Antidepressant Selection in Primary Care

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Objectives

- Understand the epidemiology of depression.
- Recognize factors to help choose antidepressants.
- Identify side effect profile of common antidepressants.
- Identify patient populations that have unique antidepressant needs.
Disclosures

- None

Epidemiology

- 1 in 11 patients meet criteria for depression
- Antidepressants are 3rd most common med class in US
- Depression is 2nd leading cause of disability in US
- Can contribute to conditions such as IBS, chronic pain, and others
Definition

- DSM-V: 5+ of the following symptoms for 2-week period and a change from previous functioning; AND at least one of the symptoms is either depressed mood or loss of interest or pleasure.”
- The symptoms cause clinically significant distress or impairment in social, occupational or other important areas of functioning.
- Sx not due to effects of a substance or a general medical condition.

Depression Symptoms

- Sleep
- Interest
- Guilt
- Energy
- Concentration
- Attention
- Psychomotor
- Suicide
Depression Symptoms

- **Positive**
  - Agitation
  - Anxiety
  - Insomnia
- **Negative**
  - Flat affect
  - Hypersomnolence
  - Fatigue

Antidepressant Classes

- **Selective Serotonin Reuptake Inhibitor (SSRI)**
  - Sertraline, Citalopram, Escitalopram, Paroxetine, Fluoxetine

- **Serotonin-Norepinephrine Reuptake Inhibitor (SNRI)**
  - Venlafaxine, Desvenlafaxine, Duloxetine

- **Serotonin Modulators**
  - Trazodone, Vilazodone

- **Tricyclic Antidepressants (TCA)**
  - Amitriptyline, Nortriptyline, Imipramine

- **Monoamine Oxidase Inhibitors (MAOI)**
  - Phenelzine

- **Atypicals**
  - Bupropion, Mirtazapine
### Common Side Effects

- 2/3 of pts will have a side effect
- Diarrhea
- N/V
- Sexual Dysfunction
- Somnolence
- Weight Gain

### Common Prescribing Errors

- One size fits all medicine
- Treating all meds in one class the same
- Giving up after one med
- Under dosing
Choosing An Antidepressant

**Things to consider:**
- Predominating symptoms
- Cost
- Side Effect Profile
  - Any desired side effects?
  - Coexisting conditions
- Patient Preference

Best for Negative Sx

**Meds with increased noradrenergic effect**
**Better to avoid in high anxiety patients**
**Activating medications**
**Includes:**
- Bupropion
- Venlafaxine
- Fluoxetine
- Duloxetine
- Sertraline
Best for Positive Sx

- More dopaminergic and serotonergic effect
- Better for high anxiety patients
- Calming Medications
- Include:
  - Escitalopram
  - Citalopram
  - Paroxetine

Weight Effects

- Weight Gain
  - Mirtazapine
  - TCAs – especially Amitriptyline
  - Paroxetine
  - All other SSRIIs mild weight gain
- Weight Neutral
  - SNRIs
  - Trazodone
### Sexual Side Effects

- **Marked**
  - Paroxetine
  - SSRIs
  - SNRIs
  - TCAs
  - MAOIs
- **Mild**
  - Trazodone
  - Mirtazapine
- **None**
  - Bupropion

### Insomnia Patients

- **Mirtazapine**
  - More sedating at *lower* doses
- **Trazodone**
  - Lower doses used for sleep and higher for depression
  - Sedating effect dose increase with increased dose
- **TCAs (especially amitriptyline)**
Other Effects

- Bupropion – tobacco cessation
- TCAs – pain reduction
- Mirtazapine – fastest onset
- Fluoxetine – longest half-life

Elderly Patients

- “Start low and go slow”
- Highly sensitive to meds
- Preferred medications include:
  - Citalopram – Caution with cardiac issues
  - Escitalopram
  - Sertraline
  - Mirtazapine – Appetite Stimulant, Sleep
  - Venlafaxine
  - Bupropion
- No paroxetine or fluoxetine
- Caution with TCAs
Adolescent Patients

- **Fluoxetine** is first line tx
- Second line include sertraline, citalopram, escitalopram, and venlafaxine
- TCAs show no effect
- Black box warning in adolescents
  - Paroxetine with strongest warning

Prenatal Patients

- Risk to benefit assessment
- Sertraline and Citalopram are preferred
- Increased risk of cardiac malformation and persistent pulmonary HTN of the newborn (PPHN)
- SSRI doses may need to increase in pregnancy
- Paroxetine is Category D
  - DO NOT use in pregnancy
  - Associated with cardiac malformations
Lactating Patients

- Sertraline and Paroxetine with lowest breast milk secretion
  - Safest to use
- Fluoxetine and Venlafaxine with highest secretion
- Effects on breastfeeding infant
  - Agitation
  - Poor feeding

Renal Impairment

- Decreased dose often required
  - Bupropion
  - Duloxetine
  - Paroxetine
  - Venlafaxine
Hepatic Impairment

- Decreased dose often required
  - Bupropion
  - Citalopram
  - Duloxetine
  - Fluoxetine
  - Nortriptyline
  - Sertraline
  - Venlafaxine

Starting, Switching and Stopping

- To Start
  - Start with half of intended dose x 1 week, then increase to intended dose
  - Max effect in 4-6 weeks

- To D/C
  - Slowly taper off of the medication over 1-2 weeks

- To Change
  - Cross taper when changing to/from MAOI, TCA, or mirtazapine
  - SSRI to SSRI or SSRI to/from SNRI can change to equivalent dose without cross taper
Adjunct Therapy

- Psychotherapy/Counseling
- Exercise
- Support Groups
- Combo with above decreases total treatment time and decreases relapse risk

Take Home Points

- Not all antidepressants are equal
- Customize your therapy
  - Consider desired and undesired side effect profiles
    - Use side effects to your advantage
  - Special populations when treating
- Subtherapeutic doses expose to risk but not to benefit
Questions?

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