

NAME: Generic / TRADE <small>g-generic availability</small>	RECEPTOR AFFINITY	SIDE EFFECTS			COMMENTS & ADDITIONAL USES (Bold indicates official indication in Canada)	INITIAL & MAX. DOSE	USUAL ADULT DOSE RANGE	\$ /Month		
		ACH.	SED.	OTHER						
Citalopram CELEXA_g escitalopram CIPRALEX_x (20, 40mg scored tabs) <small>abr=CC</small> S(+citalopram 10 ⁵ -20 ⁵ mg od -\$60)	5HT SELECTIVE SSRI's	+	+	SSRI's SE in General nausea {21%(F) - 36%(X)}, anxiety, insomnia {~14%}, agitation, anorexia, tremor somnolence {11-26%}, sweating, dry mouth, headache , dizziness, diarrhea {12%(F,P)-17%(S)}, constipation {13-18%}, EPS sexual dysfx. (>30% ^{8,9} , SIADH Toxicity can —depression D/C Syndrome ¹⁰ —flu-like Sx's 'FINISH' flu, insomnia, nausea, imbalance, sensory dist., hyper.	<ul style="list-style-type: none"> • fewest drug interactions • most anorexic & stimulating • long half-life (5 wk washout) • 90mg weekly avail. in USA • most nauseating, constipating & sedating SSRI; ↑ DT's • most anticholinergic of SSRI's • most official anxiety indications • ↑ weight & D/C reaction possible¹³ • most diarrhea & male sexual dysfx of SSRI's • *benefit heart dx pts¹⁴ few drug interactions¹⁵ • least stimulating serotonergic • less wt gain; less sex dysfx, DI's 	Therapeutic Uses: ^{11,12} √ OCD (esp. F, P, S, X) √ Panic (esp. P, S, F, CC, X) √ GAD (P); ?others √ Bulimia nervosa (F) √ Diabetic neurop.(CC) & deter use of EtOH √ PTSD(P, S), √ PMDD(F, P, S) √ Social Phobia (P, S) √ Pediatric (F, S, X) +ve effect on headache? • flat dose response (majority of depressed pts respond at the lowest effective dose)	10-20mg am 60mg/d	20mg po od 40mg po od	27 27	
Fluoxetine PROZAC_g (10, 20, 40 ^x mg cap & 4mg/ml soln) <small>abr=F</small>		0	0				<ul style="list-style-type: none"> • most nauseating, constipating & sedating SSRI; ↑ DT's 	10-20mg od 80mg/d	(10mg po od) † 20mg po od am 40mg po od am	41 30 53
Fluvoxamine LUVOX_g (50, 100mg scored tabs) <small>abr=X</small>		0/+	++				<ul style="list-style-type: none"> • most nauseating, constipating & sedating SSRI; ↑ DT's 	25-50mg hs 300mg/d	100mg po hs 150mg po hs 50mg am & 150mg hs	30 41 53
Paroxetine PAXIL_g (10 ⁵ , 20 ⁵ , 30mg tab) <small>abr=P</small> { Paxil CR 12.5, 25mg tab ^x }		+	+				<ul style="list-style-type: none"> • most nauseating, constipating & sedating SSRI; ↑ DT's 	10-20mg am 60mg/d	10-20mg po od am 30mg po od am 40mg po od am 12.5-25mg CR od am ^x ®	44-32 33 57 64-68
Sertraline ZOLOFT_g (25, 50, 100mg cap) <small>abr=S</small>		0	+				<ul style="list-style-type: none"> • most diarrhea & male sexual dysfx of SSRI's • *benefit heart dx pts¹⁴ few drug interactions¹⁵ 	25-50mg am 200mg/d	100mg po od cc 50mg am & 100mg pm 100mg po bid cc	34 59 61
Nefazodone SERZONE_g DISCONTINUED <small>abr-Z</small>	SARI 5HT Selective SSRI+5HT ₂ rec. antagonism	+	+++	As for SSRI's +; ↓ BP Rare: hepatotoxicity ¹⁶	<ul style="list-style-type: none"> • useful in anxiety & insomnia 	50-100mg bid 600mg/d	100mg po bid 150mg po bid	DISCONTINUED Canada NOV03		
Trazodone DESYREL_g (50; 75 ^x ∇; 100mg scored tabs) (150mg Dividose tab; 50/75/100/150mg x ∇)		0	++++	↓↓ BP, dizzy, headache, nausea; (α ₁ blockade); priapism 1/6000. (Tx epi)		<ul style="list-style-type: none"> √ dementia 50mg hs (insomnia, sundowning, aggression); less cardiac effects than TCAs 	50mg bid 600mg/d	50mg po hs 100mg po bid pc 200mg po bid pc	14 27 48	
Amitriptyline ELAVIL_g (10, 25, 50mg; 75mg ^x ∇ tab)	5HT & NE EFFECTS tertiary (3°) amine TCA's	+++++	+++++	General TCA SE: ↑HR, ↓BP (Tx: fluid+/- Florinef), weight gain , sexual dysfx, sweating, rash, tremors, ECG abnormalities, seizures • fatal in overdose ¹⁷ (≥2gm) due to cardiac & neurologic toxicity. • 2° amines generally better tolerated than 3° amines (less dry mouth, dizziness & weight gain)	<ul style="list-style-type: none"> • often 10-30^{mg} hs for sleep, IBS & chronic pain •Cp • esp. effective for OCD^{210yrs} • Most serotonergic TCA; •Cp • higher risk of seizures • Most histamine block; •Cp • √ psychoneurotic/anxious dep. • Cp • √ Childhood enuresis (age 6+) • Most NE activity • Least ACH side effects • Cp • Least hypotensive TCA • Cp (response may be higher at low end =50mg of dose range²²) 	Therapeutic Uses ¹⁸ √ Pain Syndromes ¹⁹ & sleep disorders ²⁰ (amitriptyline; but 2° TCA nortriptyline useful & less SE) √ Neuropathy √ Agitation & insomnia √ Panic→ imipramine √ Migraine prophylaxis ²¹ (esp. amitrip./nortriptyline) √ Smoke D/C→nortrip. √ ADD (ie. desipramine)	10-25mg hs 300mg/d	50 mg po hs 200mg po hs	15 34	
