Modified Antidepressant Treatment History Form (ATHF)[1] [2]

Guidelines for Completion

Rating Antidepressant Trials

Only trials in the current index episode that may meet the requirement of being adequate must be rated. Trials that are not adequate due to duration and/or dosage should be rated as inadequate or intolerant, whichever is appropriate. Each drug or drug combination should be considered and rated. Information concerning ratings of specific agents is contained in the Criteria for Rating Medication Trials for Antidepressant Resistance (Appendix 1).

Episodes designated as nonpsychotic can be rated without considering the antipsychotic equivalency scales. Please note that *lithium* and *carbamazepine* have differing ratings for depressive episodes in unipolar vs. bipolar patients. If blood levels are available for *imipramine*, *desipramine*, or *nortriptyline*, they take precedence in ratings relative to oral dose.

A rating should be completed for the current index episode of major depression. Review all available sources of information regarding each trial, and make these determinations giving greatest weight to medical documentation, blood levels, and multiple sources of confirmation. The start and stop dates for the period of the trial for which the patient is being rated (e.g., maintained oral dose for 4 weeks or greater) should be recorded when available, followed by the generic name(s) of the medication. Note combination trials and provide a separate rating for each agent in TCA/MAOI and TCA/SSRI combinations.

In rating relative antidepressant resistance, note that noncompliance or instances of good therapeutic response followed by rapid relapse in the absence of continuation therapy at adequate levels, or due to non-compliance prevent rating a trial at level '3' or higher. In other words, patients must continue to take the medication for a trial to be adequate. If the patient gets well, stops taking the medication, and has a subsequent relapse, the trial cannot be rated as adequate.

For each trial, provide a global confidence rating for the antidepressant resistance rating. This score should reflect the rater's certainty regarding dose, duration, compliance, and clinical outcome of the medication trial. For ECT trials, the confidence rating should reflect certainty regarding the number of ECTs given and the outcome of the treatment. Confidence in reports of dosage of ECT is not being rated, and compliance with treatment is usually 100 percent (patient was present at the treatment). ECT response has to be held for at least one week to be considered an adequate response. If there is a response, the time the response is held should be recorded. Adequate response with breakthrough is considered a nonresponse. This transient time of response to breakthrough should be recorded.

Antidepressant Resistance Rating Criteria and Treatment Resistance

Appendix D provides specific criteria to be used in rating the resistance of individual medication trials. These criteria are guides, but any departure from their use must be justified and documented. The general principles to be followed are:

1) Trials with a duration less than four weeks receive a score of '1', independent of dosage.

[1] Prudic et al., Resistance to Antidepressant Medications and Short-Term Clinical Response to ECT, Am J Psychiatry, 153:8, 985-992, 1996.

[2] Sackeim HA: The definition and meaning of treatment-resistant depression. J Clin Psych 2001; 62 (Suppl 16):10-17

2) Monotherapy with medications without established efficacy for unipolar depression receive a score of '1' independent of dosage or duration (e.g., antipsychotics, benzodiazepines, sedatives, stimulants, thyroid hormones), while for other agents with uncertain efficacy, the maximum score could be '2' (*alprazolam*, specific anticonvulsants, *lithium*).

3) For selective HCAs, information regarding blood levels takes precedence over oral dosage.

4) Evidence of noncompliance diminishes the rating of trial strength.

5) Abandoning a trial because of side effects in the context of significant clinical improvement diminishes the rating of trial strength (see Treatment Intolerance).

6) For combination trials (e.g., HCA + SSRI), each medication is rated separately; an exception is made for Lithium augmentation.

The ratings for these trials are increased by one point if Lithium was administered for at least two weeks and the score for the antidepressant met the threshold for an adequate trial.

A trial that does not meet the resistance rating of 3 or higher (rates 1 or 2) or a trial where the resistance rating of 3 or higher was met and that does not lead to complete remission, as defined the DSM-IV, for six months or more, is a failed trial. Patients are *Resistant* to a medication if they fail an adequate trial.

Treatment Intolerance

Patients are intolerant to a given medication trial if they cannot receive an "adequate" trial (based on dose or duration) as defined in Appendix 1 due to adverse effects or complications, or if the dose required for response has increased due to reduction of response over time and the patient can no longer tolerate an effective dose.

