

PRIMARY CARE	Step 1				Comments	Additional actions	
	Sertraline ≥ 200mg/day		OR	Escitalopram ≥ 20mg/day			
	Step 2				Comments	Additional actions	
	Venlafaxine ≥ 300mg/day		OR	Mirtazapine ≥ 45mg/day			<ul style="list-style-type: none"> BP monitoring for VFX ≥ 225mg/day.
Step 3				Comments	Additional actions		
Any one of trials 1 or 2 that have not been tried.					Should be determined by patient choice.		
Maximum no. of available trials in primary care				4			
Expected no. of trials to be given in a primary care setting				3			
What should happen next if there has been insufficient clinical response despite adequate trials?				1. Referral to CMHT for specialist assessment and advice.			

SECONDARY CARE	Step 4				Comments	Additional actions
	Augmentation with Atypical Antipsychotic: QTP/ ARI/ RSP/ OLZ ¹		OR	Tricyclic antidepressant at a target dose of ≥ 250mg/day		OR
Step 5				Comments	Additional actions	
Lithium augmentation ²		OR	T3 augmentation (≥ 40 micrograms/day)		OR	MAOI ³
				<ol style="list-style-type: none"> Patients on MAOIs should be supervised closely. For those intolerant of irreversible MAOIS, consider Moclobemide at doses ≥ 900mg/day. 		

¹ Choice should be made by patient, based on preference and side effects.

² Aiming for blood level of ≥ 0.6 mmol/L, depending on tolerability.

³ Option #1 is Isocarboxazid ≥ 60mg/day, and option #1 is Tranylcypromine ≥ 30mg/day.

		Comments	Additional actions
Step 6			
Any one of trials 4 or 5 that have not been tried. For example, a partial response to one antipsychotic that was poorly tolerated might prompt a trial with an alternative antipsychotic that didn't have that side effect.			
Step 7			
ECT (up to 12 treatments)		Ensure that relapse prevention (TCA + Li) has been considered.	
	Maximum no. of available trials in secondary care	8	1. Ensure that suitability for, and applicability of, psychological therapy has been reviewed. 2. Referral to specialist affective disorders service.
	Expected no. of trials to be given in a secondary care setting	5	
	Expected (running) total no. of trials to have been completed (including primary care):	8	
	What should happen next if there has been insufficient clinical response despite adequate trials?		
Steps 8-10			
SPECIALIST/ TERTIARY CARE	Any of: VNS (depending on availability) Methylphenidate Plus any untried treatments listed above (depending on applicability and patient choice)		
	Maximum no. of available trials in specialist/ tertiary care	3	
	Expected no. of treatments to be given in a tertiary care setting	2	
	Expected total number of trials to have been completed (including primary and secondary care):	10	
Step 11			
Ablative neurosurgery			