Clomipramine ANAFRANIL_g (10, 25, 50mg tab)		+++++	++++				<ul style="list-style-type: none"> • Most NE activity • Least ACH side effects • Cp • Least hypotensive TCA • Cp (response may be higher at low end =50mg of dose range²²) 	10-25mg hs 300mg/d	50 mg po hs 150mg po hs 200mg po hs	22 51 65
Doxepin SINEQUAN_g (10, 25, 50, 75, 100, 150mg cap)		+++	++++				<ul style="list-style-type: none"> • Most NE activity • Least ACH side effects • Cp • Least hypotensive TCA • Cp (response may be higher at low end =50mg of dose range²²) 	10-25mg hs 300mg/d	50 mg po hs 200mg po hs	15 52
Imipramine TOFRANIL_g (10, 25, 50; 75 ^x ∇ mg tab)		+++	+++				<ul style="list-style-type: none"> • Most NE activity • Least ACH side effects • Cp • Least hypotensive TCA • Cp (response may be higher at low end =50mg of dose range²²) 	10-25mg hs 300mg/d	50 mg po hs 150-200mg po hs	18 40-51
Desipramine NORPRAMIN_g (10, 25, 50, 75, 100mg tab) (50mg tabs better price in SK)	NE > 5HT secondary (2°) amine TCA's	++	++	<ul style="list-style-type: none"> • Most NE activity • Least ACH side effects • Cp • Least hypotensive TCA • Cp (response may be higher at low end =50mg of dose range²²) 	<ul style="list-style-type: none"> √ Panic→ imipramine √ Migraine prophylaxis²¹ (esp. amitrip./nortriptyline) √ Smoke D/C→nortrip. √ ADD (ie. desipramine) 	10-25mg hs 300mg/d	50 mg po hs 150mg po hs (3x50mg) 200mg po hs (4x50mg)	19 43 55		
Nortriptyline AVENTYL_g (10, 25mg cap)		+++	++	<ul style="list-style-type: none"> • Most NE activity • Least ACH side effects • Cp • Least hypotensive TCA • Cp (response may be higher at low end =50mg of dose range²²) 		10mg hs 150mg/d	25mg po hs 50mg po hs 100mg po hs	14 20 35		
Venlafaxine EFFEXOR_g (Reg 37.5, 75mg scored tabs-Co D/C Jul04) (XR 37.5mg, 75mg, 150mg caps) † (contents of XR caps may be sprinkled)	SNRI 5HT & NE (also some DA)	++	+	<ul style="list-style-type: none"> • As dose ↑: ↑BP, agitation, tremor, sweating, nausea-37%, headache, sleep disturbances • caution: withdrawal effects 	<ul style="list-style-type: none"> • initial nausea; "clean TCA" • side effects similar to SSRI's; • low wt gain; few drug interactions • adjust dose for ↓ renal fx 	√ Generalized & social anxiety disorder √ for BPAD depressed; relapse prevents & ↓ recurrence	18.75-37.5mg 375mg/d	37.5mg XR po od 75mg XR po od 150mg XR po od 225mg XR od (if 2-3 cap)	37 66 69 135-184	
Bupropion SR WELLBUTRIN_g (100mg, 150mg tab) †	NDRI DA & NE	0	0	agitation, insomnia, tremor, ↓appetite, GI upset, psychos.	<ul style="list-style-type: none"> • ↑d risk of seizure ~0.4% 400mg/d • less sex dysfx, low wt. gain 	=ZYBAN→D/C smoking; √ BPAD	100mg od am 450mg/d	100mg po bid 150mg po bid	47 47	
MAOIs: non-selective & irreversible; ✓ atypical/refractory depression; enzyme effect ~10days; many DIs & food cautions (tyramine-hypertensive crisis); phenelzine NARDIL 15mg tab bid-tid; tranylcypromine PARNATE 10mg tab bid-tid										
Mirtazapine REMERON_g 15 ⁵ , 30 ⁵ , 45mg tabs ⊗ (RD 15, 30, 45mg tab ⊗ ^{TS})	NaSSA _{5HT & NE}	+++	++++	Dry mouth, sedation, DI-clonidine	↑ appetite & weight; ↓ sexual dysfx	√ Anxiety, Somatization	15-45mg/day	15-30mg po hs	21-35	
Moclobemide MANERIX_g (100, 150, 300mg scored tabs) (2x150mg tabs cheaper than 300mg tab)	RIMA Selective & Reversible	+	0	Dry mouth, dizzy, headache, nausea, tremor, restless, less sex dysfx	<ul style="list-style-type: none"> • no dietary tyramine precaution • enzyme effect lasts ~24hrs DI: mepiridine, sympathomimetics, DM... 	√ Atypical, √ Anxious-phobic , √ Co-morbid anxiety	100mg bid 600-900mg/d	150mg po bid pc 300mg am & 150pm pc 300mg po bid pc	26 36 58	

