



Introduction to Common Antidepressants - Practical Prescribing

Psychosocial Interventions

- Healthy Living
 - Sleep Hygiene
 - Exercise
 - Learning a musical instrument
 - Structured day
 - Psychoeducation

Talking points for Pharmacology

- Risks vs Benefits
- **Risk of not treating**
- Judge medications only by what they can do:
identify appropriate target symptoms

Common Questions for Pharmacology



- *“Will it change my personality?”*
 - Possibly, but only for the better
- *“Will I become addicted?”*
 - No
- *“Will I have to take this forever?”*
 - Not necessarily
- *“Can I still drink alcohol on this?”*
 - You can, in moderation, but alcohol is a depressant

Common Questions for Pharmacology



- *“Are there natural alternatives?”*
 - St. John’s Wort – dose will be indeterminable and effect size is small
 - Omega 3 fatty acids – mild effect, but certainly feel free to add
 - Light boxes – won’t hurt, but aside from the sun is unnatural
 - Depression is 100% natural, as is scorpion toxin and cancer
- *“My mom had a bad reaction to sertraline, should I avoid it?”*
 - Probably not, but the best antidepressant is the one you’re willing to take”

Common Questions for Pharmacology



- *“Will it make me a zombie?”*
 - It could, but we won’t tolerate that.
- *“Will I still be able to feel?”*
 - You should, but if not we will switch the medication.
- *“I don’t want a crutch?”*
 - Aren’t your prescription glasses a crutch?
- *“Isn’t this the easy way out?”*
 - All of modern medicine is an easier way out.

SSRI's: First Line Medications

- Choose the first SSRI based on patient preference and side-effect profile.
 - Family response worth considering, but little evidence to support
- SNRI and Atypical antidepressants also acceptable first line
- Titrate to full remission, recognizing a combination of immediate (2 week) and transcriptionally mediated (8 week) effects
- Continue 6 months- 1 year after remission, followed by slow wean

SSRI Side Effects

Common side effects of SSRI's:

- Dry mouth
- Constipation
- Diarrhea
- Sweating
- Sleep disturbance
- Sexual dysfunction
- Irritability
- Agitation or jitteriness
- Headache
- Appetite changes
- Rashes
- Worsening anxiety

More serious side effects:

- Serotonin syndrome (fever, hyperthermia, restlessness, confusion, etc.)
- Akathisia
- Hypomania
- Discontinuation syndrome (dizziness, drowsiness, nausea, lethargy, headache)

2 weeks to tolerance:

- Headaches
- GI symptoms (especially diarrhea, nausea)
- Worsening anxiety

Here to stay:

- Sexual side-effects (usually)
- Dry mouth
- Hypomania (always)
- Akathisia (usually)
- Sweating (may become intermittent)

SSRI Withdrawal Phenomenon

- Always taper an SSRI; decrease by one-quarter dose every 2 weeks
- Sudden discontinuation of an SSRI can result in:
 - Anxiety
 - Low mood
 - Nausea
 - Nightmares
 - Dizziness
 - Lethargy
 - Irritability
 - Flu-like symptoms

SSRIs

DOSING: See agent descriptions.

SIDE EFFECTS:
(common) insomnia, headache, nausea, sexual side effects; (rare, serious) Bleeding (especially GI bleeding- increased risk with NSAIDs/ antiplatelets/ anticoagulants), hyponatremia/ SIADH, serotonin syndrome, seizure.

Citalopram
Celexa

DOSING: Start 20mg/day. Increase by 20mg/day in minimum one week as clinically indicated and tolerable. Max dose 40mg/day.
NOTE: Black box for suicidality <24 years old
<https://medlineplus.gov/druginfo/meds/a699001.html>

Escitalopram
Lexapro

DOSING: Start 10mg/day. Increase by 10mg/day in minimum one week as clinically indicated and tolerable. Max dose 20mg/day.
NOTE: Black box for suicidality <24 years old
<https://medlineplus.gov/druginfo/meds/a603005.html>

Fluvoxamine
Luvox

DOSING: Start 20mg/day. Increase by 20mg/day in minimum one week as clinically indicated and tolerable. Max dose 80mg/day.
NOTE: Black box for suicidality <24 years old
<https://medlineplus.gov/druginfo/meds/a689006.html>

