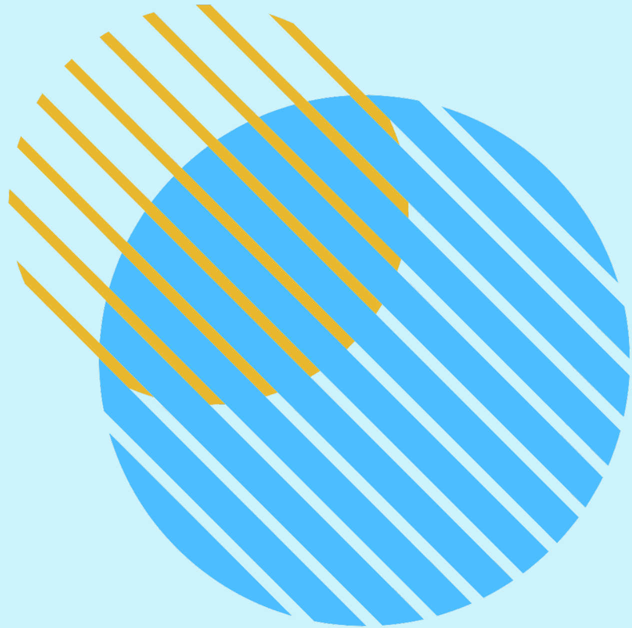


# Depression: **Medication Guide**

IntegrationSteps.org

# Guiding Principles for Initiating Antidepressant Medications

1. **Differential diagnosis for Depressed Mood**:

The differential diagnosis for depressive symptoms listed below (see DSM V for precise definitions)

- *Adjustment Disorder with Depressed Mood*— Depressed mood that occurs in response to an identifiable psychosocial stressor that took place within the last three months.
- *Depression secondary to Medical Condition*— Many medical illnesses can give rise to depression, including hypothyroidism, multiple sclerosis, obstructive sleep apnea, Parkinson disease, stroke, systemic lupus erythematosus, traumatic brain injury, or vitamin B12 insufficiency. Typically the depression arises within a month of the medical condition and doesn't respond to typical depression treatment.
- *Medication effect*— glucocorticoids are particularly implicated; there are mixed data on others such as beta-blockers.
- *Persistent Depressive Disorder (Dysthymia)*— At least 2 yrs of persistent depressive symptoms that may or may not meet MDD criteria (can have both)

# Cont. Guiding Principles for Initiating Antidepressant Medications

- *Substance Use*— depressive symptoms can be related to active use, withdrawal or early recovery. If symptoms persist after one or more months following cessation of use or withdrawal, a diagnosis of depression is more likely. Additionally, a diagnosis of depression is more likely if the patient had previous depressive symptoms during a prolonged period of being substance free.

- *Bipolar Depression*—This is important to rule out as antidepressants alone can be destabilizing for patients with bipolar disorder.
  - Tools to rule out Bipolar Disorder include:
    - DIGFAST Criteria:
      - http://www.drabboudassaf.com/Psychiatric%20Disorders/bipolar-disorder.html
    - Composite International Diagnostic Interview (CIDI): *Best tool**
      - http://www.cqaimh.org/pdf/tool_cidi.pdf

# Cont. Guiding Principles for Initiating Antidepressant Medications

2. **Medication selection**:

   - Familiarize yourself with at least 2 SSRI’s, 1 SNRI, mirtazapine, and bupropion

     - Consider personal and family history of response
     - Consider presence or absence of neurovegetative symptoms, medical comorbidities, potential side effects, drug interactions and any relative contraindications.

# Cont. Guiding Principles for Initiating Antidepressant Medications

3. **Prescribing Tips:**

- In general, serotonin reuptake inhibitors (SSRIs) are effective for both depression and anxiety and are typically first-line treatment.

- However, other classes of antidepressant medications can provide specific additional benefits.

- The following table gives a list of the most commonly-used SSRIs and non-SSRI antidepressants and specific benefits or precautions that may influence initial medication selection.
    - There are more antidepressants than those listed on this table. However, the list provides a reasonable variety of medications that have different neurotransmitter mechanisms and different side effect profile
    - For additional details including more comprehensive side effects,
        - see Up-to-date article, “Unipolar major depression in adults: Choosing initial treatment”

