

ANTIDEPRESSANT MEDICATION TABLE Revised June 2004

Antidepressant*	Therapeutic Dose Range (mg/day)	Initial Suggested Dose	Titration Schedule**	Advantages	Disadvantages
Serotonin Reuptake Inhibitors (SSRIs)					
Citalopram (Celexa)	20 – 40	20 mg in morning with food (10 mg in elderly or those with panic disorder).	Maintain 20 mg for 4 weeks before dose increase. If no response, increase in 10 mg increments every 7 days as tolerated.	Probably helpful for anxiety disorders. Possibly fewer cytochrome P450 interactions. Generic soon.	
Escitalopram (Lexapro)	10 - 20	10 mg for escitalopram	Increase to 20 mg if partial response after 4 weeks	s-enantiomer more potent than racemic; 10 mg dose usually effective for most	
Fluoxetine (Prozac) 10 - 80	10 - 80	20 mg in morning with food (10 mg in elderly and those with comorbid panic disorder)	Maintain 20 mg for 4-6 weeks and 30 mg for 2-4 weeks before dose increases. Increase in 10 mg increments at intervals of 7 days. If significant side effects occur within 7 days, lower dose or change medication.	Helpful for anxiety disorders. Long half-life good for poor adherence, missed doses. Generic available. Less frequent discontinuation symptoms.	Slower to reach steady state. Sometimes too stimulating. Possibly more cytochrome P450 interactions.
Paroxetine (Paxil)	10 – 50 (40 in elderly)	20 mg once daily, usually in morning with food (10 mg in elderly and those with comorbid panic disorder)	Maintain 20 mg for 4 weeks before dose increase. Increase in 10 mg increments at intervals of approximately 7 days up to a maximum of 50 mg/day.	FDA approved for most anxiety disorders. Generic soon.	Sometimes sedating. Occasionally more anticholinergic-like effects. Possibly more cytochrome P450 interactions. May have more frequent discontinuation symptoms.
(Paxil CR)	25 – 62.5 (50 in elderly)	25 mg daily (12.5 mg in elderly and those with panic disorder)	Increase by 12.5 mg at weekly intervals, maintain 25 mg for 4 weeks before dose increase	May cause less nausea and GI distress	
Sertraline (Zoloft)	25 - 200	50 mg once daily, usually in morning with food (25 mg for elderly)	Maintain 50 mg for 4 weeks. Increase in 25-50 mg increments at intervals of 7 days as tolerated. Maintain 100 mg for 4 weeks before next dose increase.	FDA approved for anxiety disorders. Safety shown post MI.	

Serotonin and Norepinephrine antagonist					
Antidepressant	Therapeutic Dose Range (mg/day)	Initial Suggested Dose	Titration Schedule**	Advantages	Disadvantages
Mirtazapine (Remeron)	15 - 45	15 mg at bedtime (7.5 mg for those in need of sedation / hypnotic)	Increase in 15 mg increments (7.5 mg in elderly) as tolerated. Maintain 30 mg for 4 weeks before further dose increase	Few drug interactions. Less or no sexual dysfunction Less sedation as dose increased. May stimulate appetite	Sedation at low dose only. May initially stimulate appetite.
Norepinephrine- and dopamine-reuptake inhibitor					
Bupropion† (Wellbutrin SR, Wellbutrin XL)	300 - 400	150 mg in morning	Increase to 150 mg b.i.d. after 7 days. Increase to 200 mg b.i.d. if insufficient response after 4 weeks. 8 hours between doses and initially not at bedtime. With hepatic disease, only 100 mg total per day.	Stimulating. Less or no sexual dysfunction.	At higher dose, may induce seizures in persons with seizure disorder. Stimulating. Usually b.i.d. dosing, unless more expensive XL.
Serotonin and Norepinephrine reuptake inhibitor					
Venlafaxine (Effexor, Effexor XR)	75 - 375	75 mg with food; if anxious or debilitated, 37.5 mg	Dose should be divided b.i.d. or t.i.d. unless XR. For extended release (XR), give 37.5 in a.m. then increase to 75 mg in a.m. after 1 week, 150 mg in the a.m. after 2 weeks. If partial response after 4 weeks, increase to 225 mg in the morning. Norepinephrine effect only occurs above 150 mg.	XR version can be taken qd Helpful for anxiety disorders. Possibly fewer cytochrome P450 interactions.	May increase blood pressure at higher doses. B.i.d. dosing unless use XR. Expensive.
Primarily Norepinephrine reuptake inhibitor					
Desipramine‡ (Norpramin, Pertofrane)	100-300 (25-100 in elderly)	50 mg in the morning	Increase by 25 to 50 mg every 3 to 7 days to initial target of 150 mg for 4 weeks.	More effect on norepinephrine than serotonin, less sedating. Generic available.	Like all TCAs, anticholinergic. Caution with BPH. Can exacerbate cardiac conduction problems or CHF.
Nortriptyline‡ (Aventyl, Pamelor)	25-150	25 mg (10 mg in frail elderly) in the evening	Increase in 10-25 mg increments every 5 days as tolerated to 75 mg. Dosing too high may be ineffective. Obtain serum drug levels after 4 weeks if not effective.	Availability of reliable, valid blood levels. Lower orthostatic hypotension than other tricyclics. Generic available.	Like all TCAs, anticholinergic. Caution with BPH. Can exacerbate cardiac conduction problems or CHF.

*There are more antidepressants than those listed in this table; however, this list provides a reasonable variety of drugs that have different side effects and act by different neurotransmitter mechanisms. Treatment of Parkinson's disease may include selegiline (Eldepryl), which is a selective monoamine oxidase inhibitor at low doses only. Because the use of many antidepressants is contraindicated in conjunction with a nonselective MAOI, caution with or discontinuation of Eldepryl may be in order. For pregnancy, TCAs and SSRIs

(particularly fluoxetine, because of more data collected) are not associated with congenital malformations or developmental delay. SSRIs in the third-trimester are associated with a slight decrease in gestational age and correspondingly lower weight, and occasionally with neonatal withdrawal symptoms. Diarrhea, drowsiness, and irritability are occasionally seen in breast fed infants of mothers taking antidepressants. The risks of maternal depression on child development should be balanced against the effects of antidepressants on an individual basis.

**For SSRIs, generally start at beginning of therapeutic range. If side effects are bothersome, reduce doses and increase slower. In debilitated or those sensitive to medications, start lower. For all antidepressants, allow four weeks at a therapeutic dose, assess for a response. If a partial or slight response then increase the dose. If no response or worse symptoms then consider switching drugs.

†Generally avoid bupropion in patients with a history of seizures, significant central nervous system lesions, or recent head trauma.

‡Tricyclic antidepressants (TCAs) have lower costs but somewhat higher discontinuation rates compared to SSRIs due to side effects and are more lethal in overdose. TCAs may be contraindicated in patients with certain physical comorbidities such as recent myocardial infarction, cardiac conduction defects, urinary retention, narrow angle glaucoma, orthostatic hypotension, and cognitive impairment.

Adapted from the Three Component Model, 3CM™, with permission. 2005.

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