

ANTIDEPRESSANT COMPARISON CHART<sup>i,ii</sup>

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NAME: Generic / TRADE	RECEPTOR AFFINITY	SIDE EFFECTS		COMMENTS & ADDITIONAL USES (Bold indicates official indication in Canada)	INITIAL & MAX. DOSE	USUAL ADULT DOSE RANGE	\$ per Month		
		ACH.	SED.					OTHER	
<b>Citalopram</b> CELEXA (20, 40mg scored tab) abr=CC	<b>5HT SELECTIVE</b>  SSRI's	+	+	<b>SSRI's SE in General</b> nausea {21%(F) - 36% (X)}, anxiety, insomnia {~14%}, agitation, anorexia, tremor, somnolence {11-26%}, sweating, dry mouth, headache, dizziness, diarrhea {12% (F,P)-17% (S)}, constipation {13-18%}, sexual dysfx. <sup>ii,iv</sup> , SIADH, EPS <b>Toxicity can</b> →depression <b>D/C Syndrome</b> → flu-like Sx's 'FINISH' flu, insomnia, nausea, imbalance, sensory dist., hyper.	<b>Therapeutic Uses:</b> √ OCD (esp. F, P, S, X) √ Panic (esp. P, S, CC, X) √ GAD (P); ?others √ Bulimia nervosa (F) √ Diabetic neurop.(CC) & deter use of EtOH √ PTSD (S) √ Social Phobia (P) +ve effect on headache? • flat dose response curve (majority of patients responding do so at the <b>lowest effective dose</b> )	10-20mg am	20mg po od	52.00	
<b>Fluoxetine</b> PROZAC (10,20mg cap & 4mg/ml solution) abr=F		0	0			• avoid in pts prone to overdose • fewer CYP <sub>450</sub> DI's of SSRIs	60mg/d	40mg po od	52.00
<b>Fluvoxamine</b> LUVOX (50,100mg tab) abr=X		0/+	++			• most anorexic & stimulating • long half-life (5 wk washout) • 90mg weekly avail. in USA	10-20mg od	(10mg po od)† 20mg po od am 40mg po od am	21.00 15.00 24.00
<b>Paroxetine</b> PAXIL (10,20,30mg tab) abr=P		+	+			• most nauseating, constipating & sedating of the SSRI's, DI's	25-50mg hs	100mg po hs 150mg po hs 50mg am & 150mg hs	25.00 35.00 47.00
<b>Sertraline</b> ZOLOFT (25,50,100mg cap) abr=S		0	+			• most anticholinergic of SSRIs • most official anxiety disorder indications	10-20mg am	20mg po od am 30mg po od am 40mg po od am	66.00 69.00 132.00
<b>Nefazodone</b> SERZONE (50,100,150,200mg tab) abr-Z	<b>5HT Selective</b>	+	+++	• least stimulating serotonergic • less wt gain; less sex dysfx, DI's • may try entire dose at hs <sup>vi</sup>	50-100mg bid	100mg po bid 150mg po bid (300mg po hs)	47.00 47.00		
<b>Trazodone</b> DESYREL (50,100mg tab) (150mg Dividose tab:50/75/100/150mg X)	SSRI+5HT <sub>2</sub> rec. antagonism	0	++++	• dementia 50mg hs (insomnia, sundowning, aggression); less cardiac effects than TCAs	50mg bid	50mg po hs 100mg po bid pc 200mg po bid pc	11.00 20.00 32.00		
<b>Amitriptyline</b> ELAVIL (10, 25,50mg, 75mg* tab)	<b>5HT &amp; NE EFFECTS</b>  tertiary (3°) amine TCA's	++++	++++	<b>General TCA SE:</b> ↑HR, ↓BP (Tx: fluid+/- Florinef), weight gain, sexual dysfx, sweating, rash, tremors, ECG abnormalities, seizures • fatal in overdose (≥2gm) due to cardiac & neurologic toxicity. • 2° amines generally <b>better tolerated</b> than 3° amines	<b>Therapeutic Uses</b> √ Pain Syndromes & sleep disorders <sup>vii</sup> (amitriptyline); but 2° TCA nortriptyline also useful and may be better tolerated) √ Neuropathy √ Agitation & insomnia √ Panic→ imipramine √ Migraine prophylaxis <sup>viii</sup> (esp. amitriptyline, nortriptyline) √ ADD (ie. desipramine)	10-25mg hs	50 mg po hs	9.00	
