Antidepressant and Mood Stabilizer Medication Table

CH

THIS ASSIGNMENT SHOULD BE SUBMITTED TO THE WEEK 5 MEDICATION TABLE DROPBOX BY SUNDAY

Name	Indication, starting dose, target symptoms, and affected neurotransmitters	Half-life (T1/2) CYP450 enzyme	Notes/Notable side effects/Precau
SSRIs			
Citalopram (Celexa)	**Indication**: Depression **Starting dose:** 20 mg daily **Target symptoms:** Depressed mood, Anxiety, Panic attack, Hyperarousal, Avoidant behavior, Sleep disturbance, both Insomnia and hypersomnia. **Affected neurotransmitters:** Serotonin	**Half-life**: 23-45 hours **CYP450:** Weak inhibitor of CYP2D6 Metabolized by CYP3A4 & CYP2C19	**Notable side effects** ❖ Insomnia, Diarrhea, decrea mouth dues to increase in concentration at the serot the brain and body. ❖ Sedation, dizziness, fatigue antihistamine effects. ❖ Sexual dysfunction (decrea desire, anorgasmia) ❖ Sweating, ❖ Bruising and rare bleeding **Precautions/Warning:** Monitor patients for activation of especially children and adolescent When treating children, carefully w benefits of pharmacological treatm and benefits of nontreatment with ant sure to document this in the patient's c Use with caution in patients with h

Antidepressant and Mood Stabilizer Medication Table

			Use with caution in patients with b treated with concomitant mood-st Agent.
Escitalopram (Lexapro)	**Indication:** Major depressive disorder, Generalized anxiety disorder (GAD) (ages 7 and older). **Starting dose:** 10 mg daily **Target symptoms:** Depressed mood, Anxiety, Panic attack, hyperarousal, avoidant behavior, Sleep disturbance, both insomnia and hypersomnia. **Neurotransmitters:** Serotonin	**Half-life:** 27-32 hours **CYP450:** Substrate CYP2C19 & CYP3A4. No significant action on CYP enzyme	**Notable side effects** ❖ Insomnia, Diarrhea, decrea mouth dues to increase in concentration at the serot the brain and body. ❖ Sexual dysfunction (decrea anorgasmia) ❖ Syndrome of inappropriate hormone secretion (SIADH ❖ CNS effect (dose dependen agitation, dizziness, tremo **Precautions/Warning:** Monitor patients for activation of especially children and adolescent When treating children, carefully w benefits of pharmacological treatm and benefit of nontreatment with make sure to document this in the Warn patients and caregivers, whe possibly activating side effect provider immediately. Use with caution in patients with h Use with caution in patients with b treated with concomitant mood-st

Fluoxetine (Prozac)	**Indication:** MDD (8 years older), OCD (age 7 years and older) Bulimia nervosa Panic disorder Bipolar depression (in combination with olanzapine) Premenstrual dysphoric disorder Treatment resistance depression (in combination with olanzapine) **Starting dose:** 20 mg per day **Target symptoms:** Depressed mood, Sleep disturbance, both insomnia and hypersomnia Energy, motivation, and interest. **Neurotransmitters:** Serotonin	**Half-life:** 2-3 days **CYP450:** Inhibits CYP2D6 & CYP3A4	**Notable side effects:** ❖ Autonomic (Sweating) ❖ Insomnia, Diarrhea, decrea dry **mouth dues to increas concentration at the serot of the brain and body.** ❖ Sexual dysfunction (decrea desire, anorgasmia) ❖ Syndrome of inappropriate secretion (SIADH). ❖ CNS effect (dose dependen headache, agitation, dizzin ❖ Rare seizures ❖ Rare induction of mania. **Precautions/Warning:** Add or initiate other antidepressan to 5 weeks after discontinuing Fluo Use with caution in patients with b treated with concomitant mood-st Use with caution in patients with s When treating children, carefully w benefits of pharmacological treatm and benefits of nontreatment with make sure to document this in the
Fluvoxamine (Luvox)	**Indication:** Obsessive-compulsive disorder (OCD)(fluvoxamine and fluvoxamine CR)	**Half-life:** 9-28 hours **CYP450:** Inhibits CYP1A2, CYP2C9/2C19 & CYP3A4	**Notable side effects:** ❖ Sexual dysfunction (men: d ❖ ejaculation, erectile dysfun women: decreased

	Social anxiety disorder (fluvoxamine CR) **Starting dose:** 50 mg daily **Target symptoms:** Depressed mood Anxiety **Neurotransmitters:** Serotonin		❖ sexual desire, anorgasmia) ❖ Gastrointestinal (decrease nausea, diarrhea, constipa ❖ Mostly CNS (insomnia but tremors, headache, ❖ dizziness) Note: patients w or undiagnosed ❖ bipolar or psychotic disord vulnerable to CNS activatir ❖ Autonomic (sweating) ❖ Bruising and rare bleeding ❖ Rare hyponatremia **Precautions:** Add or initiate other antidepressar to 2 weeks after discontinuing Fluv Use with caution in patients with b treated with concomitant mood-st Use with caution in patients with h May cause photosensitivity. Monitor patient for activation of su especially children and adolescent
Paroxetine (Paxil)	**Indication:** Major depressive disorder (paroxetine and paroxetine CR) Obsessive-compulsive disorder (OCD) Panic disorder Premenstrual dysphoric	**Half-life:** Approximately 24 hours. **CYP450:** No active metabolites Inhibits CYP2D6	**Notable side effects:** ❖ Sexual dysfunction (dose-d ❖ delayed ejaculation, erecti and women: decreased se anorgasmia) ❖ Weight gain ❖ Syndrome of inappropriate hormone secretion (SIADH