Sertraline
Zoloft

DOSING: Start 50mg/day. Increase by 50mg/day in minimum one week as clinically indicated and tolerable. Max dose 200mg/day.
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<https://medlineplus.gov/druginfo/meds/a697048.html>

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SSRIs, cont

- Fluoxetine (*Prozac*) : 20-80mg. Start 20mg/day, increase by 20mg per week as indicated and tolerable
- Paroxetine (*Paxil*): 20-50mg. Start 20mg/day, increase by 10mg/day q week as indicated and tolerable

SNRI



Duloxetine *Cymbalta*

DOSING: Start 40-60mg/day in single dose or divided. Increase by 20mg/day in minimum one week as clinically indicated and tolerable. Max dose 60mg/day.

SIDE EFFECTS: (common) nausea, dry mouth, diarrhea, decreased appetite, insomnia, sweating, dizziness, sexual side effects; (rare, serious) elevated LFTs, hepatitis, hepatic failure, orthostatic hypotension, urinary retention, serotonin syndrome, syncope **NOTE:** Black box for suicidality <24 years old.

<https://medlineplus.gov/druginfo/meds/a694020.html>

Venlafaxine *Effexor*

DOSING: IR - Start 37.5-75mg/day (doses >37.5mg administered in 2-3 divided doses). Increase by 75mg/day in divided doses 2 or 3 times daily in minimum one week as clinically indicated and tolerable. Max dose 375mg/day divided three times daily.

ER - Start 37.5-75mg/day. Increase by 75mg/day in minimum one week as clinically indicated and tolerable. Max dose 225mg/day (some guidelines support max ER dosing of 375mg/day).

SIDE EFFECTS: (common) nausea, dry mouth, dizziness, agitation, headache, sexual side effects, anorexia, constipation, sweating; (rare, serious) hypertension, SIADH

NOTE: Black box for suicidality <24 years old.

<https://medlineplus.gov/druginfo/meds/a694020.html>

SNRI/Dopamine



Bupropion *Wellbutrin*

DOSING: IR - Start 100mg twice daily, then increase to 100mg three times daily on day 4. Increase to 150mg three times daily in minimum 2-3 weeks if clinically indicated and tolerable. Max dose 450mg/day.
SR (12 hour) - Start 150mg daily, then increase to 150mg twice daily on day 4. Increase to 200mg twice times daily in minimum 2-3 weeks if clinically indicated and tolerable. Max dose 400mg/day.
ER (24 hour) - Start 150mg daily, then increase to 300mg daily on day 4. Increase to 450mg daily in minimum 2-3 week if clinically indicated and tolerable. Max dose 450mg/day.

SIDE EFFECTS: (common) agitation, insomnia, nausea, headache, weight loss, dry mouth; (rare, serious) seizures

NOTE: To minimize risk of seizures, IR doses should be at least 6 hours apart and SR doses should be at least 8 hours apart.

Do not chew, divide, or crush SR/ER Tablets.

Black box for suicidality <24 years old

<https://medlineplus.gov/druginfo/meds/a695033.html>

Atypical Antidepressant



Mirtazapine
Remeron

DOSING: Start 15mg once daily at bedtime. Increase by 15 mg/day every 1-2 weeks if clinically indicated and tolerable. Max dose 45 mg/day.

SIDE EFFECTS: (common) nausea, insomnia, headache, somnolence, weight gain; (rare, serious) agranulocytosis or severe neutropenia

MONITOR: weight and BMI at each office visit

NOTE: Black box for suicidality <24 years old

<https://medlineplus.gov/druginfo/meds/a697009.html>

First-line Antidepressant Cheat Sheet

- Sertraline – well tolerated, effects dopamine as highest dose
- Escitalopram– well tolerated
- Fluoxetine – longest half-life
- Fluvoxamine– most CYP450 interactions
- Paroxetine– worst weight gain, most sedating, worst withdrawal
- Venlafaxine– hypertension rare, horrible nightmares if dose missed
- Duloxetine– similar to, but milder side-effects than, venlafaxine
- Bupropion– sometimes worse for anxiety, best if also quitting smoking, avoid in eating disorders/ electrolyte disturbances, good for ADHD
- Mirtazapine– NO GI side-effects, sedating and weight gain, but inversely related to dose



BRIDGES TO MENTAL HEALTH

