

ANTIDEPRESSANT THERAPY

CATEGORY	DOSE	COMMENTS
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serotonin specific reuptake inhibitors (SSRI) - excitement, long term weight gain

citalopram (Celexa)	10-60mg	few S/E, no CP450 interactions
escitalopram (Lexapro)	10-20mg	S isomer of Celexa, more rapid action?
fluoxetine (Prozac)	10-80/90XL	longest acting.
fluvoxamine (Luvox)	50-00mg	similar to Prozac, obsessive tx
paroxetine (Paxil)	10-60mg	higher anticholinergic S/E, but good w/dem
sertraline (Zoloft)	25-200	not great w/dementia

norepinephrine specific reuptake inhibitors (SNRI) – weight neutral to slight gain

venlafaxine (Effexor)	37.5-375mg/XR	37.5-150 similar profile to SSRI
duloxetine(Cymbalta)	20-60mg qd	also effective for neuropathic pain, anxiety
desvenlafaxine (Pristiq)	50-100mg qd	metabolite of Effexor, XL tablets, renal-> qod

aminoketone class – increases dopamine (blockade of norepinephrine and serotonin reuptake at the neuronal membrane is weaker for bupropion than for tricyclic antidepressants. Bupropion selectively inhibits the neuronal reuptake of dopamine and is significantly more potent than either imipramine or amitriptyline in this regard.)

bupropion (Wellbutrin)	75-450mg/SR	100-150 higher incidence of seizure than others good for obsessive-compulsive behaviors (dopamine?)
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piperazinoazepines tetracyclic – increases norepinephrine (antagonism at central pre-synaptic alpha₂-receptors. Normally, these receptors are involved in a negative feedback loop and activation causes inhibition of further norepinephrine (NE) release. By blocking pre-synaptic alpha₂-receptors, mirtazapine defeats negative feedback to the presynaptic nerve and causes an increase in norepinephrine release.)

mirtazapine (Remeron)	7.5-60mg	DIAL:dementia, insomnia, anxiety, appetite treats insomnia+appetite at low doses
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tetracyclic: mixed action – post-synaptic serotonin receptor antagonist, mild pre-synaptic SSRI; norepinephrine, alpha-adrenergic,

nefazodone (Serzone)	50-600mg	withdrawn from the market - liver issues
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Mixed – serotonin agonist low doses – mild SSRI higher dose; antihistamine, alpha-adrenergic
(trazodone has no influence on the reuptake of norepinephrine or dopamine within the CNS)

trazodone (Desyrel)	25-450mg	good for insomnia, minimal as antidepressant
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tricyclic – anticholinergic, sedation, arrhythmias, confusion

amitriptyline (Elavil)	10-300mg	most anticholinergic, “gold standard”, Beers list
nortriptyline (Aventyl, Pamelor)	25-150mg	metabolite of amitriptyline
desipramine (Norpramin)	50-300mg	metabolite of imipramine
imipramine (Tofranil)	50-300mg	treats enuresis
protriptyline (Vivactil)	5-30mg	most stimulating of tricyclics
clomipramine (Anafranil)	25-250mg	marketed for OCD
doxepin (Adapin, Sinequan)	10-30mg	on Beer's list also,

monoamine oxidase inhibitor (MAOI) – tyramine food interaction -> HTN crisis

tranylcypromine (Parnate)	10-60mg	also tx orthostatic hypotension
phenelzine (Nardil)	15-60mg	tx OCD also
isocarboxazid (Marplan)	10-60mg	nothing significant

stimulants – stimulates everyone (including non-depressed), gives physical lift

amphetamine (many, Adderall)	2.5-60mg	also treats narcolepsy; caution w/cardiac pts
dextroamphetamine (Dexedrine)	5-60mg	narcolepsy and obesity
methylphenidate (Ritalin)	2.5-60mg	attention deficit, often found in combo therapy
modafinil (Provigil)	100-500mg	marketed for Parkinsons stimulation

- **No one antidepressant has been proven to be more effective than another.**
- **Antidepressant therapy alone is effective in only 70% of cases.**
- **Dual therapy has become a practice standard for many physicians combining agents from different categories.**
- **Antidepressant therapy may continue for at least 2 years from initiation before consideration of reduction is undertaken.**
- **Antidepressants are utilized for treatment of many other disorders including: pain, neuropathy, obsessive-compulsive type behavior, anorexia, smoking cessation, migraine, phobia, panic, orthostatic hypotension, Parkinsons, schizophrenia, PMS, alcoholism, post-traumatic stress, sexual dysfunction, fibromyalgia, enuresis, hiccups, anorexia, bulimia, autisms, attention deficit disorder, apnea, COPD, memory...**