



## Antidepressant Regimes *(with suggested dosages for elderly and medically ill)*

	Initial dose	Maintenance	Half life	Adverse effects	Comments
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>					
<b>Fluoxetine**#</b>	10-20 mg mane <i>(10 mg mane)</i>	20-60 mg <i>(10-20 mg)</i>	24-140 hours	Nausea, agitation	Analgesic activity
<b>Paroxetine**</b>	10-20 mg mane <i>(10 mg mane)</i>	10-50 mg	24 hours	Headache, diarrhoea	No sedating action
<b>Sertraline*</b>	25-50 mg mane <i>(25mg mane)</i>	25-150 mg <i>(25-50 mg)</i>	24-26 hours	Agitation, nausea	Used in elderly
<b>Fluvoxamine#+</b>	25 – 50 mg	50–300 mg	17-22 hours	Sedation, drops seizure threshold	Used in OCD
<b>Citalopram*</b>	10 mg mane	20-60 mg	33 hours	Nausea, agitation	Can be used with liver impairment
<b>Escitalopram</b>	5-10 mg mane	10-20 mg	27-32 hours	Agitation, diarrhoea blurred vision, ↓BP.	Low risk of Drug-Drug Interactions CI use with MAO
<p><i>* Interact with morphine and neuroleptics, TCAs through 2D6 subenzyme system, sertraline and citalopram less so</i></p> <p><i># Interact with paracetamol, codeine, steroids, tamoxifen alprazolam, carbamazepine through 3A4 subsystem</i></p> <p><i>+ Interact with TCAs, warfarin, paracetamol through 1A2 subsystem</i></p>					
<b>Tricyclic Antidepressants (TCAs)</b>					
<b>Amitriptyline Dothiepin</b>	10-50 mg nocte <i>(10 mg nocte)</i> for both	10-150 mg	8-24 hours 11-40 hours	Blurred vision, ↓BP, sedation, delirium, urinary retention	Tolerability can be problematic: Amitrip has analgesic activity
<b>Nortriptyline</b>	25-50 mg nocte <i>(10-20 mg nocte)</i>	50-125 mg <i>(10-50 mg)</i>	18-96 hours	Dry mouth, constipation (least antichol of TCAs)	Less ↓BP, used in elderly in low doses Has anticraving effects
<b>Doxepin</b>	25-50 mg nocte <i>(10-20 mg nocte)</i>	50-150 mg <i>(10-75 mg)</i>	8-24 hours	Dry mouth, constipation	Useful for sedation in sedative withdrawal
<b>Imipramine</b>	25-50 mg nocte <i>(10-20 mg nocte)</i>	50-150 mg <i>(10-75 mg)</i>	4-18 hours	Dry mouth, constipation	Anxiolytic, used for panic
<b>Clomipramine</b>	10-50 mg nocte	10-150 mg	17-28 hours	Dry mouth, constipation	Used in OCD, most anticholinergic

	Initial dose	Maintenance	Half life	Adverse effects	Comments
<b>Other types of antidepressants</b>					
<b>Venlafaxine XR#</b>	75 mg mane	Up to 225 mg for XR	15 hours	Nausea, agitation, constipation, dizziness	Can have longer term GIT problems, higher doses can ↑BP
<b>Desvenlafaxine</b>	50 mg mane	50-100mg, max 200 mg (50mg)	11 hours	Nausea, agitation, constipation, headache	Claimed to have less withdrawal problems than venlafaxine. Not metabolized in liver so less drug interactions
<b>Duloxetine +*</b>	60 mg	60 mg (up to 120mg)	12 hours	Nausea, dizziness	Role in pain management unclear
<b>Mirtazapine</b>	15 mg nocte	15-60 mg nocte	20-40 hours	Sedation, weight gain	May assist insomnia
<b>Reboxetine</b>	2 mg bd (2-4 mg)	4-10 mg	13 hours	Cardiovascular, drops seizure threshold	
<b>Agomelatine</b>	25 mg	25-50 mg	1-2 hrs	Dizziness, migraine, anxiety, hepatic impairment	LFTs should be tested before and at intervals during treatment to monitor possible hepatic impairment
<b>Moclobemide</b>	150 mg mane (75-150 mg mane)	150-900 mg (150-600 mg)	1-2 hours	Nausea, interacts with pethidine, SSRIs, no dietary restrictions	Useful in chronic fatigue. Less effect on sexual interest
<b>Phenelzine</b>	15 mg mane	15-60 mg	1.5 hours	Interactions with other medications, consult before initiating and changing treatment	
<b>Tranlycypromine</b>	10 mg mane	30-60 mg	2.5 hours		
<b>Mianserin</b>	10-30 mg nocte (10-20 mg nocte)	20-90 mg (10-40 mg)	21-61 hours	Blood dyscrasias (rare)	Sedation can be useful
<b>Bupropion</b>	150 mg mane (50-75 mg)	300 mg (75-225 mg)	20 hours	Flushing, insomnia, drops seizure threshold	Only PBS indication for smoking cessation