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Anxiety and Depression Treatment in Primary Care Pediatrics

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BACKGROUND AND OBJECTIVES: Primary care pediatricians (PCP) are often called on to manage child and adolescent anxiety and depression. The objective of this study was to describe PCP care practices around prescription of selective serotonin reuptake inhibitors (SSRI) for patients with anxiety and/or depression by using medical record review.

METHODS: We identified 1685 patients who had at least 1 visit with a diagnosis of anxiety and/or depression in a large primary care network and were prescribed an SSRI by a network PCP. We randomly selected 110 for chart review. We reviewed the visit when the SSRI was first prescribed (medication visit), immediately previous visit, and immediately subsequent visit. We abstracted rationale for prescribing medication, subspecialist involvement, referral for psychotherapy, and medication monitoring practices.

RESULTS: At the medication visit, in 82% ($n = 90$) of cases, PCPs documented reasons for starting an SSRI, most commonly clinical change (57%, $n = 63$). Thirty percent ($n = 33$) of patients had documented involvement of developmental-behavioral pediatrics or psychiatry subspecialists at 1 of the 3 visits reviewed. Thirty-three percent ($n = 37$) were referred to unspecified psychotherapy; 4% ($n = 4$) were referred specifically for cognitive behavioral therapy. Of 69 patients with a subsequent visit, 48% ($n = 33$) had documentation of monitoring for side effects.

CONCLUSIONS: When prescribing SSRIs for children with anxiety and/or depression, PCPs in this network documented appropriate indications for starting medication and prescribed without subspecialist involvement. Continuing medical education for PCPs who care for children with these conditions should include information about evidence-based psychotherapy and strategies for monitoring potential side effects.

abstract



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Dr Lester conceptualized and designed the study, drafted the initial manuscript, and reviewed and revised the manuscript; Ms Herrmann contributed to the conception and design of the study, collected data, analyzed data, drafted the initial manuscript, and reviewed and revised the manuscript; Dr Bennett contributed to the conception and design of the study, supervised data analysis, and reviewed and revised the manuscript; Ms Gardner contributed to the conception and design of the study, provided consultation on statistical analysis, and reviewed and revised the manuscript; Dr Feldman contributed to the conception and design of the study and reviewed and revised the manuscript; Dr Huffman conceptualized and designed the study, supervised data collection, analyzed data, and reviewed and revised the manuscript; and all authors approved the final manuscript as submitted and agree to be accountable for all aspects of the work.

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WHAT'S KNOWN ON THIS SUBJECT: Children with anxiety and depression often present first to pediatricians. Survey and interview studies find many pediatricians are not comfortable prescribing medication for these children. Selective serotonin reuptake inhibitors (SSRI) are first-line medications for anxiety and depression.

WHAT THIS STUDY ADDS: When first prescribing SSRIs for children with anxiety and/or depression, pediatricians documented rationales for medication and often prescribed independently, without subspecialist involvement, but did not monitor medication side effects systematically. A minority recommended psychotherapy and rarely specified evidence-based psychotherapy.

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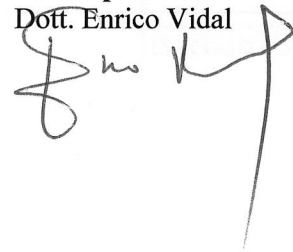
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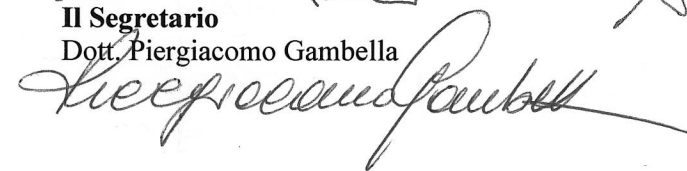
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