

Medications Approved for Use in the Treatment of Depression

Serotonin Reuptake Inhibitors (SSRIs) – All available as generic

General class warnings:

- Risk for serotonin syndrome
- Increased bleeding risk (especially if used concomitantly with aspirin, NSAIDS, warfarin or other anticoagulants)
- Increased association with osteoporotic fractures

Geriatric Considerations:

- SSRI induced syndrome of inappropriate secretion of antidiuretic hormone (SIADH), hyponatremia.

Medication	Therapeutic Dose Range (mg/day)	Initial Suggested Dose	Titration Schedule	Additional Information
FLUOXETINE (Prozac, Prozac Weekly)	20-80	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, are bioequivalent. Disadvantages: Higher risk for drug interactions due to cytochrome P450 inhibition. More likely to cause insomnia/agitation than other SSRIs Associated with QT interval prolongation
CITALOPRAM (Celexa®)	20-40	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.
ESCITAL OPRAM (Lexapro®)	10-20	10 mg/day	May increase dose to 20 mg after a minimum of 1 week. Max dose of 10 mg/day in elderly and severe hepatic impairment patients	Advantages: 2:1 conversion for equal dosing to citalopram. Low risk for drug interactions due to cytochrome P450 interactions. Purist SSRI, generally well tolerated Disadvantages: Limited range for dose escalation. Additive QT-prolongation effect.



Medication	Therapeutic Dose Range (mg/day)	Initial Suggested Dose	Titration Schedule	Additional Information
SERTRALINE (Zoloft®)	50-200	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. Low concentrations in breast milk Disadvantages: Greater GI side effects, especially diarrhea. Can be stimulating or sedating. Associated with QT interval prolongation
PAROXETINE (Paxil®, Paxil CR, Pexeva)	20-50	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: Low concentrations in breast milk 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

Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs) – All available as generic

General class warnings:

- Risk for serotonin syndrome
- Increased bleeding risk (especially if used concomitantly with aspirin, NSAIDs, warfarin or other anticoagulants)
- Increased association with osteoporotic fractures

Geriatric Considerations:

- SSRI induced syndrome of inappropriate secretion of antidiuretic hormone (SIADH), orthostatic hypotension

Medication	Therapeutic Dose Range (mg/day)	Initial Suggested Dose	Titration Schedule	Additional Information
VENLAFAXINE IR and ER (Effexor and Effexor XR)	IR: 75–375 ER: 75-225	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 bp. May ↑ serum total cholesterol and triglycerides Requires dose adjustments in renal and hepatic impairment. Additive QT-prolongation effect.



Medication	Therapeutic Dose Range (mg/day)	Initial Suggested Dose	Titration Schedule	Additional Information
DULOXETINE (<i>Cymbalta</i>)	40-60 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
Desvenlafaxine (<i>Pristiq</i>)	50-400 mg once daily	50 mg once per day	The 50 mg dose is both a starting dose and the therapeutic dose. Should be taken at approximately the same time each day. Tablets must be swallowed whole with fluid and not divided, crushed, chewed, or dissolved. The 25 mg tablet is intended for a gradual reduction in dose when discontinuing treatment.	Advantages: Initial dose is 50 mg, eliminating the need for a complicated upward dose titration process. Daily dosing Can be effective for different pain syndromes Disadvantages: May cause dizziness, headaches and sleepiness Requires dose adjustments in renal and hepatic impairment. May ↑ serum total cholesterol and triglycerides
Levomilnacipran (<i>Fetzima</i>)	40 to 120 mg orally once a day	20 mg	Initial dose: 20 mg orally once a day for 2 days, then increase to 40 mg orally once a day	Advantages: Has extended release capsules Has greater potency for norepinephrine reuptake blockade than for serotonin Disadvantages: May cause nausea, vomiting, constipation, hyperhidrosis, tachycardia, heart rate increase, palpitations, erectile dysfunction, urinary hesitancy or retention, increased bleeding risk Levomilnacipran should not be used to treat fibromyalgia Potent noradrenergic actions may account for possibly higher incidence of sweating and urinary hesitancy than some other SNRIs

Norepinephrine and Dopamine Reuptake Inhibitors – All available as generic

Medication	Therapeutic Dose Range (mg/day)	Initial Suggested Dose	Titration Schedule	Additional Information
Vilazodone (<i>Viibryd</i>)	10 mg	40 mg orally once a day	Initial dose: 10 mg orally once a day for 7 days, followed by 20 mg orally once a day for an additional 7 days	Advantages: Exhibited no sexual dysfunction Disadvantages: Nausea, diarrhea, and trouble sleeping, ↑ bleeding risk (especially if used with aspirin, NSAIDs, warfarin or other anticoagulants). Geriatric Considerations SIADH and hyponatremia Increased fracture risk



Medication	Therapeutic Dose Range (mg/day)	Initial Suggested Dose	Titration Schedule	Additional Information
BUPROPION (Wellbutrin, Wellbutrin SR, Wellbutrin XL,)	300-450	IR: 100 mg BID SR, XL: 150 mg QAM	IR: Increase to 100 mg TID after 3 days with at least 6 hours between doses. If no clinical improvement after 3-4 weeks increase to a max dose of 150 mg TID. 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 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.	Advantages: Little or no sexual dysfunction. No weight gain. Can be used to augment SSRI/SNRI treatment. 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. Geriatric Considerations ↑ risk of drug accumulation over time. (Consider dose reduction) Increased chance of weight loss
Mirtazapine (Remeron, Remeron SolTab)	15-45 mg qhs	15 mg orally once a day at bedtime	Increase in 15 mg increments (7.5 mg) in elderly as tolerated. Maintain 30 mg for 4 weeks before further dose increase.	Advantages: Less likely than some other antidepressants to cause anticholinergic side effects such as dry mouth, constipation, urinary retention, bowel obstruction, dilated pupils, blurred vision, increased heart rate, and decreased sweating; however, it may still cause them Adjunctive treatment with citalopram Disadvantages: Dry mouth, constipation, an increased appetite and weight gain are also common, hyperlipidemia Geriatric Considerations Sedation, increased fall/ fracture risk, hyponatremia Increase appetite
Vortioxetine (Trintellix, Brintellix, Brintellix)	10-20 mg qam	5mg qam	10 mg PO qDay initially; gradually increase to 20 mg/day as tolerated (higher doses demonstrated better treatment effects in clinical trials). Do not exceed 20 mg	Advantages: Instrumental in combating the acute depressive disorder It may improve appetite Reduces fatigue and may enhance interest Boosts concentrations Disadvantages: Diarrhea, male sexual disorder, and nausea. No data available on doses >5 mg in older adults