

## UCare Practice Guideline

**Topic:** Assessment and Treatment of Children and Adolescents with Depressive Disorders

**Date:** Initial Guideline Adoption: February 28<sup>th</sup>, 2012  
Last Revised/Released by AACAP: November, 2007  
Last QIACC Review/Approval: September 17, 2020  
Last QIACC Review/Approval: September 15, 2022

**Primary Source:** American Academy of Child and Adolescent Psychiatry

**Link to Guideline:** [Practice Parameter for the Assessment and Treatment of Children and Adolescents With Depressive Disorders \(jaacap.org\)](https://www.jaacap.org/practice-parameters/practice-parameter-for-the-assessment-and-treatment-of-children-and-adolescents-with-depressive-disorders)

The Practice Parameter for the Assessment and Treatment of Children and Adolescents with Depressive Disorders Guideline was adopted as the UCare Clinical Practice Guideline with the following modification:

**UCare Comments/Modifications of Guideline:**

In 2007, The FDA added a black box warning to all antidepressant medications stating there may be an increased risk of suicidal thoughts and behavior in children, adolescents and young adults (up to the age of 24) in the early phase of treatment (first one to two months). This underscores the need to always consider and weigh the risks and benefits of prescribing antidepressants to patients in this age group, and the need for close monitoring and communication during the initiation of antidepressant therapy. Parents, families and/or caregivers should also be alerted to the need to closely observe for worsening signs of depression or behavioral change. Families should know how to reach the prescriber and the importance of close doing so.