

# Pharmacist quick reference guide:

## Supporting safe and effective antidepressant use in young people

This resource assists pharmacists to deliver **safe, individualised, evidence-informed** care to young people (aged 13–24 years) prescribed an antidepressant for depression or anxiety. Whenever possible, **combine medicines with psychosocial support for best outcomes.**

### Step 1 Review medicine appropriateness and support informed choice

#### Explain why the medicine was chosen. Build confidence, support informed decisions and improve adherence.

**Why this medicine?** Your prescriber chose this medicine because it suits your symptoms and situation. If it doesn't feel right, we can talk about other options (e.g. different SSRIs) and what to expect from each.

**Selective serotonin reuptake inhibitors (SSRIs) are first line for anxiety and depression in young people<sup>1-4</sup>**

**Fluoxetine is generally preferred** for depression in young people. SSRIs have similar evidence for anxiety.

Fluoxetine may be more stimulating and fluvoxamine more sedating (helpful if sleep issues are significant).

Other SSRIs may be prescribed if fluoxetine is not helpful, e.g. sertraline, (preferred in pregnancy and breastfeeding) escitalopram, or agomelatine (depression only).

Paroxetine and venlafaxine are generally avoided in young people due to higher risk of adverse effects.

**Note:** No antidepressants are TGA approved for anxiety or depression in people <18 years. Pharmacists can provide reassurance of the evidence base for these medicines to young people and their families.

#### QUM Alliance – clinical guide

*Depression and anxiety management: teens and young adults*

*For dosing and prescribing information*



#### Review dose<sup>5</sup>

Treatment doses often start low and increase if needed.

Sertraline and escitalopram may have shorter half-lives in young people. Twice-daily dosing may reduce withdrawal symptoms.

*“Is it okay if I ask you a few questions?”*  
*“What have you heard about this medicine?”*  
*“Let me run through the main benefits and possible risks so you know what to expect. How does that sound to you?”*

*These are example prompts that should be adapted in your own words. Aim for a conversation, not a script.*

#### Deliver care through respectful, inclusive, and developmentally appropriate conversations.

**Acknowledge this might be the first time the young person is taking a medicine for mental health and stigma can make questions harder to ask. Invite questions and check with the young person to confirm what information would help most.**

##### Empower the young person

- If the young person understands the treatment options, and communicates a choice, they may consent to treatments without parental/carer involvement.<sup>6,7</sup>
- Direct the initial conversation to the young person, then invite carer/parent input.

##### Respect privacy

- Offer to hold conversations in private.
- Explain what stays confidential and when you must share (e.g. safety concerns).<sup>6</sup>
- Record decisions, consent, discussions and any parental involvement.<sup>6</sup>
- Clear boundaries create safety and encourage honesty.

##### Build trust

- Don't talk down—assume competence.
- Validate knowledge and invite preferences.<sup>6</sup>
- Avoid jargon and explain unfamiliar terms.
- Acknowledging experience and inviting input strengthens engagement.

##### Tailor communication

- Deliver culturally responsive care for **Aboriginal, Torres Strait Islander**, and multicultural young people.<sup>1,8</sup>
- Ask pronouns and if they have another name. Use preferred name and signal that the pharmacy is a safe space (e.g. Rainbow Tick).<sup>6,7</sup>
- Ask if there are any cultural or family considerations that they would like you to keep in mind.

**Respecting autonomy builds trust and gives the young person a voice in decisions affecting them.**

##### Black Dog Institute

Factsheets for young people, parents and carers.



##### QUM Alliance – decision aid

Minding your mental wellbeing.



##### Clinical resources

Headspace information for health professionals.



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## Step 2 Provide education and set realistic expectations

Prepare young people to recognise the early warning signs of troublesome side effects and to respond quickly. This reduces the risk of serious harm and improves treatment success.

### Discuss side effects

#### Shorter term (first 7-10 days):

- Nausea, headaches, and abdominal pain (common, usually short-lived).<sup>4</sup>
- **Activation syndrome** (restlessness, agitation, impulsivity, insomnia) occurs in ~11–14% of young people.<sup>4</sup>
- Suicidality risk may increase transiently at initiation or with dose increases.<sup>9-13</sup>

#### Longer term:

- Emotional blunting, fatigue, weight gain, sexual dysfunction (often under-reported).<sup>4</sup>

### Explain dosing

- Often prescribers initiate treatment at half of the usual starting dose to minimise side effects.
- Take your medicine every day to get the best benefit and keep treatment on track.
- Functional improvements may take 4–6 weeks.
- Missing doses or stopping suddenly can cause withdrawal symptoms (dizziness, nausea, irritability, flu-like symptoms, and sensory disturbances).<sup>4</sup>