<b>Clomipramine</b> ANAFRANIL (10, 25, 50mg tab)		++++	++++			• especially effective for OCD • Most serotonergic TCA; • Cp • higher risk of seizures	300mg/d	200mg po hs	15.00
<b>Doxepin</b> SINEQUAN (10,25,50,75,100,150mg cap)		+++	++++			• Most histamine block; • Cp • √ psychoneurotic/anxious dep.	10-25mg hs	50 mg po hs 200mg po hs	15.00 52.00
<b>Imipramine</b> TOFRANIL (10, 25, 50mg tab)	<b>NE &gt; 5HT</b> secondary (2°) amine TCA's	+++	+++	• Cp √ Childhood enuresis (age 6+)	10-25mg hs	50 mg po hs 200mg po hs	10.00 19.00		
<b>Desipramine</b> NORPRAMIN (10, 25, 50, 75,100mg tab) (50mg tabs better price in SK)		++	++	• Most NE activity • Least ACH side effects • Cp	10-25mg hs	50 mg po hs 150mg po hs (3x50mg) 200mg po hs (4x50mg)	12.00 21.00 25.00		
<b>Nortriptyline</b> AVENTYL (10, 25mg cap)		+++	++	• Least hypotensive TCA • Cp (response rate higher at lower end of usual range <sup>ix</sup> )	10mg hs	25mg po hs 50mg po hs 100mg po hs	14.00 22.00 36.00		
<b>Venlafaxine</b> EFFEXOR (Reg. 37.5, 75mg reg.) (XR 37.5mg, 75mg, 150mg caps) (contents of XR caps may be sprinkled)	<b>SNRI</b> <b>5HT &amp; NE</b> (also some DA)	++	+	• initial nausea; "clean TCA" • side effects similar to SSRIs; • low wt. gain; few drug interaction • adjust dose for ↓ renal fx	18.75-37.5mg bid	37.5mg po bid cc 75mg po bid cc 75mg or 150mg XR po od	63.00 119.00 63.00		
<b>Bupropion SR</b> WELLBUTRIN (100mg, 150mg tab)	<b>DA &amp; NE</b>	0	0	• As dose ↑: ↑BP, agitation, tremor, sweating, nausea~37%, headache, sleep disturbances • caution: withdrawal effects	375mg/d	225mg XR po daily	122.00		
<b>Bupropion SR</b> WELLBUTRIN (100mg, 150mg tab)	<b>DA &amp; NE</b>	0	0	agitation, insomnia, tremor, ↓appetite, GI upset, psychos.	100mg od am 450mg/d	100mg po bid 150mg po bid	45.00 64.00		
<b>MAOIs:</b> non-selective & irreversible; ✓ atypical/refractory depression; enzyme effect ~10days; many DI's and food cautions (tyramine-hypertensive crisis risk!); phenelzine NARDIL 15mg tab; tranlycypromine PARNATE 10mg tab									
<b>Mirtazapine</b> REMERON 30mg tab X	<b>NaSSA</b>	+++	++++	Dry mouth, sedation, DI-clonidine	↑ appetite & weight ; ↓ sexual dysfx	√ Anxiety, Somatization	15-45mg/day	30mg po hs	~50.00
<b>Moclobemide</b> MANERIX (100,150,300mg tab) (150mg tab cheapest)	<b>RIMA</b> Selective & Reversible	+	0	Dry mouth, dizzy, headache, nausea, tremor, restless, less sex dysfx	• no dietary tyramine precaution • enzyme effect lasts ~24hrs DI: meperidine, sympathomimetics, DM	√ Atypical, √ Anxious-phobic, √ Co-morbid anxiety	100mg bid 600-900mg/d	150mg po bid pc 300mg am & 150pm pc 300mg po bid pc	26.00 36.00 64.00