↓=dose for renal dysfx ⊕=scored tab ⊗=non-formulary in SK ⊕=prior approval NIHB ∇=covered by NIHB ⊗=not NIHB COST=total cost 5HT=serotonin ACH=anticholinergic effects (dry mouth, constipation, urinary hesitancy, blurred vision) ADD=attention deficit disorder BP=blood pressure Cp=plasma levels avail DA=dopamine DI=drug interactions epi=epinephrine GI=gastro-intestinal HR=heart rate MAOI=monoamine oxidase inhibitors NE=norepinephrine OCD=obsessive compulsive disorder RIMA=reversible inhibitor of MAO-A SE=side effects SED=sedation SSRI=selective 5HT reuptake inhibitor TCA=tricyclic antidepressant Tx=treatment wk=week wt=weight INITIAL DOSE=Lower initial dose rec for elderly/sensitive pts. †=initial dose lower than usual effective dose. **Pregnancy:** C agents: fluoxetine (most clinical experience), paroxetine (inactive metabolites) & sertraline. B agents: bupropion but less clinical experience.

Not in **†**: **Duloxetine CYMBALTA** (20, 30, 60mg cap) 40-60mg/d Max 120mg. **SE:** insomnia, somnolence, headache, nausea, diarrhea, ↓appetite, fatigue, ↑sweating, ↑BP, ↑LFTs, ↑DT's & dry mouth. For adult depression, diabetic peripheral neuropathic pain & ? effective for stress urinary incontinence.

Augmentation—options in partial responder: some evidence (esp. with TCA's for adding lithium -600-900mg/d or l-thyroxine -100ug/d; for buspirone, pindolol, olanzapine & tryptophan with SSRI). **Combo's**? bupropion or mirtazapine (with SSRI or venlafaxine). **43**