### Highlight key interactions

- Medicines that increase risk of serotonin syndrome (e.g. prescribed stimulants, dextromethorphan).
- Recreational substances (e.g. MDMA/ecstasy may dangerously increase serotonin).<sup>14</sup>
- QT prolongation risk with other QT-risk medicines or in overdose.<sup>15</sup>
- Combining alcohol with antidepressants can intensify alcohol's effects, increase injury risk, and worsen mood.<sup>16</sup>

### Discuss deprescribing

- Treatment usually continues for 6–12 months after symptom resolution before considering deprescribing and dose tapering.<sup>2,17</sup>
- Individualise deprescribing as abrupt cessation can cause withdrawal and relapse.<sup>4</sup>
- When tapering, some people notice short-term withdrawal effects which will usually settle.
- Fluoxetine and agomelatine can often be stopped without issue; assess case-by-case.<sup>4,5</sup>
- No specific evidence that young people need a different tapering approach to adults.<sup>4,5</sup>



*"It can take more than 4 – 6 weeks for the medicine to take full effect. In the first 7–10 days, you might feel nauseous, restless, or agitated. These effects are usually temporary. If they don't stop or become unmanageable, let a health professional know straight away"*

*"Combining this medicine with other medicines and recreational substances may affect mood, thinking and safety. Talk to a health professional about combinations. This includes MDMA, ecstasy, cannabis (including medicinal cannabis), alcohol, cold and flu medicines, vitamins/herbs/teas, or other people's medicines."*

*"It is normal to have questions after starting a medicine. You are welcome to speak with me anytime."*

## Create a safe, non-judgemental space to discuss medicines and suicide risk.

### Open the conversation

- Frame the conversation around medicine safety to help to normalise the topic and reduce stigma.
- **Show the CMI** (consumer medicine information) and highlight the section mentioning suicidal thoughts.

### Ask about a safety plan

- Asking directly about suicidal thoughts does **not** put the idea in their head.
- **A clear safety plan reduces risk during a crisis** and gives young people a sense of control and reassurance that help is available if things get tough.

### Listen and validate feelings

- Reassure the young person that it's okay to talk about these types of thoughts.
- **Keep the tone supportive and avoid judgment.**

### Provide support

- Written plans are easier to follow when emotions are high.
- Encourage the young person to keep any care or safety plan accessible and up to date.



### National, free, crisis support services

**Lifeline:** call 13 11 14 or text: 0477 131 114

**Kids Helpline:** 1800 55 1800 (for ages 5–25 years)

**13YARN:** 13 92 76 for Aboriginal and Torres Strait Islander people

**headspace:** online and phone support available, visit [www.headspace.org.au](http://www.headspace.org.au)



*"The medicine's information warns that suicidal thoughts are a possible risk. It doesn't happen often, but the warning is there to make sure we look out for this. It's important we talk about it honestly."*

*"Do you have a safety plan in place if things feel overwhelming or you have thoughts of suicide or harming yourself? If you are at risk of suicide, call emergency services on 000 or go to the ED."*

*"You are not alone with this, and support is here any time, day or night. Would you like me to show you how to use a safety plan app or connect you with a service now?"*

## Step 3 Check in regularly to monitor safety and response

Use repeat dispensing as a structured check-in to review progress, identify early warning signs, and guide safe continuation or change.

If no improvements in mood or function are seen, some people may need to trial different SSRIs before finding the one that works best for them.

### Ask focused check-in questions

- Offer a private space for this check-in. Explore any concerns about side effects that may have emerged since last conversation.
- Worsening symptoms may indicate the medicine isn't working or that extra support is needed.

### Review treatment goals

- Revisit what the young person expects treatment to help with.
- Reinforce the benefits of nonpharmacological support strategies.

### Check adherence

- Address any concerns around taking the medicine.
- Explore any thoughts about tapering or stopping.

### Link in with the prescriber

- With patient consent address concerns or adjust treatment, if needed.



*"If you ever want to stop taking this medicine, don't stop suddenly. Stopping too quickly can make you feel unwell. Always talk to your prescriber first so they can plan a safe approach with you."*

*"Would you like ideas for sleep, activity, and routine supports that other young people find helpful?"*

*"If something about your medicine isn't working for you, let me know and we can work out another approach to discuss with your doctor or specialist."*

### Create a safety plan

**Lifeline (Beyond Now)** suicide safety planning.



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