Guide to Antidepressants (Long List)

Medication	Therapeutic Dose Range (mg/day)	Initial Suggested Dose	Titration Schedule	Advantages	Disadvantages
Serotonin Reuptake Inhibitors (SSRIs)					
FLUOXETINE HCL *Prozac*	10-80	20mg AC breakfast (10mg in elderly & those with comorbid panic disorder)	If no response after 4 weeks, increase by 10mg every 7 days as tolerated.	Helpful for anxiety disorders. Long half-life good for poor compliance. Generic available. Less frequent discontinuation symptoms.	Slower to reach steady state. Sometimes too stimulating. Possibly more cytochrome P450 interactions.
CITALOPRAM HBr *Celexa*	20-40	20mg. AC breakfast (10mg in elderly & those with panic disorder)	20 mg daily for 4 weeks. If no response, increase by 10mg every 7 days as tolerated.	Probably helpful for anxiety disorders. Possibly fewer cytochrom P450 interactions. Generic soon.	
ESCITALOPRAM OXALATE *Lexapro*	10-20	10mg.	Increase to 20mg if only partial response after 4 weeks.	10mg. dose usually effective for most	
PAROXETINE *Paxil*	10-50 (40 in elderly)	20mg AC breakfast (10mg in elderly & those with comorbid panic disorder)	If no response after 4 weeks, increase by 10mg every 7 days as tolerated.	FDA approved for most disorders. Generic soon.	Sometimes sedating.
PAROXETINE CR *Paxil CR*	25-62.5 (50 in elderly)	25mg qd (12.5mg in elderly & those with panic disorder)	If no response after 4 weeks, increase by 12.5mg every 7 days as tolerated.	May cause less nausea and GI distress.	Occasionally more anticholinergic like effects.
SERTRALINE *Zoloft*	25-200	50mg AC breakfast (25 mg for elderly)	If no response after 4 weeks, increase by 25-50mg every 7 days as tolerated. Maintain 100mg. Dose for 4 weeks before next increase.	FDA approved for anxiety disorders. Safety shown post MI.	

Serotonin and Norepinephrine Antagonist					
MIRTAZAPINE *Remeron*	15-45	15mg qHS (7.5mg for those in need of sedation / hypnotic)	Increase in 15mg increments as tolerated (7.5mg in elderly) Maintain 30mg for 4 wks. before further increase.	Few drug interactions. Little sexual dysfunction. May stimulate appetite.	Sedation at low dose only. May initially stimulate appetite
Norepinephrine- and Dopamine-Reuptake Inhibitors					
BUPROPION (*Wellbutrin SR*)	300-400	150mg qAM	Increase to 150mg bid after 7 days. Increase to 200mg bid if poor response. Allow 8 hrs between doses & initially not at HS. No more than 100mg/day with hepatic disease.	Stimulating. Little or no sexual dysfunction.	At higher doses, may induce seizures in persons with seizure disorder. Stimulating. BID dosing.
Serotonin and Norepinephrine Reuptake Inhibitor					
VENLAFAXINE VENLAFAXINE ER (*Effexor, Effexor XR*)	75 -375	75mg qd with food (37.5mg if anxious or debilitated)	Bid or tid dosing (except ER/XR). ER/XR – 37.5 qAM for 1 wk., then 75mg. qAM for 2wks., then 150mg. If partial response after 4 wks. increase to 225mg qAM. Norepinephrine effect only in doses >150mg.	XR version qd dosing. Helpful for anxiety disorders. Possibly fewer cytochrome P450 interactions.	May increase blood pressure at higher doses. BID dosing unless using XR. EXPENSIVE.
Primarily Norepinephrine Reuptake Inhibitor					
DESIPRAMINE (Norpramin, Pertofrane)	100-300	50mg qAM (25-100 in elderly)	Increase 25-50mg q3-7 days to initial target of 150mg. in 4 wks.	More effect on Norepinephrine than serotonin.	Anticholinergic.
NORTRIPTYLINE (Aventyl, Pamelor)	25-150	25mg qPM (10mg. in frail elderly)	Increase 10-25mg every 5 days to 75mg. Dosing too high may be ineffective. Obtain serum levels after 5 wks. if not effective.	Availability of reliable, valid blood levels. Lower orthostatic hypotension than other tricyclics. Generic available	Caution with BPH Can exacerbate cardiac conduction problems or CHF