Table 1: Adverse Effects: Management Options ^{23,24}

- **Dizziness** ☞ check BP for **orthostatic hypotension**; mild symptoms may attenuate over several weeks; ↓ dose or switch agent; encourage adequate fluid intake & **avoid** excessive salt restriction; Florinef 0.1mg po od & titrate
- **Sedation/ feeling medicated/ foggy** ☞ may attenuate over 1-2 weeks; give single dose 1-2 h prior to bedtime; ↓ dose or choose alternative agent
- **Peripheral anticholinergic effects** ☞ tolerance may develop over several weeks; switch to alternative agent; treatment options for some Sx:
 - **blurry vision**-pilocarpine eye drops;methylcellulose drops for dry eyes
 - **urinary hesitancy** - bethanechol 25-50mg po tid-qid
 - **abdominal cramps, nausea, diarrhea** - adjust dose
 - **dry mouth** - sugarless gum; saliva substitutes(e.g. ORAL balance Gel)
 - **constipation** - adequate hydration, activity, bulk forming laxatives
- **Weight gain** ☞ modify & monitor diet & activity; switch to alternate agent
- **Sexual dysfunction** ☞ distinguish etiology (drug vs illness); **switch to:** (bupropion,mirtazapine,moclobemide, venlafaxine ^{↓dose}); adjust dose; Other:
 - ↓ libido → neostigmine 7.5-15mg 30min prior to intercourse
 - impaired erection → bethanechol 10mg po tid
 - anorgasmia → cyproheptadine (Periactin) 4mg po qam
 - antidepressant induced erectile dysfunction → sildenafil may help ²⁵
- **Myoclonus** ☞ ?TCA toxicity; reassess dose/levels; clonazepam 0.25mg tid
- **Insomnia & anxiety (5HT related)** ☞ ↓dose; administer in am; + short course of trazodone 50-100mg hs; switch to alternate agent
- **SIADH (syndrome of inappropriate antidiuretic hormone secretion)** (hyponatremia) ☞ DC causative agent; fluid restriction (1 l/d)
- **Serotonin Syndrome** ²⁶ (eg. excitement,diaphoresis,rigidity,↑Temp,tremor,clonus, ↑reflexes,↑HR,↑BP,delirium) **D/C** serotonergic meds; Tx: Periactin 4mg po q4h, diazepam
- **Discontinuation syndrome** with abrupt withdrawal of agents a flu-like syndrome (FINISH: flu, insomnia, nausea, imbalance, sensory disturbances & hyperactivity) may occur. Tx: **TAPER** off original antidepressants slowly over several days or give benztropine (for cholinergic rebound → nausea/vomiting, sweating), lorazepam (for agitation/insomnia), propranolol (for akathisia) as necessary.

Table 4: Individualizing Therapy Considerations ²⁷

- Anxiety/Panic** ✓ SSRIs, venlafaxine, mirtazapine
- Anxiety, Comorbid** ✓ moclobemide, mirtazapine, ? bupropion
- Atypical*** ✓ moclobemide, MAOIs, SSRIs
- Bipolar** ✓ mood stabilizer (+/- antidepressant) e.g. lithium, valproic acid, carbamazepine
- Cardiac Condition** ✓ SSRIs, MAOIs, bupropion
- Chronic Pain/Neuropathy** ²⁸ ✓ TCAs: amitriptyline, desipramine, nortriptyline
- Drug Induced** ^{29,30} stop or reduce offending agent (see bottom)
- Elderly** ^{31,32} ✓ SSRI(CC,P,S,X,Z); venlafaxine; RIMA; bupropion; 2° TCA
- Migraine** ³³ ✓ amitriptyline, nortriptyline
- Obsessive Compulsive** ✓ SSRI (high dose), clomipramine
- Orthostatic Hypotension** ✓ venlafaxine(↑BP); nortriptyline, SSRIs (ambulation, hydration, gradual dose titration)
- Phobic** ✓ moclobemide, MAOI, paroxetine?
- Psychotic** ✓ + antipsychotic (or amoxapine)
- Seizure History** ✓ trazodone, SSRIs, moclobemide, venlafaxine
- Sleep Disorders** ³⁴ ✓ trazodone, amitriptyline
- Smoking Cessation** ³⁵ ✓ bupropion, nortriptyline
- Weight Gain, Less** ³⁶ ✓ bupropion, SSRIs, RIMA, venlafaxine

Table 2: Precautions ^{37,38,39}

TCAs: benign prostatic hypertrophy, history of urinary retention, uncorrected angle closure glaucoma, seizure history, post-MI - acute recovery phase, cardiovascular disease, cholinergic rebound upon withdrawal from high doses (dizziness, nausea, diarrhea, insomnia, restlessness, cardiac conduction delays, heart block; arrhythmias)

SSRIs: hepatic dysfunction (↑ levels & half-life), irritable bowel syndrome, CNS overstimulation (e.g. **serotonin syndrome**) ⁴⁰ especially if used in combination with other serotonergic drugs (buspirone, dextromethorphan, lithium, MAOI, meperidine, mirtazapine, MDMA, ondansetron, sibutramine, St. Johns Wort, sumatriptan, tramadol, tryptophan, TCA) ⁴¹; withdrawal syndrome: dizziness, GI upset, headache, sleep disturbance, agitation/restlessness (usually mild & transient; **less** common with fluoxetine) ⁴²

Bleeding: assoc. by degree of serotonin reuptake inhibition & risk of bleeding ^{<0.5% 43}

MAOIs: hypertensive crisis can occur secondary to foods containing **tyramine** {e.g. **HIGH** → Unpasteurized cheese (cheddar, camembert, blue), yeast extract, herring, aged unpasteurized meats, broad bean pods; **MODERATE** → avocado, meat extract, certain ales & beer, wine; **LOW** → fruit, cream & cottage cheese, distilled spirits, chocolate}; Contraindicated: cerebrovascular/heart disease, geriatric or debilitated, pheochromocytoma, or history of severe headache.