✶ EDS ✶ non-formulary in SK ▼ prior approval Indian affairs \$ = cost for Sask. pt. (incl markup & dispensing fee) 5HT = serotonin ACH = anticholinergic effects (dry mouth, constipation, urinary hesitancy, blurred vision) ADD = attention deficit disorder BP = blood pressure Cp = plasma levels avail DA = dopamine DI = drug interactions epi = epinephrine GI = gastro-intestinal HR = heart rate MAOI = monoamine oxidase inhibitors NE = norepinephrine OCD = obsessive compulsive disorder RIMA reversible inhibitor of MAO-A SE = side effects SED = sedation SSRI = selective 5HT reuptake inhibitor TCA = tricyclic antidepressant Tx = treatment wk = week wt = weight INITIAL DOSE - Lower initial dose recommended for elderly & sensitive pts. † = initial or maintenance dose lower than usual effective dose. **Pregnancy category:** B agents include: bupropion, fluoxetine, paroxetine, sertraline (of these fluoxetine has had most clinical experience).



**The Rx Files: Antidepressants – Supplementary Tables - Updated July 2001**

**Table 1: Adverse Effects: Management Options**<sup>13,x,xi</sup>

- Dizziness** ☞ check BP for **orthostatic hypotension**; mild symptoms may attenuate over several weeks; ↓ dose or switch agent; encourage adequate fluid intake & avoid excessive salt restriction; Florinef 0.1mg po od & titrate
- Sedation/ feeling medicated/ foggy** ☞ may attenuate over 1-2 weeks; give single dose 1-2 h prior to bedtime; ↓ dose or choose alternative agent
- Peripheral anticholinergic effects** ☞ tolerance may develop over several weeks; switch to alternative agent; treatment options for some Sx:
  - blurry vision**-pilocarpine eye drops;methylcellulose drops for dry eyes
  - urinary hesitancy** - bethanechol 25-50mg po tid-qid
  - abdominal cramps, nausea, diarrhea** - adjust dose
  - dry mouth** - sugarless gum; saliva substitutes(e.g.ORAL balance Gel)
  - constipation** - adequate hydration, activity, bulk forming laxatives
- Weight gain**☞ modify & monitor diet & activity;switch to alternate agent
- Sexual dysfunction** ☞ distinguish etiology (drug vs illness); switch to: (bupropion,moclobemide,nefazodone,↓ dose venlafaxine); adjust dose; other:
  - ↓ libido→ neostigmine 7.5-15mg 30min prior to intercourse
  - impaired erection → bethanechol 10mg po tid
  - anorgasmia → cyproheptadine (Periactin) 4mg po qam
- Myoclonus**☞ ?TCA toxicity; reassess dose/levels; clonazepam 0.25mg tid
- Insomnia & anxiety (5HT related)**☞ ↓dose; administer in am; + short course of trazodone 50-100mg hs; switch to alternate agent (e.g. nefazodone)
- SIADH (syndrome of inappropriate antidiuretic hormone secretion)** (hyponatremia) ☞ DC causative agent; fluid restriction (1 l/d)
- Serotonin Syndrome**<sup>xiii</sup> (e.g. excitement,diaphoresis,rigidity,↑ temp, ↑reflexes, ↑HR, ↓BP) D/C serotonergic agents; Tx: Periactin 4mg po q4h

