

Medication Management of Depression

Jasen Christensen, DO
Associate Professor
Department of Psychiatry and Behavioral Sciences
UNM School of Medicine

Disclosures

Nothing to Disclose

Learning Objectives

Be able to discuss reasons to choose and reasons to avoid certain antidepressants.

Be able to discuss the importance of antidepressant treatment duration.

Which Antidepressants Do We Have?

SSRI

Fluoxetine (Prozac)

Paroxetine (Paxil)

Escitalopram (Lexapro)

Citalopram (Celexa)

Sertraline (Zoloft)

SNRI

Venlafaxine (Effexor XR)

Duloxetine (Cymbalta)

Tricyclic Antidepressants TCA

Amitriptyline (Elavil)

Nortriptyline (Pamelor)

Doxepin

Other

Mirtazapine (Remeron)

Bupropion (Wellbutrin XL)

Trazodone

Vilazodone (Viibryd)

Vortioxetine (Trintellix)

Key Principles

- **If a medication can help a person with more than one problem, some patients will be more likely to try it**
- **Encourage taking the medication daily, and at the same time daily**
- **Set the expectation that these medications can take 6 weeks or more to help**
- **Generally recommend taking antidepressants with some food to reduce chance of nausea (possible side effect during initiation)**
- **Alcohol interacts with antidepressants by decreasing their effectiveness, but in nearly all cases there is no dangerous drug interaction with alcohol**
- **Medications are most effective when combined with other interventions such as Psychotherapy or Behavioral Activation**
- **Most antidepressants are also helpful for anxiety**



Zoloft
↓

CURRENTLY ON
Prozac
↓

EXIT 58A-B
Paxil
↓ LAST EXIT BEFORE TOLL ↓

Buspar
↙

Wellbutrin
↓

Celexa
↓

Xanax
↘

When to Consider Particular Medications

The following medication characteristics may help

SSRI

Fluoxetine	Longest duration of action, so most forgiving when some doses are missed
Paroxetine	Among the most helpful for anxiety / FDA approval for PTSD / Some evidence for earlier onset of benefit
Escitalopram	Among the most helpful for anxiety / Generally very well tolerated
Sertraline	FDA approval for PTSD / Considered Safest Antidepressant in Pregnancy and During Lactation

SNRI

Venlafaxine	Among the most helpful for anxiety / Helpful for ADD/ADHD
Duloxetine	Among the most helpful for anxiety / Helpful for Chronic Musculoskeletal, Neuropathic and Myofascial Pain

TCA

Amitriptyline	Helpful for Insomnia, Migraine Prophylaxis, Neuropathic Pain, Myofascial Pain
Nortriptyline	Helpful for Migraine Prophylaxis

Bupropion	No Sexual Side Effects / Helpful for Tobacco Cessation / Helpful for Methamphetamine Use / Helpful for ADD/ADHD
Mirtazapine	No Sexual Side Effects / Helpful for Methamphetamine Use / Helpful for Insomnia, Chronic Nausea, Low Appetite
Trazodone	No Sexual Side Effects / Helpful for Insomnia

When to Avoid Particular Medications

Or Use With Caution

SSRI

Fluoxetine	Use with caution if already on many medications due to medication interactions / Most likely to cause hyponatremia
Paroxetine	Avoid Use if Pregnant / Use with caution if already on many meds / Most likely to cause hyponatremia / Notable Discontinuation Syndrome
Escitalopram	If QTc Interval is Prolonged or if there is risk for this
Citalopram	If QTc Interval is Prolonged or if there is risk for this
Sertraline	If nausea is already present / if patient is prone to GI side effects

SNRI

Venlafaxine	Avoid if patient is prone to running out or losing med - has Notable Discontinuation Syndrome
-------------	---

TCA

Amitriptyline	Use with Caution if: Suicidal Ideation Present / Over Age 65 / Trouble with Anticholinergic Side Effects / Already Prolonged QTc Interval
Nortriptyline	

Bupropion	Avoid use if there is a history of seizures
Mirtazapine	Use with caution if weight/BMI are already elevated

Treatment Duration

data from the STAR*D trial

Average duration of treatment to achieve remission was 7 weeks

40% of those who achieved remission required 8 weeks or more

References

Gaynes B, et.al The STAR*D study: Treating depression in the real world. *Cleveland Clinic Journal of Medicine*. 2008;75(1):57-66

Slee A, et al. Pharmacological treatments for generalized anxiety disorder: a systematic review and network meta-analysis. *Lancet* 2019;393:768-777

Matsuzawa-Yanagida K, et al. Usefulness of Antidepressants for Improving the Neuropathic Pain-Like State and Pain-Induced Anxiety through Actions at Different Brain Sites. *Nature - Neuropsychopharmacology* 2008;33:1952-1965.

Skljarevski V, et al. Efficacy of Duloxetine in Patients with Chronic Pain Conditions. *Current Drug Therapy*. 2011;6(4):296-303.

Urquhart D, et al. Efficacy of Low-Dose Amitriptyline for Chronic Low Back Pain, A randomized clinical trial. *JAMA Internal Medicine*. 2018;178(11):1474-1481.

Dobson K, et al. Randomized Trial of Behavioral Activation, Cognitive Therapy, and Antidepressant Medication in the Prevention of Relapse and Recurrence of Major Depression. *Journal of Consulting and Clinical Psychology*. 2008;76(3):468-477.

Rochester M, et al. Evaluating the risk of QTc prolongation associated with antidepressant use in older adults: a review of the evidence. *Therapeutic Advances in Drug Safety*. 2018;9(6):297-308.

Fava M, et al. 15 years of Clinical Experience with Bupropion HCL: From Bupropion to Bupropion SR to Bupropion XL. *The Primary Care Companion to the Journal of Clinical Psychiatry*. 2005;7(3):106-113.