VA / DOD DEPRESSION PRACTICE GUIDELINE PROVIDER CARE CARD
ANTIDEPRESSANT MEDICATION TABLE

CARD 7

Refer to pharmaceutical manufacturer's literature for full prescribing information

SEROTONIN SELECTIVE REUPTAKE INHIBITORS (SSRIs)

GENERIC	BRAND NAME	ADULT STARTING DOSE	MAX	EXCEPTION	SAFETY MARGIN	TOLERABILITY	EFFICACY	SIMPLICITY
Citalopram	Celexa	20 mg	60 mg	Reduce dose for the elderly & those with renal or hepatic failure	No serious systemic toxicity even after substantial overdose. Drug interactions may include tricyclic antidepressants, carbamazepine & warfarin.	Nausea, insomnia, sedation, headache, fatigue dizziness, sexual dysfunction anorexia, weight loss, sweating, GI distress, tremor, restlessness, agitation, anxiety.	Response rate = 2 - 4 wks	AM daily dosing. Can be started at an effective dose immediately.
Fluoxetine	Prozac	20 mg	80 mg					
Paroxetine	Paxil	20 mg	50 mg					
Sertraline	Zoloft	50 mg	200 mg					

First Line Antidepressant Medication

Drugs of this class differ substantially in safety, tolerability and simplicity when used in patients on other medications. Can work in TCA (tricyclic antidepressant) nonresponders. Useful in several anxiety disorders. Taper gradually when discontinuing these medications.

SEROTONIN and NOREPHINEPHRINE REUPTAKE INHIBITORS

GENERIC	BRAND NAME	ADULT STARTING DOSE	MAX	EXCEPTION	SAFETY MARGIN	TOLERABILITY	EFFICACY	SIMPLICITY
Venlafaxine IR	Effexor IR	75 mg	375 mg	Reduce dose for the elderly & those with renal or hepatic failure	No serious systemic toxicity. Downtaper slowly to prevent clinically significant withdrawal syndrome. Few drug interactions.	Take with food. Comparable to SSRIs at low dose. Nausea, dry mouth, insomnia, anxiety, somnolence, head-ache, dizziness, asthenia, abnormal ejaculation, sweating.	Response rate = 2 - 4 wks (4 - 7 days at ~300 mg/day)	BID or TID dosing with IR. Daily dosing with XR. Can be started at an effective dose (75 mg) immediately.
Venlafaxine XR	Effexor XR	75 mg	375 mg					

Dual action drug that predominantly acts like a Serotonin Selective Reuptake inhibitor at low doses and adds the effect of an Norepinephrine Selective Reuptake Inhibitor at high doses. Possible efficacy in cases not responsive to TCAs or SSRIs. Taper dose prior to discontinuation.

DOPAMINE and NOREPINEPHRINE REUPTAKE INHIBITORS

GENERIC	BRAND NAME	ADULT STARTING DOSE	MAX	EXCEPTION	SAFETY MARGIN	TOLERABILITY	EFFICACY	SIMPLICITY
Bupropion - IR	Wellbutrin - IR	200 mg	450 mg	Reduce dose for the elderly & those with renal or hepatic failure	Seizure risk at doses higher than max or with other drugs that increase seizure risk. Drug/drug interactions uncommon.	Rarely causes sexual dysfunction.	Response rate = 2 - 4 wks	BID or TID dosing. Increase dose gradually to decrease risk of seizures. Requires dose titration.
Bupropion - SR	Wellbutrin - SR	150 mg	400 mg					

Least likely antidepressant to result in a patient becoming manic. Do not use if there is a history of seizure disorder, head trauma, bulimia or anorexia. Can work in TCA non-responders.

NOREPINEPHRINE SELECTIVE REUPTAKE INHIBITORS

GENERIC	BRAND NAME	ADULT STARTING DOSE	MAX	EXCEPTION	SAFETY MARGIN	TOLERABILITY	EFFICACY	SIMPLICITY
Desipramine *	Norpramin *	75 - 200 mg	300 mg	Reduce dose for the elderly & those with renal or hepatic failure	Serious toxicity can result from OD. Reserve Maprotiline as a second-line agent due to risk of seizures at therapeutic & nontherapeutic doses.	Generally Good.	Response rate = 2 - 4 wks Therapeutic levels: Desipramine 125-300 ng/mL Nortriptyline 50-150 ng/mL	Can be given QD. Can start effective dose immediately. Monitor serum level after one week of treatment.
Nortriptyline *	Aventyl/Pamelor *	50 mg	150 mg					
Maprotiline **	Ludiomil **	75 mg	225 mg					

Consider Desipramine or Nortriptyline first in the elderly if TCAs are necessary.

