Medication Management of Depression

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

Disc Nothing

Disclosures

Nothing to Disclose

Learning Objectives

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

Be able to discuss the treatment duration.

Be able to discuss the importance of antidepressant

Which Antidepressants Do We Have?

Fluoxetine (Prozac)

Paroxetine (Paxil)

Escitalopram (Lexapro)

Citalopram (Celexa)

Sertraline (Zoloft)



SSRI

Venlafaxine (Effexor XR)

Duloxetine (Cymbalta)

Tricyclic Antidepressants TCA

Othe

Amitriptyline (Elavil) Nortriptyline (Pamelor) Doxepin

Mirtazapine (Remeron)

Bupropion (Wellbutrin XL)

Trazodone

Vilazodone (Viibryd)

Vortioxetine (Trintellix)

Key Principles

- patients will be more likely to try it
- Encourage taking the medication <u>daily</u>, 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

• If a medication can help a person with more than one problem, some



When to Consider Particular Medications

The following medication characteristics may help

Fluoxetine

Paroxetine

Escitalopram

Sertraline

Longest duration of action, so most forgiving when some doses are missed

Among the most helpful for anxiety / FDA approval for PTSD / Some evidence for earlier onset of benefit

Among the most helpful for anxiety / Generally very well tolerated

FDA approval for PTSD / Considered Safest Antidepressant in Pregnancy and During Lactation

SNRI

SSRI

Venlafaxine

Duloxetine

Among the most helpful for anxiety / Helpful for ADD/ADHD

Among the most helpful for anxiety / Helpful for Chronic Musculoskeletal, Neuropathic and Myofascial Pain

TCA

Amitriptyline Nortriptyline

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

Helpful for Migraine Prophylaxis

Bupropion

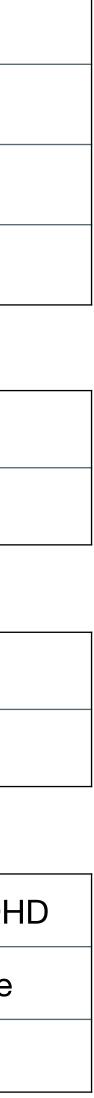
Mirtazapine

Trazodone

No Sexual Side Effects / Helpful for Tobacco Cessation / Helpful for Methamphetamine Use / Helpful for ADD/ADHD

No Sexual Side Effects / Helpful for Methamphetamine Use / Helpful for Insomnia, Chronic Nausea, Low Appetite

No Sexual Side Effects / Helpful for Insomnia



When to <u>Avoid</u> Particular Medications Or Use With Caution

Fluoxetine

Paroxetine

SSRI

Escitalopram

Citalopram

Sertraline

Use with caution if already on many medications due to medication interactions / Most likely to cause hyponatremia

Avoid Use if Pregnant / Use with caution if already on many meds / Most likely to cause hyponatremia / Notable Discontinuation Syndrome

If QTc Interval is Prolonged or if there is risk for this

If QTc Interval is Prolonged or if there is risk for this

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 Nortriptyline

Use with Caution if: Suicidal Ideation Present / Over Age 6

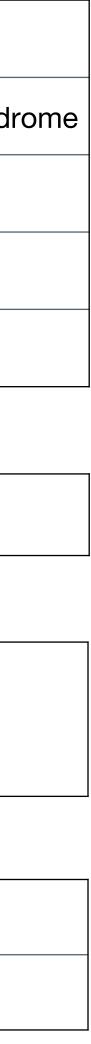
Bupropion

Mirtazapine

Avoid use if there is a history of seizures

Use with caution if weight/BMI are already elevated

Suicidal Ideation Present / Over Age 65 / Trouble with Anticholinergic Side Effects / Already Prolonged QTc Interval



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

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