Bupropion: avoid if hx of seizures, bulimia or anorexia nervosa

Pediatric Precautions: Safety in kids **not** well established ^{44,45,46,47} (Concern → suicide & agitation). Imipramine for enuresis in kids ≥6 yrs. FDA: Fluoxetine (depression) ⁽⁴⁸⁾ & OCD; clomipramine, fluvoxamine & sertraline ^{OCD,49}.

Pregnancy: Consider risk vs benefit! ECT & psychotherapy are non-drug options. TCAs & SSRIs: most clinical safety data (Pregnancy category B: bupropion **but** less clinical experience. Some C agents may be preferable: **fluoxetine** (most experience), **paroxetine** (no active metabolites) & sertraline. Use lowest dose & try to taper off 5-10 days before delivery. ^{50,51,52,53,54,55} Neonates exposed late 3rd trimester may experience withdrawal. ⁵⁶

Breast feeding: consider risk vs benefit; psychotherapy; levels often <10% of maternal dose; esp. SSRI's & also nortriptyline used (**sertraline**, paroxetine & fluvoxamine: ↓ levels & no reported adverse effects; fluoxetine & venlafaxine: ↑ breast milk level). ^{57,58,59,60}

Elderly: extra caution required; med dose: start low & go slow

Relative Seizure Risk: ⁶¹
HIGH → maprotiline, amoxapine, clomipramine, bupropion
LOW → amitriptyline, imipramine, trimipramine, nortriptyline, desipramine, doxepin
LOWEST → trazodone, SSRI'S, MAOI'S, moclobemide, venlafaxine


* **Atypical depression** defined as: mood reactivity; irritability; hypersomnia; hyperphagia; psychomotor agitation & hypersensitivity to rejection.

DRUG INTERACTIONS: Various cytochrome **P450 inhibition** ⁶² by SSRIs. Less DT's ⁶³: **citalopram, mirtazapine, moclobemide, sertraline & venlafaxine.**

Drug	CYP450 1A2	CYP450 2C9	CYP450 2C19	CYP450 2D6	CYP450 3A4
citalopram	0	0	0	+	0
fluoxetine	+	++	+ to ++	+++	+ to ++
fluvoxamine	+++	++	+++	+	++
paroxetine	+	+	+	+++	+
sertraline	+	+	+	+ to ++	+

Table 3: Switching Antidepressants: Recommended washout period (DAYS) in outpatients ^{64,65,66}

The **more critical** recommendations are in **bold**; risks of toxicity are greater with higher dosage regimens and inadequate washout period. **Some urgent cases may necessitate shorter delays in switching.**

FROM						
amitriptyline	1*	1 [#]	1-7 [†]	7 [†]	1 [†]	1-7 [†]
clomipramine	1*	1 [#]	7-14[†]	7 [†]	1 [†]	7-14 [†]
doxepin	1*	1 [#]	1-7 [†]	7 [†]	1 [†]	1-7 [†]
imipramine	1*	1 [#]	1-7 [†]	7 [†]	1 [†]	1-7 [†]
desipramine	1*	1 [#]	1-7 [†]	7 [†]	1 [†]	1-7 [†]
nortriptyline	1*	1 [#]	1-7 [†]	7 [†]	1 [†]	1-7 [†]
mirtazapine	1 [#]	1 [†]	3 [†]	7 [†]	3 [†]	3 [†]
venlafaxine	1 [#]	1 [†]	3 [†]	7 [†]	3 [†]	3 [†]
fluoxetine	35[†]	35[†]	1[†]	35[†]	35[†]	1[†]
fluvoxamine	1-7 [†]	7 [†]	1 [#]	7 [†]	1 [†]	1+
paroxetine	1-7 [†]	7 [†]	1 [#]	10[†]	1 [†]	1+
sertraline	1-7 [†]	7 [†]	1 [#]	10[†]	1 [†]	1+
nefazodone	1-3 [†]	3 [†]	1 [#]	7 [†]	1 [†]	1+
trazodone	1-7 [†]	7 [†]	1 [#]	7 [†]	2 [†]	1+
phenelzine	10-14	14	10-14		14	2^{##}
tranylcypromine	10-14	14	10-14	14		2^{##}
bupropion	1-3[†]	1[†]	1[†]	7[†]	3[†]	
moclobemide	2	2	2	2		2
SWITCH TO 	amitriptyline, clomipramine, doxepin, imipramine, desipramine, nortriptyline, mirtazapine, venlafaxine, fluoxetine, fluvoxamine, paroxetine, citalopram, sertraline, nefazodone, trazodone	phenelzine, tranylcypromine, moclobemide, bupropion				