Confidence Ratings

1: No Confidence Rating	Discrepant or clearly unreliable information regarding dose, duration, compliance, and outcome of a medication trial or number and outcome of ECT trial.
2: Low Confidence Rating:	Information is marginal: Evidence of contradictions in information or significant doubt exists regarding dose, duration, compliance, and outcome of a medication trial or the number of treatments and outcome of ECT trial.
3: Moderate Confidence Rating:	Adequate information is available but based largely on one source that appears reliable. Areas of doubt not critical in medication or ECT resistance rating.
4: Strong Confidence Rating:	Adequate information is available from more than one reliable source without significant discrepancy regarding dose, duration, compliance, and outcome of a medication trial or number and outcome of ECT trial.
5: High Confidence Rating:	Trial dose, duration, compliance, and outcome or the number of treatments and outcome of ECT trial confirmed by multiple sources, with excellent documentation (blood levels, medication orders), strong evidence of compliance, and outcome certain.

In most cases when performing a case note review, the confidence rating will be rated as '3'. This is broadly equivalent to dated clinical correspondence which states the drug and dose that the patient is taking. Ideally, there

should be a comment about probable adherence but this is not necessarily critical to achieve a score of 3. A score of 4 will be achieved, for example, during a hospital admission if there are contemporaneous clinical notes describing the medication along with drug Kardexes recording the medication taken.

Appendix 1

Criteria for Rating Medication Trials for Antidepressant Failure

I. TCA/Heterocyclics

A. Amitriptyline (Elavil, Endep), imipramine (Tofranil), desipramine (Norpramin, Pertofrane), trimipramine (Surmontil), clomipramine (Anafranil), maprotiline (Ludiomil), doxepin (Sinequan, Adapin), nomifensine.

By dosage:

1 Any drug < 4 wks or any drug <100 mg/day
2 4 wks or more and 100-199 mg/day
3 4 wks or more and 200-299 mg/day
4 4 wks or more and 300 mg/day or greater

By blood level: imipramine and desipramine only; levels take precedence

4 4 wks or more and DMI level ≥ 125 ng/ml
4 4 wks or more and IMI + DMI ≥ 225 ng/ml

B. Nortriptyline (Pamelor, Aventyl)

By blood level (blood levels take precedence):

1 NT < 4 wks
2 4 wks or more and level < 50 ng/ml
3 4 wks or more and level 50-99 ng/ml
4 4 wks or more and level 100-150 ng/ml

By dosage:

1 NT < 4 wks OR 4 wks or more dosage < 50 mg/day
2 4 wks or more and dosage 50-75 mg/day
3 4 wks or more and dosage 76-100 mg/day
4 4 wks or more and dosage >100

C. Protriptyline (Vivactil)

1 drug < 4 wks or 4 wks or more and dosage < 30 mg/day
2 4 wks or more and dosage 31-40 mg/day
3 4 wks or more and dosage 41-60 mg/day
4 4 wks or more and dosage > 60 mg/day

NOTES:

- For TCA-MAOI combinations: score each agent alone, as a separate trial.
- For TCA-paroxetine/fluoxetine combination trials: after one week on 20 mg of paroxetine or fluoxetine the dosage equivalent of the TCA should be doubled to determine resistance rating.

II. Selective Serotonin Reuptake Inhibitors (SSRIs)

A. Fluoxetine (Prozac)

1 drug < 4 wks or 4 wks or more and dosage 1-9 mg/day
2 4 wks or more and dosage 10-19 mg/day
3 4 wks or more and dosage 20-39 mg/day
4 4 wks or more and dosage ≥40 mg/day

B. Fluvoxamine (Luvox)

1 drug < 4 wks or drug < 100 mg/day
2 4 wks or more and dosage 100-199 mg/day
3 4 wks or more and dosage 200-299 mg/day
4 4 wks or more and dosage 300 mg/day or greater

Please document both, but only one paroxetine trial (Paxil or Paxil CR) can count as an adequate therapy, not both.

C1. Paroxetine (Paxil/ Seroxat)

1 drug < 4 wks or 4 wks or more and dosage <1-9 mg/day
2 4 wks or more and dosage 10-19 mg/day
3 4 wks or more and dosage 20-29 mg/day
4 4 wks or more and dosage ≥ 30 mg/day

C2. Paroxetine CR (Paxil CR)

1 drug < 4 wks or 4 wks or more and dosage <12.5 mg/day
2 4 wks or more and dosage 12.5 mg/day
3 4 wks or more and dosage 25-50 mg/day
4 4 wks or more and dosage ≥ 62.5 mg/day

D. Sertraline (Zoloft)

1 drug <4 wks or 4 wks or more and dosage < 50 mg/day
2 4 wks or more and dosage 50-99 mg/day
3 4 wks or more and dosage 100-199 mg/day
4 4 wks or more and dosage ≥ 200 mg/day

