

Quick Guide to Common Antidepressants-Adults

Medication	Therapeutic Dose Range (mg/day)	Initial Suggested Dose	Titration Schedule	Additional Information
Serotonin Reuptake Inhibitors (SSRIs) – All available as generic				
FLUOXETINE (Prozac)	10-80mg daily	20 mg in the morning (10 mg in the elderly, patients with hepatic disorder & when treating panic disorder)	May increase the dose by 10 to 20 mg/day every 7-14 days as tolerated.	Advantages: Long half-life is good for poor compliance; low risk for withdrawal syndrome. Capsules, tablets, oral solution, and delayed-release capsules are bioequivalent. Disadvantages: Slower onset of action. Higher risk for drug interactions due to cytochrome P450 inhibition. More likely to cause insomnia/agitation than other SSRIs
CITALOPRAM (Celexa®)	20-40mg daily	20 mg/day	May increase the dose to 40 mg after a minimum of 1 week. (max dose: 40 mg/day in patients <60 years) (max dose: 20 mg/day in patients ≥60 years and patients with hepatic impairment)	Advantages: Low risk for drug interactions due to cytochrome P450 interactions. Disadvantages: Doses >40 mg are associated with prolonged QT interval. Avoid concomitant 2C19 inhibitors (i.e., cimetidine, omeprazole); if used with 2C19 inhibitors maximum dose is 20 mg/day. Limited range for dose escalation.
ESCITALOPRAM (Lexapro®)	10-20 mg daily	10 mg/day	May increase dose to 20 mg after a minimum of 1 week.	Advantages: 2x more potent than citalopram. Low risk for drug interactions due to cytochrome P450 interactions. Disadvantages: Limited range for dose escalation.
SERTRALINE (Zoloft®)	25-200mg daily	50 mg/day	Increase by 50 mg/day at intervals of at least 1 week as needed to a maximum dose of 200 mg/day.	Advantages: Low risk for drug interactions due to cytochrome P450 interactions; risk increases at doses >150 mg. Can be used for post-MI patients; proven safe for HF patients. Disadvantages: Greater GI side effects, especially diarrhea. Can be stimulating or sedating- may alter administration to AM or PM to minimize impact of these effects.

PAROXETINE (Paxil®)	10-50mg daily	20 mg/day, preferably in the morning (10 mg in the elderly & patients with severe renal or hepatic impairment)	Increase by 10 mg/day at intervals of at least 1 week as needed to a maximum dose of 50 mg/day (max dose: 40 mg/day in the elderly & patients with severe renal or hepatic impairment).	Advantages: Tends to be more sedating than other SSRIs which may be beneficial for patients who have trouble sleeping. Disadvantages: High risk for drug interactions due to cytochrome P450 inhibition. Significant anticholinergic effects. May have more sexual dysfunction and weight gain. Short half-life can lead to withdrawal syndrome with abrupt treatment discontinuation. Pregnancy category D
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Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs) – All available as generic

VENLAFAXINE IR and ER (Effexor and Effexor XR)	IR: 75–375mg daily ER: 75-225mg daily	IR: 75 mg/day in 2-3 divided doses with food ER: 75 mg/day (May start with 37.5 mg/day for 4-7 days to allow patient to adjust to medication)	Increase by increments of up to 75 mg/day every 4-7 days as tolerated.	Advantages: Low risk for drug interactions due to cytochrome P450 inhibition. Daily dosing (ER). SNRIs can be effective for different pain syndromes. Disadvantages: BID or TID dosing (IR). May cause nausea, especially at treatment initiation. May ↑ blood pressure at higher doses (>150 mg/day). Monitor blood pressure. Requires dose adjustments in renal and hepatic impairment. Uncomfortable withdrawal syndrome with abrupt treatment discontinuation-taper slowly if discontinuation is needed to minimize
DULOXETINE (Cymbalta)	40-60mg daily Max dose: 120 mg (Doses greater than 60 mg/day confer no additional benefit.)	40-60 mg/day (20-30 mg twice daily)	Initial dosage should be given BID. May start with 30 mg daily for 1 week before increasing to 60 mg daily, to allow patients to adjust to the medication.	Advantages: Dosing may be daily or BID. SNRIs can be effective for different pain syndromes. Disadvantages: May cause N/V, sexual dysfunction, insomnia, dysuria. Not recommended for use in patients with hepatic impairment, CrCl <30 ml/min, or ESRD. Moderately potent inhibitor of the hepatic cytochrome P450 enzyme CYP2D6 Uncomfortable withdrawal syndrome with abrupt treatment discontinuation-taper slowly if discontinuation is needed to minimize

Norepinephrine and Dopamine Reuptake Inhibitors – All available as generic

BUPROPION (Wellbutrin)	300-450mg daily	IR: 100 mg BID SR, XL: 150 mg QAM	<p>IR: Increase to 100 mg TID after 3 days with at least 6 hours between doses.</p> <p>If no clinical improvement after 3-4 weeks increase to a max dose of 150 mg TID.</p> <p>SR: After 3 days may increase to 150 mg twice daily with at least 8 hours between doses; if no clinical improvement after 3-4 weeks, may increase to a maximum dose of 200 mg twice daily</p> <p>XL: After 3 days, may increase to 300 mg once daily; if no clinical improvement after 3-4 weeks, may increase to a maximum dose of 450 mg once daily.</p>	<p>Advantages: Little or no sexual dysfunction. No weight gain. Can be used to augment SSRI/SNRI treatment.</p> <p>Disadvantages: Contraindicated in patients with seizure disorders, hx of anorexia/bulimia, or undergoing abrupt d/c of EtOH or sedatives. ↑ risk of seizures at higher doses, especially with IR formulation. Can cause anxiety/agitation, insomnia, decreased appetite/weight loss. Requires dose adjustments in the elderly and patients with hepatic impairment.</p>
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Serotonin and Apha-2 Adrenergic Antagonist- Available as generic

