

ANTIDEPRESSANT AGENTS

- **SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRI):**
 - **Fluoxetine (Prozac)**
 - **Sertraline (Zoloft)**
 - **Paroxetine (Paxil, Aropax)**
 - **Fluvoxamine (Luvox)**
 - **Citalopram (Celexa, Cipramil)**
 - **Escitalopram (Lexapro)**
 - **SIDE EFFECTS:**
 - Headache
 - Nausea and other GI effects
 - Insomnia
 - Sexual dysfunction
 - Akathisia (rare)
 - All except sertraline can effect the plasma levels of other meds
 - Once daily dosing
 - Fluoxetine has a very long half life
 - These agents **MUST NOT** be combined with MAOIs
- **TRICYCLIC ANTIDEPRESSANTS (TCA):**
 - **Amitryptiline (Elavil, Endep)**
 - **Nortryptiline (Pamelor)**
 - **Imipramine (Tofranil)**
 - **Desipramine (Norpramin)**
 - **Doxepin (Sinequan, Dothep, Deptran)**
 - **Dotheipin (Prothiaden)**
 - **Clomipramine (Anafranil)**
 - **SIDE EFFECTS:**
 - Anticholinergic:
 - Dry mouth
 - Tachycardia
 - Constipation
 - Urinary retention
 - Blurred vision
 - Sweating
 - Tremor
 - Postural hypotension
 - Cardiac conduction delay
 - Sedation weight gain
 - Blood levels are necessary to be taken
 - Can be lethal in overdose
 - Nortryptiline is tolerated best (especially in the elderly)
- **MIXED NORADRENALINE/SEROTONIN REUPTAKE INHIBITORS:**
 - **Venlafaxine (Effexor)**
 - **Mirtazapine (Remeron)**
 - **SIDE EFFECTS:**

- For Venlafaxine:
 - Nausea
 - Dizziness
 - Dry mouth
 - Headaches
 - Increased blood pressure
 - Anxiety
 - Insomnia
 - For mirtazapine:
 - Somnolence
 - Weight gain
 - Neutropenia (rare)
- **MONOAMINE OXIDASE INHIBITORS (MAOI):**
 - **Phenelzine (Nardil)**
 - **Tranlycypromine (Parnate)**
 - **Isocarboxazid (Marplan)**
 - **SIDE EFFECTS:**
 - Insomnia
 - Hypotension
 - Anorgasmia
 - Weight gain
 - Hypertensive crisis
 - Tyramine containing food crisis
 - Lethal reaction with SSRI
 - Serious reaction with narcotics

MANAGEMENT OF SIDE EFFECTS:

- **GIT problems:**
 - Nausea and loss of appetite is usually short lived and dose-related
 - Consider temporary dose reduction or administration with food and antacids
 - Diarrhoea treated with Famotidine
 - Constipation:
 - Weight for tolerance
 - Try diet change or stool softener
- **Sexual dysfunction:**
 - Consider dose reduction or drug holiday
- **Orthostasis:**
 - Tolerance is unlikely
 - Increase fluid intake
 - Calf exercise
 - If above measures ineffective, consider fludrocortisone
- **Anticholinergic:**
 - Dry mouth:
 - Maintain good oral hygiene

- Sugar free gum
 - Dry eyes:
 - Use artificial tears
- Insomnia:
 - Schedule all doses for the morning
- Sedation:
 - Schedule all doses for before bed
 - Caffeine
- Headache:
 - Evaluate diet, stressors, other drugs
 - Try dose reduction
- Weight gain:
 - Decrease carbohydrates
 - Exercise
 - Consider fluoxetine

POSSIBLE DRUG INTERACTIONS WITH SSRI:

- MAOI:
 - Serotonin syndrome, absolute contraindication
- Serotonergic agonists (e.g. tryptophan, fenfluramine):
 - Potential serotonin syndrome
- Drugs that are metabolised by CYP450 enzyme system:
 - E.g. TCA, other SSRI, antipsychotics, beta blockers, codeine, calcium channel blockers
 - Delayed metabolism which can lead to increased blood levels and potential toxicity with potential fatality secondary to QT prolongation
- Drugs that bind tightly to plasma proteins:
 - E.g. warfarin
 - Increased bleeding tendency due to displacement
- Drugs that inhibit the metabolism of SSRI:
 - E.g. quinidine
 - Increased SSRI side effects