**Table 4: Individualizing Therapy Considerations**<sup>xiii</sup>

- Anxiety/Panic** ✓SSRIs, nefazodone, venlafaxine
- Anxiety, Comorbid** ✓moclobemide, mirtazapine, ? bupropion
- Atypical\*** ✓moclobemide, MAOIs, SSRIs
- Bipolar** ✓mood stabilizer (+/- antidepressant) e.g. lithium, valproic acid, carbamazepine
- Cardiac Condition** ✓SSRIs, MAOIs, bupropion
- Chronic Pain/Neuropathy**<sup>xiv</sup> ✓amitriptyline, desipramine,
- Elderly**<sup>8,xv,xvi</sup> ✓SSRIs (CC,P,S,X,Z); 2° TCA's; venlafaxine
- Migraine**<sup>xvii</sup> ✓amitriptyline, nortriptyline
- Obsessive Compulsive** ✓SSRI (high dose), clomipramine
- Orthostatic Hypotension** ✓venlafaxine(↑BP); nortriptyline, SSRIs (ambulation, hydration, gradual dose titration)
- Phobic** ✓moclobemide, MAOI, paroxetine?
- Psychotic** ✓+ antipsychotic (or amoxapine)
- Seizure History** ✓trazodone,SSRIs,moclobemide,venlafaxine
- Sleep Disorders**<sup>xviii</sup> ✓trazodone, nefazodone<sup>3</sup>, amitriptyline
- Smoking Cessation** ✓bupropion, nortriptyline
- Weight Gain, Avoid**<sup>xix</sup> ✓ bupropion, SSRIs, RIMA,venlafaxine

**Table 2: Precautions**<sup>xx</sup>

**TCAs:** benign prostatic hypertrophy, history of urinary retention, uncorrected angle closure glaucoma, history of seizure, post-MI - acute recovery phase, cardiovascular disease, cholinergic rebound upon withdrawal from high doses (dizziness, nausea, diarrhea, insomnia, restlessness, cardiac conduction delays, heart block; arrhythmias)

**SSRIs:** hepatic dysfunction (↑ levels & half-life), irritable bowel syndrome, CNS overstimulation (e.g. **serotonin syndrome**) especially if used in combination with other serotonergic drugs (tryptophan, TCA, lithium, MAOI, buspirone, sumatriptan, ondansetron)<sup>xxi</sup>, withdrawal syndrome: dizziness, GI upset, headache, agitation/restlessness, sleep disturbance (usually mild & transient; less common with fluoxetine)<sup>2,xxii</sup>

**MAOIs:** hypertensive crisis can occur secondary to foods containing **tyramine** {e.g. **HIGH** → Unpasteurized cheese (cheddar, camembert, blue), yeast extract, herring, aged unpasteurized meats, broad bean pods; **MODERATE**→ avocado, meat extract, certain ales & beers, wines; **LOW**→ fruits, cream & cottage cheese, distilled spirits, chocolate}; Contraindicated in: cerebrovascular / cardiovascular disease, pheochromocytoma, geriatric or debilitated, hx. of severe headache.

**Bupropion:** Contraindicated in patients with seizure disorder, history of bulimia or anorexia nervosa

**Pediatric Precautions:** Safety of antidepressants in children is not well established. Imipramine is indicated for use in children ≥6 years of age for the treatment of enuresis.

**Pregnancy:** Consider risk versus benefit! ECT & psychotherapy are non-drug options. TCAs & SSRIs, especially fluoxetine have the most clinical data to substantiate their safety. An increase in spontaneous abortions has been noted for fluoxetine. Use lowest dose and try to taper off 5-10 days before delivery.<sup>2,xxiii,xxiv</sup>

**Elderly:** extra caution required; lower doses recommended

**Relative Seizure Risk:**<sup>xxv</sup>  
 HIGH→ maprotiline, amoxapine, clomipramine, bupropion  
 LOW→amitriptyline, imipramine, trimipramine, nortriptyline, desipramine, doxepin  
 LOWEST→ trazodone, SSRI'S, MAOI'S, moclobemide, venlafaxine

\***Atypical depression** defined as: mood reactivity; irritability;hypersomnia;hyperphagia;psychomotor agitation;hypersensitivity to rejection.

