

## Antidepressant Medications

Name	Indication, starting dose, target symptoms, and affected neurotransmitters	Half-life (T1/2) CYP450 enzyme	Notes/Notable side effects/Precautions
<b>SSRIs</b>			
Citalopram (Celexa)	<p><b>Indication:</b> MDD</p> <p><b>Off-Label Use:</b> Binge Eating Disorder, PMDD, PTSD, GAD, Vasomotor Symptoms Of Menopause, OCD, Pathological Gambling, Premature Ejaculation, Fibromyalgia, Agitation In Alzheimer’s Disease, panic disorder, social anxiety disorder</p> <p><b>Starting Dose:</b> Start at 20 mg qd – single dose administration (morning or evening), increase dose by 20 mg after 1 or more weeks; maximum 40mg/day. Efficacy with doses &gt;40 mg has not been demonstrated in clinical trials and doses &gt;40 mg not recommended due to risk of increased QT interval Stopping: Gradually taper the dose to minimize the incidence of withdrawal symptoms and allow for the detection of re-emerging symptoms</p> <p><b>Target Symptoms:</b></p> <ul style="list-style-type: none"> <li>• Depressed mood</li> <li>• Anxiety</li> <li>• Panic attacks</li> <li>• Avoidant behavior, reexperiencing, hyperarousal</li> <li>• Sleep disturbance, both insomnia and hypersomnia</li> </ul> <p><b>Affected Neurotransmitters:</b> boosts 5HT, blocks 5HT reuptake pump and</p>	<p><b>Half-life:</b> 23-45hrs</p> <p><b>Metabolism:</b> CYP450 CYP3A4 CYP2C19</p>	<p><b>Side Effects:</b></p> <ul style="list-style-type: none"> <li>• Sedation/somnolence, tremor, dizziness, agitation</li> <li>• Xerostomia, diarrhea, nausea, constipation, decreased appetite</li> <li>• Hyperhidrosis, anorgasmia, decreased sexual desire, erectile dysfunction</li> </ul> <p><b>Serious Side Effects:</b></p> <ul style="list-style-type: none"> <li>• Serotonin syndrome</li> <li>• Increased risk of SI in children</li> <li>• Impaired platelet aggregation</li> <li>• SIADH</li> </ul> <p><b>Contraindications:</b></p> <ul style="list-style-type: none"> <li>• Concomitant use of MAOIs</li> <li>• Patients with congenital long QT syndrome</li> <li>• Concomitant use in patients taking other serotonergic agents</li> </ul>

	desensitizes its receptors, increases serotonergic neurotransmission. =mild antagonistic actions at H1 histamine receptors		
Escitalopram (Lexapro)	<p><b>Indication:</b> MDD, GAD</p> <p><b>Off-Label Use:</b> Panic disorder, OCD, PTSD, Social anxiety disorder, PMDD, Fibromyalgia, Agitation in Alzheimer's Disease</p> <p><b>Starting Dose:</b> Start at 5 mg QHS because initial sedation is common. Target dose of 10-20 mg for most patients.</p> <p><b>Target Symptoms:</b></p> <ul style="list-style-type: none"> <li>• Depressed mood</li> <li>• Anxiety</li> <li>• Panic attacks</li> <li>• Avoidant behavior, reexperiencing, hyperarousal</li> <li>• Sleep disturbance, both insomnia and hypersomnia</li> </ul> <p><b>Affected Neurotransmitters:</b> boosts 5HT, blocks 5HT reuptake pump and desensitizes its receptors, increases serotonergic neurotransmission.</p>	<p><b>Half-life:</b> 27-33hrs</p> <p><b>Metabolism:</b> CYP450 CYP3A4 CYP2C19</p>	<p><b>Side Effects:</b></p> <ul style="list-style-type: none"> <li>• Nausea</li> <li>• Fatigue</li> <li>• Sexual dysfunction</li> <li>• Insomnia</li> </ul> <p><b>Serious Side Effects:</b></p> <ul style="list-style-type: none"> <li>• Serotonin syndrome</li> <li>• Increased risk of SI in children</li> <li>• Impaired platelet aggregation</li> <li>• SIADH</li> </ul> <p><b>Contraindications:</b></p> <ul style="list-style-type: none"> <li>• Concomitant use of MAOIs</li> </ul>
Fluoxetine (Prozac)	<p><b>Indication:</b> MDD, OCD, Bulimia Nervosa, Panic Disorder, Treatment Resistant Depression, Depressive Episodes Assoc W/ Bipolar I Disorder, Myoclonus, PMDD</p> <p><b>Off-Label Use:</b> Premature Ejaculation, Fibromyalgia, Neurocardiogenic Syncope, Borderline Personality Disorder, PTSD, Raynaud Phenomenon, Social Anxiety</p> <p><b>Starting Dose:</b> 20 mg/day Qam; may increase after several weeks by 20 mg/day increments; max 80 mg/day</p> <p><b>Stopping:</b> Because of long half-life, taper</p>	<p><b>Half-life:</b> 24-144hrs</p> <p><b>Metabolism:</b> CYP450 CYP2D6 CYP3A4</p>	<p><b>Side Effects:</b></p> <ul style="list-style-type: none"> <li>• Nausea, diarrhea, anorexia</li> <li>• Insomnia</li> <li>• Xerostomia</li> <li>• Sedation/somnolence</li> <li>• Decreased libido</li> <li>• Tremor</li> <li>• Hyperhidrosis</li> </ul> <p><b>Serious Side Effects:</b></p> <ul style="list-style-type: none"> <li>• Serotonin syndrome</li> <li>• Increases risk of SI in children</li> <li>• Impaired platelet aggregation</li> <li>• SIADH</li> </ul>