E. Citalopram (Celexa)

1 drug < 4 wks or 4 wks or more and dosage 1-9 mg/day
2 4 wks or more and dosage 10-19 mg/day
3 4 wks or more and dosage 20-39 mg/day
4 4 wks or more and dosage ≥40 mg/day

F. Escitalopram (Lexapro)

1 drug < 4 wks or 4 wks or more and dosage 1-4 mg/day
2 4 wks or more and dosage 5-9 mg/day
3 4 wks or more and dosage 10-19 mg/day
4 4 wks or more and dosage ≥20 mg/day

III. Selective Serotonin and Norepinephrine Reuptake Inhibitors (SSNRI)

A. Duloxetine (Cymbalta)

1 drug < 4 wks or 4 wks or more and dosage < 30 mg/day
2 4 wks or more and dosage 30-39 mg/day
3 4 wks or more and dosage 40-59 mg/day
4 4 wks or more and dosage ≥ 60 mg/day

B. Venlafaxine (Effexor and Effexor XL)

1 drug < 4 wks or 4 wks or more and dosage < 75 mg/day
2 4 wks or more and dosage 75-224 mg/day
3 4 wks or more and dosage 225-374 mg/day
4 4 wks or more and dosage ≥ 375 mg/day

IV. Monoamine Oxidase Inhibitors (MAOIs)

A. Phenelzine (Nardil)

1 drug < 4 wks or 4 wks or more and dosage < 30 mg/day
2 4 wks or more and dosage 31-60 mg/day
3 4 wks or more and dosage 61-90 mg/day
4 4 wks or more and dosage ≥ 91 mg/day

B. Moclobemide (Manerix)

1 drug < 4 wks or 4 wks or more and dosage < 150 mg/day
2 4 wks or more and dosage 150-299 mg/day (100-200=30 Nardil)
3 4 wks or more and dosage 300-599 mg/day (300=60 Nardil)
4 4 wks or more and dosage ≥ 600 mg/day (600=90 Nardil)

C. Selegiline (Eldepryl)

1 drug < 4 wks or 4 wks or more and dosage < 20 mg/day
2 4 wks or more and dosage 21-40 mg/day
3 4 wks or more and dosage 41-59 mg/day
4 4 wks or more and dosage ≥ 60 mg/day

D. Tranylcypromine (Parnate), Isocarboxazid (Marplan)

1 drug < 4 wks or 4 wks or more and dosage < 20 mg/day
2 4 wks or more and dosage 21-40 mg/day
3 4 wks or more and dosage 41-60 mg/day
4 4 wks or more and dosage ≥ 61 mg/day

NOTES:

- MAOI inhibition: 80 percent inhibition will rate 4.
- For TCA-MAOI combinations: score each agent considered alone.
- TCA/SSRI and any other combinations (e.g. , SSRI/bupropion) should be treated as TCA/MAOI combinations: rate each medication separately.

V. Other Antidepressants

A. Bupropion (Wellbutrin)

1 drug < 4 wks or 4 wks or more and dosage < 150 mg/day
2 4 wks or more and dosage 150-299 mg/day
3 4 wks or more and dosage 300-449 mg/day
4 4 wks or more and dosage ≥ 450 mg/day

B. Mirtazapine (Zispin)

1 drug < 4 wks or 4 wks or more and dosage < 15 mg/day
2 4 wks or more and dosage 15-29 mg/day
3 4 wks or more and dosage 30-44 mg/day
4 4 wks or more and dosage ≥ 45 mg/day

C. Nefazodone (Serzone)

1 drug < 4 wks or 4 wks or more and dosage < 150 mg/day
2 4 wks or more and dosage 150-299 mg/day
3 4 wks or more and dosage 300-599 mg/day
4 4 wks or more and dosage ≥ 600 mg/day

D. Trazodone (Desyrel), Amoxapine (Asendin)

1 drug < 4 wks or 4 wks or more and dosage < 200 mg/day
2 4 wks or more and dosage 200-399 mg/day
3 4 wks or more and dosage 400-599 mg/day
4 4 wks or more and dosage ≥ 600 mg/day

E. Reboxetine (Vestra)

1 drug < 4 wks or 4 wks or more and dosage < 4 mg/day
2 4 wks or more and dosage 4-7 mg/day
3 4 wks or more and dosage 8 mg/day
4 4 wks or more and dosage ≥ 8 mg/day

VI. ECT

A. Unilateral or unknown ECT

1 1-3 ECT
2 4-6 ECT
3 7-9 ECT
4 10-12 ECT
5 13 or more ECT

B. Bilateral ECT

1 1-3 Bilateral ECT
2 4-6 Bilateral ECT
4 7-9 Bilateral ECT
5 10 or more Bilateral ECT

NOTES:

- A point is added to an ECT trial if the patient has had ≥ 7 adequate bilateral treatments. The highest rating is a 5.
- If ECT and antidepressant medications are given simultaneously, this does not constitute a combination/augmentation trial. Each should be rated separately.