* **Secondary Amine Tricyclic Antidepressants (SATCAs)** ** **Tetracyclic Antidepressant**

VA / DOD DEPRESSION PRACTICE GUIDELINE PROVIDER CARE CARD
ANTIDEPRESSANT MEDICATION TABLE

CARD 8

Refer to pharmaceutical manufacturer's literature for full prescribing information

SEROTONIN (5-H2A) RECEPTOR ANTAGONIST and WEAK SEROTONIN REUPTAKE INHIBITORS

GENERIC	BRAND NAME	ADULT STARTING DOSE	MAX	EXCEPTION	SAFETY MARGIN	TOLERABILITY	EFFICACY	SIMPLICITY
Nefazodone *	Serzone *	200 mg	600 mg	Reduce dose for the elderly & those with renal or hepatic failure	No serious systemic toxicity from OD. Can interact with agents that decrease arousal, impair cognitive performance and interact with adrenergic agents that regulate blood pressure.	Somnolence, dizziness, fatigue, dry mouth, nausea, headache, constipation, impaired vision. Unlikely to cause sexual dysfunction.	Response rate = 2 - 4 wks	BID dosing. Requires dose titration.
Trazodone	Desyrel	150 mg	600 mg					

Corrects sleep disturbance and reduces anxiety in about one week.

* **Caution** - **Nefazodone Specific**- Monitor for signs & symptoms of liver dysfunction; consider LFT monitoring. Do not take with triazolam, alprazolam, pimozide, astemizole, cisapride & terfenadine due to increased plasma levels. If on Digoxin, monitor levels.

MIXED REUPTAKE and NEURORECEPTOR ANTAGONISTS

GENERIC	BRAND NAME	ADULT STARTING DOSE	MAX	EXCEPTION	SAFETY MARGIN	TOLERABILITY	EFFICACY	SIMPLICITY
Amitriptyline*	Elavil, Endep *	50 - 100 mg	300 mg	Reduce dose for those with renal or hepatic failure	Serious toxicity can result from OD. Slow system clearance. Can cause multiple drug/drug interactions.	Sedation, increased anticholinergic effects, orthostatic hypotension, cardiac conduction disturbances, arrhythmia & wt gain, dizziness, sexual dysfunction.	Response rate = 2 - 4 wks Therapeutic Levels: Imipramine 200-350 ng/mL	Can be given QD. Monitor serum level after one week of treatment.
Imipramine *	Tofranil *	75 mg	300 mg					
Doxepin *	Sinequan *	75 mg	300 mg					

These antidepressants are not recommended for use in the elderly.

Highest response rates. TATCAs useful in chronic pain, migraine headaches & insomnia.

* **Tertiary Amine Tricyclic Antidepressants (TATCAs).**

CAUTION: In rare cases initiating or titrating routine antidepressant medication can precipitate a manic episode in some individuals.

CAUTION: if patient is currently receiving an MAOI consult/refer to a behavioral health physician for medication prescribing.

NOTE: Antidepressant Medication Information current as of February 2002. May become outdated.

MEDICATIONS THAT CAN CAUSE DEPRESSION

QUALITY of EVIDENCE	STRENGTH of RECOMMENDATION	DRUG / DRUG CLASS
I	B	Amphetamine withdrawal, Anabolic Steroids, Digitalis, Glucocorticoids
I	C	Cocaine withdrawal
II-1	C	Reserpine
II-2	A	Gonadotropin-releasing agonists, Pimozide
II-2	B	Propanolol (Beta Blockers)
II-2	C	ACE Inhibitors, Antihyperlipidemics, Benzodiazepines, Cimetidine, Ranitidine, Clonidine, Cycloserine, Interferons, Levodopa, Methyldopa, Metoclopramide, Oral Contraceptives, Topiramate, Verapamil, (Calcium Channel Blockers)

Although there is little published information on alternative medicines causing depression, consideration should also be given to herbal, nutritional, vitamins and body building supplements, particularly when consumed in large doses.