# Antidepressants Selection Guide

## Most Commonly Prescribed in Primary Care

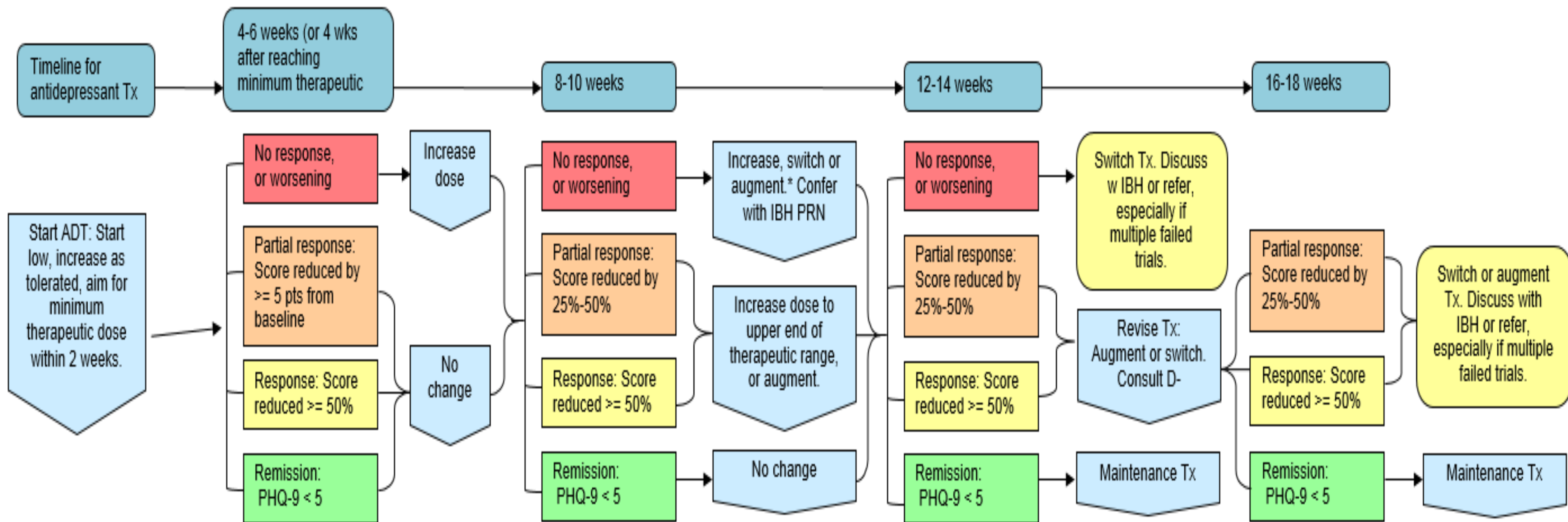
| Class | Medications: Generic (Brand) | Typical starting dose* | Additional conditions for which medication may be helpful | Precautions specific to this medication |
|---|---|---|---|---|
| Serotonin Reuptake Inhibitor (SSRI) | Sertraline (Zoloft) | 25 mg | | • Most likely to cause GI side effects; absorption improved if taken with food |
| | Citalopram (Celexa) | 10 mg | | • Risk of QTC prolongation |
| | Escitalopram (Lexapro) | 10 mg | | • Risk of QTC prolongation (though less than citalopram) |
| | Fluoxetine (Prozac) | 20 mg | | • May be activating |
| | Fluvoxamine (Luvox) | 50 mg | | • Take at bedtime |
| | Paroxetine (Paxil) | 20 mg | | • May be more likely to cause weight gain and sexual dysfunction than other SSRIs<br>• An enteric coated, controlled-release formulation may be less likely to cause nausea in patents experiencing that side effect; startng dose of the controlled release is 25 mg |
| Serotonin and Norepinephrine Re-uptake Inhibitor (SNRI) | Duloxetine (Cymbalta) | 20 mg | • Chronic pain | |
| | Venlafaxine extended release (Effexor XR) | 75 mg | • Vasomotor symptoms associated with menopause | • Risk of elevated blood pressure |

| | | | | |
|---|---|---|---|---|
| **Norepinephrine and Dopamine Reuptake Inhibitor** | Bupropion (Wellbutrin SR) | 75 mg | • Assists with smoking cessation | • Lowers seizure threshold; can be activating and worsen anxiety |
| **Tetracyclic anti-depressant/alpha2 adrenergic and 5HT2/3 antagonist** | Mirtazapine (Remeron) | 15 mg | • Insomnia, loss of appetite, weight loss | • May be sedating, may be associated with weight gain |

*Start at half of this dose for elderly or those sensitive to side effects.

*Generally, start at the beginning of the therapeutic range. If side effects are bothersome, reduce dose and increase slowly. For patients sensitive to side effects, start at lower doses.

# Prescribing Protocol:




*adapted from Trina Chang, MD

# Cont. Prescribing Protocol: Titrating Antidepressant Medication

**Take home messages from protocol include:**

- Full response at any one dose can take 4-6 weeks
- Titrate dose up monthly as needed based on response
  - If no response to first medication (usually an SSRI), try an alternative medication(usually another SSRI);If no response to 2nd SSRI, change drug class
- If partial response: Use an adjunctive mediation such as antidepressant from another class, buspirone, aripiprazole, or lithium can be utilized if partial response
- Psychotherapy is an important adjunct. Combine medication and therapy for the highest risk patients and most robust response
- Advice to patients (increases adherence)
  - Take every day and take with food
  - Most SE resolve within a week. If not too bad stick with the medication.
  - Can take 4-6 weeks for full result (many patients respond earlier)
  - If at all possible do not stop drug abruptly (can have discontinuation syndrome)