* no washout required; use equivalent dose;
† taper first drug; start 2nd drug at a low dose;
taper first drug over 3-7 day prior to initiating 2nd drug;
taper if high dose; maintain dietary restriction for 10d;
! use lower doses of 2nd drug initially; longer tapering period (8 weeks) may be required for high doses of fluoxetine

Antidepressant Drug Interactions: page **41**

- ¹Jefferson J, Greist JH. Mood Disorders in Textbook of Psychiatry, 2nd Ed. Editors: Hales RE, Yudofsky SC, Talbot JA. American Psychiatric Press, Washington, 1994.
- ²Micromedex Drug Information, 2005.
- ³Geddes JR, Carney SM, Davies C, Furukawa TA, Kupfer DJ, Frank E, Goodwin GM. Relapse prevention with antidepressant drug treatment in depressive disorders: a systematic review. *Lancet*. 2003 Feb 22;361(9358):653-61.
- ⁴**Treatment Guidelines:** Drugs for Psychiatric Disorders. **The Medical Letter:** July, 2003; p. 69-76.
- ⁵Remick RA. Diagnosis and management of depression in primary care: a clinical update and review. *CMAJ*. 2002 Nov 26;167(11):1253-60.
- ⁶Practice guideline for the treatment of patients with major depressive disorder (revision). **American Psychiatric Association.** *Am J Psychiatry*. 2000 Apr;157(4 Suppl):1-45.
- ⁷Trindade E, Menon D, Topfer LA, Coloma C. Adverse effects associated with selective serotonin reuptake inhibitors and tricyclic antidepressants: a meta-analysis. *CMAJ*. 1998 Nov 17;159(10):1245-52.
- ⁸Modell JG, Katholi CR, Modell JD, et. al. Comparative sexual side effects of bupropion, fluoxetine, paroxetine, and sertraline. *Clin Pharmacol Ther* 1997;61(4):476-87.
- ⁹Gonzalez M, Llorca G, Izquierdo JA, et. al. *J Sex Marital Ther* 1997;23(3):176-94.
- ¹⁰Ditto KE. SSRI discontinuation syndrome. Awareness as an approach to prevention. *Postgrad Med*. 2003 Aug;114(2):79-84.
- ¹¹Grady-Weliky TA. Clinical practice. Premenstrual dysphoric disorder. *N Engl J Med*. 2003 Jan 30;348(5):433-8.
- ¹²Pearlstein T. Selective serotonin reuptake inhibitors for premenstrual dysphoric disorder: the emerging gold standard? *Drugs*. 2002;62(13):1869-85.
- ¹³Which SSRI? *Med Lett Drugs Ther*. 2003 Nov 24;45(1170):93-95.
- ¹⁴Glassman AH, O'Connor CM, Califf RM, et. al.; Sertraline Antidepressant Heart Attack Randomized Trial (SADHEART) Group. Sertraline treatment of major depression in patients with acute MI or unstable angina. *JAMA*. 2002 Aug 14;288(6):701-9. (Taylor CB, Youngblood ME, Catellier D, et. al.: ENRICH Investigators. Effects of antidepressant medication on morbidity and mortality in depressed patients after myocardial infarction. *Arch Gen Psychiatry*. 2005 Jul;62(7):792-8 -Observational secondary analysis)
- ¹⁵Bezchlibnyk-Butler K. Serotonergic antidepressants: Drug response and drug-drug interactions. *Pharmacy Practice:National CE Program* 1998;Aug:1-8.
- ¹⁶Stewart DE. Hepatic adverse reactions associated with nefazodone. *Can J Psychiatry*. 2002 May;47(4):375-7.
- ¹⁷Buckley NA, McManus PR. Fatal toxicity of serotonergic and other antidepressant drugs: analysis of United Kingdom mortality data. *BMJ*. 2002 Dec 7;325(7376):1332-3.
- ¹⁸Furukawa TA, McGuire H, Barbui C. Meta-analysis of effects and side effects of low dosage tricyclic antidepressants in depression: systematic review. *BMJ*. 2002 Nov 2;325(7371):991.
- ¹⁹Maizels M, McCarberg B. Antidepressants and antiepileptic drugs for chronic non-cancer pain. *Am Fam Physician*. 2005 Feb 1;71(3):483-90.
- ²⁰Houdenove BV, Onghena P. Pain and Depression in Depression and Physical Illness. Editors: Robertson MM, Katona CLE. Wiley & Sons, New York, 1997.
- ²¹Pryse-Phillips WEM, Dodick DW, Edmeads JG. Guidelines for the diagnosis and management of migraine in clinical practice. *Can Med Assoc J* 1997;156:1273-87.
- ²²Wells BG, Mandos LA, Hayes PE. Depressive Disorders in Pharmacotherapy: A Pathophysiologic Approach 3rd Ed., 1996.
- ²³Tollefson GD. Antidepressant treatment and side effect considerations. *J Clin Psychiatry* 1991;52(5-suppl):4-13.
- ²⁴Cole JO, Bodkin JA. Antidepressant side effects. *J Clin Psychiatry* 1990;51(1):21-26
- ²⁵Nurnberg HG, Hensley PL, Gelenberg AJ, Fava M, Lauriello J, Paine S. Treatment of antidepressant-associated sexual dysfunction with sildenafil: a randomized controlled trial. *JAMA*. 2003 Jan 1;289(1):56-64.
- ²⁶Boyer EW, Shannon M. The serotonin syndrome. *N Engl J Med*. 2005 Mar 17;352(11):1112-20.