	is rarely needed as fluoxetine "auto-		
	<p>tapers"</p> <p><b>Target Symptoms:</b></p> <ul style="list-style-type: none"> <li>• Depressed mood</li> <li>• Energy, motivation and interest</li> <li>• Anxiety</li> <li>• Sleep disturbances</li> </ul> <p><b>Affected Neurotransmitters:</b> boosts 5HT, blocks 5HT reuptake pump and desensitizes its receptors, increases serotonergic neurotransmission.</p>		<p><b>Contraindications:</b></p> <ul style="list-style-type: none"> <li>• Concomitant use of MAOIs</li> </ul>
Fluvoxamine (Luvox)	<p><b>Indication:</b> OCD, Social anxiety disorder</p> <p><b>Off-Label Use:</b> Bulimia Nervosa, Depression, Panic Disorder, PTSD, GAD</p> <p><b>Starting Dose:</b> Start at 50 mg qd then increase by 50 mg increments q4-7 days, usual dose range 100-300mg qd</p> <p>Stopping: A gradual reduction in the dose rather than abrupt cessation is recommended whenever possible</p> <p><b>Target Symptoms:</b></p> <ul style="list-style-type: none"> <li>• Depressed mood</li> <li>• Anxiety</li> </ul> <p><b>Affected Neurotransmitters:</b> boosts 5HT, blocks 5HT reuptake pump and desensitizes its receptors, increases serotonergic neurotransmission.</p>	<p><b>Half-life:</b> 9-28hrs</p> <p><b>Metabolism:</b> CYP450 CYP1A2 CYP2D6</p>	<p><b>Side Effects:</b></p> <ul style="list-style-type: none"> <li>• Headache</li> <li>• Sedation/somnolence, insomnia, dizziness, anxiety</li> <li>• Diarrhea, nausea, xerostomia, anorexia, anorgasmia, weakness/asthenia</li> </ul> <p><b>Serious Side Effects:</b></p> <ul style="list-style-type: none"> <li>• Serotonin syndrome</li> <li>• Increases risk of SI in children</li> <li>• Impaired platelet aggregation</li> <li>• SIADH</li> </ul> <p><b>Contraindications:</b></p> <ul style="list-style-type: none"> <li>• Concomitant use of MAOIs</li> </ul>
Paroxetine (Paxil)	<p><b>Indication:</b> MDD, Panic Disorder, OCD, GAD, PTSD</p> <p><b>Off-Label Use:</b> Vasomotor Symptoms Of Menopause, Diabetic Neuropathy, Neurocardiogenic Syncope, IBS</p> <p><b>Starting Dose:</b> start at 10-20 mg qd, wait and reassess in a few weeks, then increase by 10mg increments weekly, max 50 mg qd</p> <p>Stopping: decrease 10 mg per day Q5-7 days with a final dose of 5-</p>	<p><b>Half-life:</b> 3-65hrs</p> <p><b>Metabolism:</b> CYP450 CYP2D6</p>	<p><b>Side Effects:</b></p> <ul style="list-style-type: none"> <li>• Headache</li> <li>• Sedation/somnolence, dizziness</li> <li>• Decreased libido</li> <li>• Hyperhidrosis, nausea, anorgasmia, constipation, weakness/asthenia</li> <li>• Akathisia, xerostomia</li> </ul> <p><b>Serious Side Effects:</b></p> <ul style="list-style-type: none"> <li>• Serotonin syndrome</li> </ul>