VII. Non-pharmacological Somatic Therapies

A. Vagus Nerve Stimulation (VNS)

1 < 6 Months
2 6-11 Months
3 12-24 Months
4 > 24 Months

B. TMS (Left dorsolateral; ≥5Hz; ≥ 100% motor threshold; ≥ 1600 pulses per session)

1 < 10 Sessions
2 10-14 Sessions
3 15-19 Sessions
4 ≥ 20 Sessions

VIII. Augmentation Therapies

A. Lithium alone for MDD (For bipolar patients: levels take precedence over dosage)

By blood level:

1 drug <4 wks or 4 wks or more and level < 0.4 mEq/L
2 4 wks or more and level 0.41-0.6 mEq/L
3 4 wks or more and level > 0.6 mEq/L

By dosage:

1 drug <4 wks or 4 wks or more and dosage < 600 mg/day
2 4 wks or more and dosage 600-899 mg/day
3 4 wks or more and dosage ≥ 900 mg/day

Unipolar patients can receive a maximum rating of 2 for Li alone

B. Lithium as an augmenting agent

4 antidepressant drugs I - IX rated level 3 and Li for at least 2 wks or CBZ rated level 3 and Li for at least 2 wks
5 antidepressant drugs I-IX rated level 4 and Li for at least 2 wks

C. Carbamazepine (Tegretol) (For bipolar patients: levels take precedence over dosage)

By blood level:

1 drug < 4 wks or 4 wks or more and level < 6
2 4 wks or more and level 6-7.9
3 4 wks or more and level 8 or more

By dosage:

1 drug < 4 wks or 4 wks or more dosage < 400 mg/day
2 4 wks or more and dosage 400 – 999 mg/day
3 4 wks or more and dosage ≥ 1000 mg/day

Unipolar patients can receive a maximum rating of 2 for CBZ alone.

B. Lamotrigine (Lamictal)

For bipolar patients:

1 drug < 4 wks or 4 wks or more dosage < 150 mg/day
2 4 wks or more and dosage 150 – 299 mg/day
3 4 wks or more and dosage ≥ 300 mg/day

C. Thyroid Hormone

1 drug < 4 wks
2 drug > 4 wks and dosage <25 mcg/day
3 drug > 4 wks and dosage 25-49 mcg/day
4 drug > 4 wks and dosage ≥50 mcg/day

IX. Benzodiazepines

A. Alprazolam (Xanax)

1 alprazolam < 4 wks or 4 wks or more and dosage < 6 mg/day
2 4 wks or more and dosage 6 mg/day or greater

B. Other benzodiazepines (These drugs are not considered augmenting agents)

1 any dosage for any duration

X. Miscellaneous

A. Stimulants, e.g., D-amphetamine (Dexedrine), methylphenidate (Ritalin), pemoline (Cylert) (These drugs are not considered augmenting agents)

1 any dosage for any duration

B. Antipsychotics (These drugs are not considered augmenting agents)

1 any dosage for any duration

C. Antipsychotics

1 when used in nonpsychotic patients, should be rated together into one continuous trial, no matter how many different neuroleptics were given.

D. Clonidine (Catapres), L-tryptophan, thyroid hormones (Cytomel, Synthroid, etc.) estrogen, fenfluramine (These drugs are not considered augmenting agents)

0 any dosage for any duration

E. Sedatives (buspirone, zolpidem, lorazepam, clonazepam, and Benadryl). If the patient uses different sedatives, with the exception of alprazolam, they should be rated as one continuous trial.

1 any dosage for any duration when used as a psychotropic

F. Phototherapy

1 In any form

XI. Psychotherapy

A. Cognitive Behavioural Therapy (CBT)

1 < 4 visits
2 4-11 visits
3 12-15 visits
4 16 or more visits

B. Interpersonal Therapy (IPT)

1 < 4 visits
2 4-11 visits
3 12-15 visits
4 16 or more visits

C. Behavioural Activation Therapy

1 < 4 visits
2 4-11 visits
3 12-15 visits
4 16 or more visits