- ²⁷Bhatia SC, Bhatia SK. Major Depression: Selecting Safe and Effective Treatment. *Am Family Physician* 1997;55(5):1683-1694.
- ²⁸Watson CPN. Antidepressant Drugs as Adjuvant Analgesics. *J Pain Symptom Manage* 1994;9:392-405.
- ²⁹The Medical Letter: Drugs that may cause Psychiatric Symptoms. July 8, 2002; (1134) pp. 59-62.
- ³⁰Birrer RB, Vemuri SP. Depression in later life: a diagnostic and therapeutic challenge. *Am Fam Physician*. 2004 May 15;69(10):2375-82.
- ³¹Finkel SI. Efficacy and tolerability of antidepressant therapy in the old-old. *J Clin Psychiatry* 1996;57(suppl 5):23-8.
- ³²Menting JEA, Honig A, Verhey FRJ, et. al. *Int Clin Psychopharmacology* 1996;11:165-175.
- ³³Pryse-Phillips WEM, Dodick DW, Edmeads JG. Guidelines for the diagnosis and management of migraine in clinical practice. *Can Med Assoc J* 1997;156:1273-87.
- ³⁴Reite M, Ruddy J, Nagel K. Evaluation and management of sleep disorders, 2nd Ed. Am Psychiatric Press, Washington, 1997.
- ³⁵Hughes J, Stead L, Lancaster T. Antidepressants for **smoking cessation**. *Cochrane Database Syst Rev*. 2004 Oct 18;(4):CD000031. Review.
- ³⁶*Drugs and Therapy Perspectives* 1998;12(7):14-15.
- ³⁷AHFS (American Hospital Formulary System) Drug Information: Antidepressants. 2005.
- ³⁸Gunnell D, Saperia J, Ashby D. Selective serotonin reuptake inhibitors (SSRIs) and suicide in adults: meta-analysis of drug company data from placebo controlled, randomised controlled trials submitted to the MHRA's safety review. *BMJ*. 2005 Feb 19;330(7488):385.
- ³⁹Gibbons RD, Hur K, Bhaumik DK, Mann JJ. The relationship between antidepressant medication use and rate of suicide. *Arch Gen Psychiatry*. 2005 Feb;62(2):165-72.
- ⁴⁰Birmes P, Coppin D, Schmitt L, Lauque D. Serotonin syndrome: a brief review. *CMAJ*. 2003 May 27;168(11):1439-42.
- ⁴¹Hansten, PD and Horn JR. Drug Interactions Analysis and Management. Applied Therapeutics Incorporated. Vancouver, WA. 2005.
- ⁴²Stahl MM, Lindquist M, Pettersson M, et. al. Withdrawal reactions with selective serotonin re-uptake inhibitors as reported to the WHO system. *Eur J Clin Pharmacol* 1997;53(3-4):163-9.
- ⁴³Meijer WE, Heerdink ER, Nolen WA, et al. Association of risk of abnormal bleeding with degree of serotonin reuptake inhibition by antidepressants. *Arch Intern Med*. 2004 Nov 22;164(21):2367-70.
- ⁴⁴Jureidini JN, Doecke CJ, Mansfield PR, Haby MM, Menkes DB, Tonkin AL. Efficacy and safety of antidepressants for children and adolescents. *BMJ*. 2004 Apr 10;328(7444):879-83.
- ⁴⁵Gunnell D, Ashby D. Antidepressants and suicide: what is the balance of benefit and harm. *BMJ*. 2004 Jul 3;329(7456):34-8.
- ⁴⁶Whittington CJ, Kendall T, Fonagy P, Cottrell D, et al. Selective serotonin reuptake inhibitors in **childhood depression**: systematic review of **published versus unpublished** data. *Lancet*. 2004 Apr 24;363(9418):1341-5.
- ⁴⁷The American Academy of Child and Adolescent Psychiatry <http://www.aacap.org/Announcements/pdfs/physiciansmedguide.pdf>
- ⁴⁸Treatment for Adolescents with Depression Study (TADS). Fluoxetine, Cognitive-Behavioral Therapy, & their Combination for Adolescents with Depression. *JAMA*. 2004 Aug 18;292(7):807-820.
- ⁴⁹Pediatric OCD Treatment Study (POTS) Team. Cognitive-behavior therapy, sertraline, and their combination for children and adolescents with obsessive-compulsive disorder: the Pediatric OCD Treatment Study (POTS) randomized controlled trial. *JAMA*. 2004 Oct 27;292(16):1969-76.
- ⁵⁰Kulin AK, Pastuszak A, Sage SR, et. al. Pregnancy outcome following maternal use of the new selective serotonin reuptake inhibitors: a prospective controlled multicenter study. *JAMA* 1998;279:609-610.
- ⁵¹Briggs GG, Freeman RK, Yaffe SJ. *Drugs in Pregnancy and Lactation* 6th Ed. Williams & Wilkins, Media, Pennsylvania, 2002.
- ⁵²Simon GE, Cunningham ML, Davis RL. Outcomes of prenatal antidepressant exposure. *Am J Psychiatry*. 2002 Dec;159(12):2055-61.
- ⁵³Ward RK, Zamorski MA. Benefits and risks of psychiatric medications during pregnancy. *Am Fam Physician*. 2002 Aug 15;66(4):629-36.
- ⁵⁴Altschuler LL, Cohen LS, Moline ML, et al. Expert Consensus Panel for Depression in Women. The Expert Consensus Guideline Series. Treatment of depression in women. *Postgrad Med*. 2001 Mar;(Spec No):1-107.
- ⁵⁵Nordeng H, Spigset O. Treatment with selective serotonin reuptake inhibitors in the third trimester of pregnancy: effects on the infant. *Drug Saf*. 2005;28(7):565-81.

