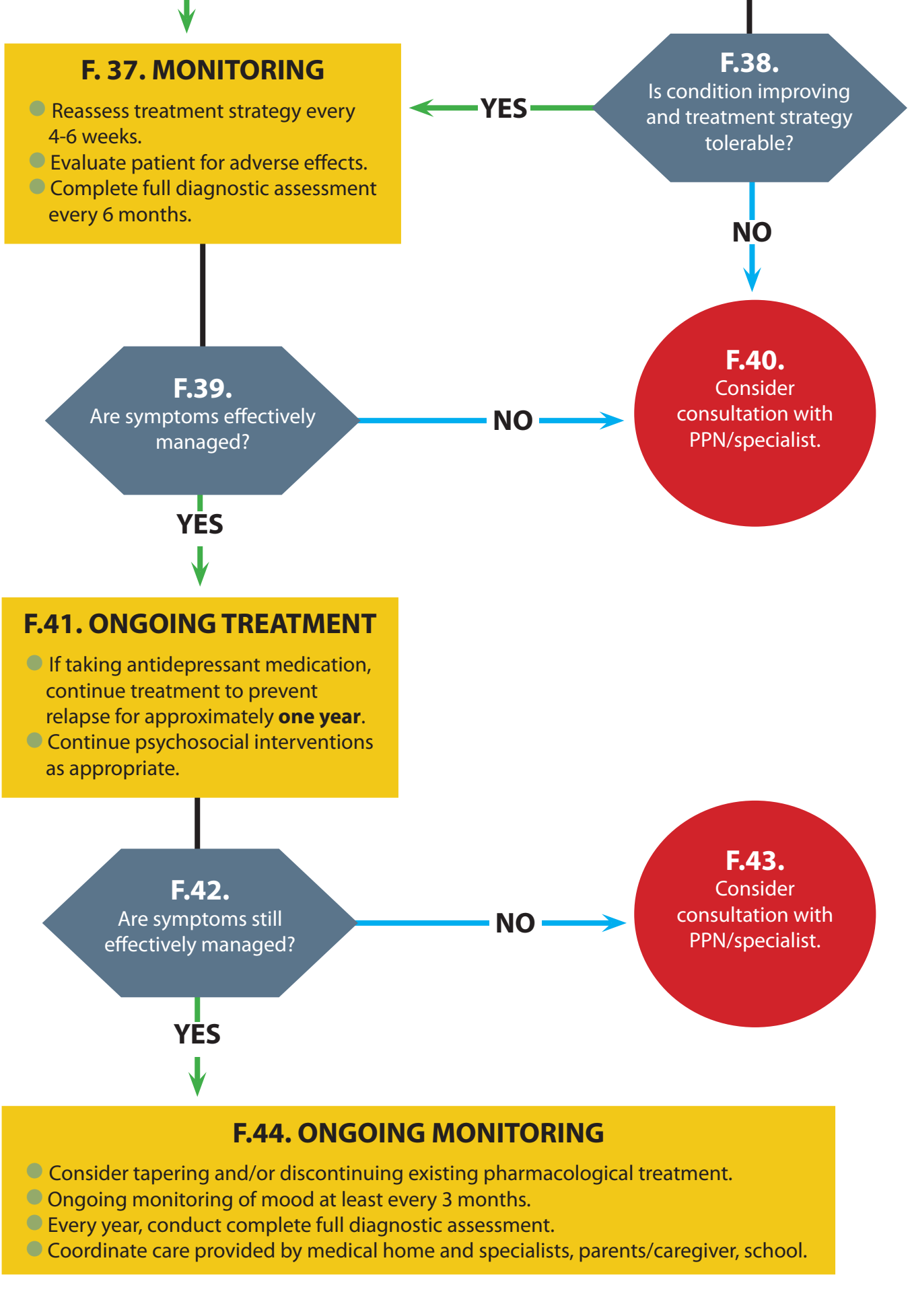
F.35.
Is condition improving and treatment strategy tolerable?

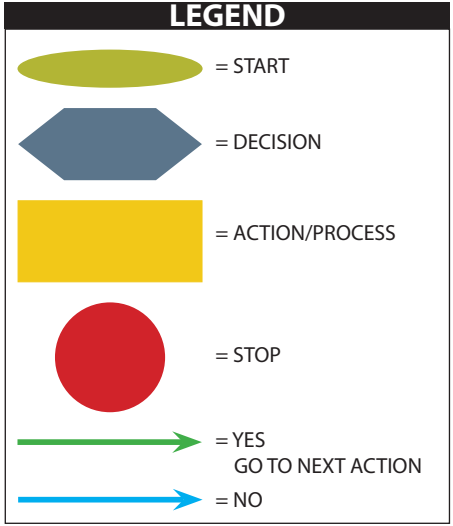
NO →

F.36. ADJUST/MODIFY TREATMENT

- Reevaluate diagnosis and treatment plan.
- Consider duration and dose.
- Consider alternative medication.
- Consider second SSRI trial.
- Reconsider bipolar and/or other diagnosis.
- Consider intensifying psychosocial interventions.

YES


F. 37. MONITORING
Reassess treatment strategy every 4-6 weeks.
Evaluate patient for adverse effects.
Complete full diagnostic assessment every 6 months.
F.38.
Is condition improving and treatment strategy tolerable?
YES
NO
F.39.
Are symptoms effectively managed?
NO
F.40.
Consider consultation with PPN/specialist.
YES
F.41. ONGOING TREATMENT
If taking antidepressant medication, continue treatment to prevent relapse for approximately one year.
Continue psychosocial interventions as appropriate.
F.42.
Are symptoms still effectively managed?
NO
F.43.
Consider consultation with PPN/specialist.
YES
F.44. ONGOING MONITORING
Consider tapering and/or discontinuing existing pharmacological treatment.
Ongoing monitoring of mood at least every 3 months.
Every year, conduct complete full diagnostic assessment.
Coordinate care provided by medical home and specialists, parents/caregiver, school.



SOURCES:

1. The Department of Defense (DoD) and Department of Veterans Affairs (VA). Depression Practice Guideline Provider Care Card.
2. American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry (AACAP). The Use of Medication in Treating Childhood and Adolescent Depression: Information for Patients and Families.
3. American Academy of Pediatrics. Depression from Addressing Mental Health Concerns in Primary Health Care A Clinician's Toolkit.
4. AACAP. Children's Threats: When Are They Serious? (Facts for Families #65).