## Depression in adults: further-line treatment Consider switching to another psychological therapy Consider if If no response at all after addressing any other agencies **Psychological** Consider adding an SSRI to problems: can help with therapy alone psychological therapy • review the diagnosis, and consider these factors alternative or comorbid conditions No response Allow enough to treatment provide reassurance and hope time for any Consider switching to SSRI alone after 4 to 6 discuss further treatment options, treatment weeks including any treatments that have changes to been helpful in the past See treatment options work Consider adding group exercise for more severe depression. Consider switching to psychological therapy Which acute Be aware higher doses Consider with Make shared No response treatment may not be more Consider increasing dose of **Antidepressants** decision about the person why after any effective. Frequently showed no treatment is not how to address problems alone the same antidepressant or limited check side effects and addressed working problems raised response? monitor symptom change. Consider switching to drug in same or different class Cross-tapering may Consider adding a psychological be needed: check therapy (e.g. CBT, IPT, or STPP) with specialist mental If, after no response to antidepressants, the person Factors that might reduce health services. does not want to try or add psychological therapy but response include: instead wants to try a combination of medications: Consider switching to another personal, social or • explain the possible increase in side effect burden psychological therapy environmental factors consider referral to a specialist mental health setting, physical or other mental or consulting a specialist health conditions **Combination** Consider increasing dose or switch

treatment

 problems adhering to treatment plan Combination treatments include:

- adding an antidepressant from a different class
- adding a second generation antipsychotic or lithium
- augmenting with ECT, lamotrigine, or triiodothyronine

medication

to another antidepressant

Consider adding in another