

## Antidepressant Medications

Name	Indication, starting dose, target symptoms, and affected neurotransmitters	Half-life (T1/2) CYP450 enzyme	Notes/Notable side effects/Precaution
<b>SSRIs</b>			
<p>Citalopram (Celexa)</p>	<p>serotonin reuptake inhibitor (S-RI)</p> <p>Commonly Prescribed for Depression Premenstrual dysphoric disorder (PMDD) Obsessive-compulsive disorder (OCD) Panic disorder Generalized anxiety disorder (GAD) Posttraumatic stress disorder (PTSD) Social anxiety disorder (social phobia)</p> <p>The goal of treatment is complete remission of current symptoms as well as prevention of future relapses</p> <p>How to Dose Initial 20 mg/day; increase by 20 mg/day after 1 or more weeks; maximum 40 mg/day; single-dose administration, morning or evening</p>	<p>Parent drug has 23–45 hour half- life</p> <p>Weak inhibitor of CYP450 2D6</p> <p>Metabolized by CYP450 3A4 and 2C19</p>	<p>Notable Side Effects Sexual dysfunction: men: delayed ejaculation, erectile dysfunction; women: decreased sexual desire, anorgasmia (decreased appetite, nausea, diarrhea, dry mouth) Mostly CNS (dose-dependent sedation, agitation, tremors, headache) (short-term; patients with diagnosed depression or psychotic disorders may be more vulnerable to activating actions of SSRIs) Sweating (hyperhidrosis) Bruising and rare bleeding Rare hyponatremia (SIADH) in elderly patients and generally reversible with citalopram) SIADH (syndrome of inappropriate antidiuretic hormone secretion)</p> <p>Other Warnings/Precautions Use with caution in patients with history of seizures Use with caution in bipolar disorder unless treated with mood stabilizing agent When treating children, weigh risks and benefits of pharmacological treatment against risks and benefits of nontreatment with psychotherapy make sure to document this in the patient's chart possible, warn patients and their caregivers about the possibility of activating side effects, and instruct them to report such symptoms immediately. Monitor for activation of suicidal ideation, especially in adolescents</p>
<p>Escitalopram (Lexapro)</p>	<p>SSRI (selective serotonin reuptake inhibitor)</p> <p>Commonly Prescribed for</p>	<p>Mean terminal half-life 27–32 hours</p> <p>Substrate for</p>	<p>Notable Side Effects Sexual dysfunction: delayed ejaculation, erectile dysfunction; men: decreased sexual desire, anorgasmia) Gastrointestinal: decreased appetite, nausea, diarrhea, constipation</p>

	<p>Major depressive disorder (ages 12 and older) Generalized anxiety disorder (GAD) Panic disorder Obsessive-compulsive disorder (OCD) Posttraumatic stress disorder (PTSD) Social anxiety disorder (social phobia) Premenstrual dysphoric disorder (PMDD)</p> <p>Boosts neurotransmitter serotonin Blocks serotonin reuptake pump (serotonin transporter) Desensitizes serotonin receptors, especially serotonin 1A autoreceptors</p> <p>Treatment most often reduces or even eliminates symptoms, but not a cure since symptoms can recur after medicine stopped</p> <p>Initial 10 mg/day; increase to 20 mg/day if necessary; single-dose administration, morning or evening</p>	<p>CYP450 2C19 and 3A4 No significant actions on CYP450 enzymes</p>	<p>central nervous system (insomnia but tremors, headache, dizziness) Note: patients with undiagnosed bipolar or psychotic disorders are vulnerable to CNS-activating actions of escitalopram (sweating). Bruising and rare bleeding (mostly in elderly patients and generally with discontinuation of escitalopram SIADH inappropriate antidiuretic hormone secretion)</p> <p>Other Warnings/Precautions Use with caution in patients with history of seizures Use with caution in patients with bipolar disorder Do not use with concomitant mood-stabilizing agent When treating children, carefully weigh risks and benefits of pharmacological treatment against benefits of nontreatment with antidepressants and psychotherapy document this in the patient's chart Whenever possible, warn patients and caregivers about the possibility of activating side effects Patients should report such symptoms immediately Monitor for activation of suicidal ideation, especially in adolescents</p>
<p>Fluoxetine (Prozac)</p>	<p>SSRI (selective serotonin reuptake inhibitor)</p> <p>Commonly Prescribed for Major depressive disorder (ages 8 and older) Obsessive-</p>	<p>Active metabolite (norfluoxetine) has 2 week half- life Parent drug has 2–3 day half-</p>	<p>Notable Side Effects Sexual dysfunction (decreased libido, ejaculation, erectile dysfunction; men may have decreased sexual desire, anorgasmia) Gastrointestinal (decreased appetite, nausea, diarrhea, constipation) CNS (insomnia but also sedation, agitation, dizziness). Note: patients with diagnosed bipolar disorder are at risk for manic activation of suicidal ideation, especially in adolescents</p>