**Table 3: Switching Antidepressants: Recommended washout period (DAYS) in outpatients**<sup>xxvi,xxvii,xxviii</sup>

The more critical recommendations are in **bold**; risks of toxicity are greater with higher dosage regimens and inadequate washout period. **Some urgent cases may necessitate shorter delays in switching.**

FROM						
amitriptyline	1*	1 <sup>#</sup>	1-7 <sup>†</sup>	7 <sup>†</sup>	1 <sup>†</sup>	1-7 <sup>†</sup>
<b>clomipramine</b>	1*	1 <sup>#</sup>	<b>7-14<sup>†</sup></b>	7 <sup>†</sup>	1 <sup>†</sup>	<b>7-14<sup>†</sup></b>
doxepin	1*	1 <sup>#</sup>	1-7 <sup>†</sup>	7 <sup>†</sup>	1 <sup>†</sup>	1-7 <sup>†</sup>
imipramine	1*	1 <sup>#</sup>	1-7 <sup>†</sup>	7 <sup>†</sup>	1 <sup>†</sup>	1-7 <sup>†</sup>
desipramine	1*	1 <sup>#</sup>	1-7 <sup>†</sup>	7 <sup>†</sup>	1 <sup>†</sup>	1-7 <sup>†</sup>
nortriptyline	1*	1 <sup>#</sup>	1-7 <sup>†</sup>	7 <sup>†</sup>	1 <sup>†</sup>	1-7 <sup>†</sup>
venlafaxine	1 <sup>#</sup>		3 <sup>†</sup>	7 <sup>†</sup>	3 <sup>†</sup>	3 <sup>†</sup>
<b>fluoxetine</b>	<b>35<sup>†</sup></b>	<b>35<sup>†</sup></b>	<b>1<sup>†</sup></b>	<b>35<sup>†</sup></b>	<b>35<sup>†</sup></b>	<b>1<sup>†</sup></b>
fluvoxamine	1-7 <sup>†</sup>	7 <sup>†</sup>	1 <sup>#</sup>	7 <sup>†</sup>	1 <sup>†</sup>	1+
paroxetine	1-7 <sup>†</sup>	7 <sup>†</sup>	1 <sup>#</sup>	<b>10<sup>†</sup></b>	1 <sup>†</sup>	1+
sertraline	1-7 <sup>†</sup>	7 <sup>†</sup>	1 <sup>#</sup>	<b>10<sup>†</sup></b>	1 <sup>†</sup>	1+
nefazodone	1-3 <sup>†</sup>	3 <sup>†</sup>	1 <sup>#</sup>	7 <sup>†</sup>	1 <sup>†</sup>	1+
trazodone	1-7 <sup>†</sup>	7 <sup>†</sup>	1 <sup>#</sup>	7 <sup>†</sup>	2 <sup>†</sup>	1+
<b>phenelzine</b>	<b>10-14</b>	<b>14</b>	<b>10-14</b>		<b>14</b>	<b>2<sup>##</sup></b>
<b>tranylcypromine</b>	<b>10-14</b>	<b>14</b>	<b>10-14</b>	<b>14</b>		<b>2<sup>##</sup></b>
<b>bupropion</b>	<b>1-3<sup>†</sup></b>	<b>1<sup>†</sup></b>	<b>1<sup>†</sup></b>	<b>7<sup>†</sup></b>	<b>3<sup>†</sup></b>	
<b>moclobemide</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>		<b>2</b>
<b>SWITCH TO</b> 	amitriptyline,clomipramine doxepin, Imipramine desipramine,nortriptyline venlafaxine		fluoxetine, fluvoxamine, paroxetine sertraline,nefazodone,trazodone	phenelzine	tranylcypromine	moclobemide bupropion

\* no washout required; use equivalent dose;  
 † taper first drug; start 2<sup>nd</sup> drug at a low dose;  
 # taper first drug over 3-7day prior to initiating 2<sup>nd</sup> drug;  
 ## taper if high dose;maintain dietary restriction for 10d;  
 ! use lower doses of 2<sup>nd</sup> drug initially;longer tapering period (8 weeks) may be required for **high** doses of fluoxetine

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