Mirtazapine (Remeron)	15-45mg/day	15mg mg daily in the evening	<p>Maximum dose of 45mg/day May increase dosage no more frequently than every 1-2 weeks.</p>	<p>Advantages Sedation side effect may be used in persons with insomnia associated with major depression</p> <p>May be used in cachexic depressed individuals for appetite stimulation due to weight gain side effect</p> <p>Disadvantages Dose adjustment may be needed for renal impairment Sedating Commonly associated with weight gain >7% of body weight Associated with somnolence</p>
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Quick Guide to Common Antidepressants-Children/Adolescents

Medication	Therapeutic Dose Range (mg/day)	Initial Suggested Dose	Titration Schedule	Additional Information
Serotonin Reuptake Inhibitors (SSRIs) – All available as generic				
FLUOXETINE (Prozac)	10-60 mg daily.	5 - 10 mg po q am	Start at 5- 10 mg po q am and increase to 10-20 mg po q am if tolerating well after 1-3 weeks. Therapeutic dose can range from 10 - 60 mg po daily. Titrate up in increments of 10-20 mg daily every 4 weeks to effect.	<p>FDA approved for MDD (age 8) and OCD (age 7). Good evidence for anxiety disorders.</p> <p>Advantages: Fluoxetine has a long half-life making it a good choice for patients who don't consistently take their medication. Multiple formulations including liquid, capsules , and tablets. Fluoxetine has been studied extensively in the pediatric population.</p> <p>Disadvantages: Sometimes activating, long half-life can be problematic if the child does not tolerate the medicine well.</p>

CITALOPRAM (Celexa®)	10-40 mg daily.	5 - 10 mg po q day	Start at 5-10 mg po q day and increase by 5 or 10 mg daily if tolerating well after 1-3 weeks. Therapeutic dose can range from 10 - 40 mg po q day. Titrate up in increments of 5 - 10 mg daily every 4 weeks to effect.	Commonly used for pediatric depression and anxiety. <u>Advantages:</u> Generally very well tolerated with few drug-drug interactions. <u>Disadvantages:</u> Dose ceiling of 40 mg daily because of concern for qtc prolongation at higher doses. This limits our ability to treat to remission in some patients.
ESCITALOPRAM (Lexapro®)	5-20 mg daily	2.5 - 5 mg po q day	Start at 2.5 - 5 mg po q day and increase by 2.5 or 5 mg daily if tolerating well after 1-3 weeks. Therapeutic dose can range from 5 - 20 mg po q day. Titrate up in increments of 2.5 - 5 mg daily every 4 weeks to effect.	FDA approved for MDD (age 12). <u>Advantages:</u> Generally very well tolerated with few drug-drug interactions. <u>Disadvantages:</u> Dose ceiling of 20 mg daily because of concern for qtc prolongation at higher doses. This limits our ability to treat to remission in some patients.
SERTRALINE (Zoloft®)	25-200mg daily	12.5 - 25 mg po q day	Start at 12.5 - 25 mg po q day and increase by 12.5 or 25 mg daily if tolerating well after 1-3 weeks. Therapeutic dose can range from 25 - 200 mg po q day. Titrate up in increments of 12.5 - 25 mg daily every 4 weeks to effect. Once at 100 mg daily you can often increase in increments of 50 mg daily every four weeks to effects.	FDA approved for OCD (age 6). Good evidence for anxiety disorders and some evidence for depressive disorders. <u>Advantages:</u> Generally well tolerated. Multiple formulations including liquid and tablets. <u>Disadvantages:</u> Can be stimulating or sedating- may alter administration to AM or PM to minimize impact of these effects.

PAROXETINE (Paxil®)				<p>No pediatric indications –</p> <p><u>Do not use in the pediatric population.</u></p> <p>Paroxetine has been shown to NOT be effective for child/adolescent depression and has been demonstrated to increase risk of suicidal thinking/behaviors.</p>
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Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs) – All available as generic

VENLAFAXINE IR and ER (Effexor and Effexor XR)	37.5 mg po q am to 225 mg po q am (XR)	37.5 mg po q am	.	<p>No FDA indication for pediatric patients. Evidence for depression.</p> <p><u>Disadvantages:</u> Can increase blood pressure, need bid or tid dosing if not using XR/sustained released formulation, generally less well tolerated than other antidepressants.</p> <p>Uncomfortable withdrawal syndrome with abrupt treatment discontinuation-taper slowly if discontinuation is needed to minimize</p>
DULOXETINE (Cymbalta)	20 mg po q am to 60 mg po q am	20 mg po q am	Start at 20 mg po q am and increase by 20 mg po q am every four weeks to effect.	<p>FDA indication for GAD. Evidence for depression.</p> <p><u>Advantages:</u> Sometimes helpful for pain.</p> <p><u>Disadvantages:</u> Uncomfortable withdrawal syndrome with abrupt treatment discontinuation-taper slowly if discontinuation is needed to minimize</p>