-
- ⁵⁶ Emilio J Sanz, Carlos et al. Selective serotonin reuptake inhibitors in pregnant women and neonatal withdrawal syndrome: a database analysis *Lancet* 2005; 365: 482-87 & **ALSO** Moses-Kolko EL, Bogen D, Perel J, et al. Neonatal signs after late in utero exposure to serotonin reuptake inhibitors: literature review and implications for clinical applications. *JAMA*. 2005 May 18;293(19):2372-83. (InfoPOEMs: Late third trimester exposure to maternal use of SSRIs increases the risk of neonatal behavioral abnormalities. Since the symptoms and signs were relatively benign and short lived, it makes sense to individualize the risks and benefits of continuing SSRI treatment throughout pregnancy. ([LOE = 2a](#)))
- ⁵⁷ Misri S, Burgmann A, Kostaras D. Are SSRIs safe for pregnant and breastfeeding women? *Can Fam Physician*. 2000 Mar;46:626-8, 631-3.
- ⁵⁸ Spencer JP, Gonzalez LS 3rd, Barnhart DJ. Medications in the breast-feeding mother. *Am Fam Physician*. 2001 Jul 1;64(1):119-26.
- ⁵⁹ Wisner KL, Parry BL, Piontek CM. Clinical practice. Postpartum depression. *N Engl J Med*. 2002 Jul 18;347(3):194-9.
- ⁶⁰ Altschuler LL, Cohen LS, Moline ML, Kahn DA, et al; Expert Consensus Panel for Depression in Women. The Expert Consensus Guideline Series. Treatment of depression in women. *Postgrad Med*. 2001 Mar;(Spec No):1-107.
- ⁶¹ Skowron DM, Stimmel GL. Antidepressants and the risk of seizures. *Pharmacotherapy* 1992;12(1):18-22.
- ⁶² **Clinical Guidelines** for the Treatment of Depressive Disorders. The Canadian Journal of Psychiatry **June 2001**. (Prescribing Antidepressants for Depression in **2005**: Recent Concerns & Recommendations http://www.cpa-apc.org/Publications/Position_Papers/2004-23s-en.pdf)
- ⁶³ Clinically significant drug interactions with antidepressants in the elderly. Spina E, Scordo MG. *Drugs Aging* 2002;19(4):299-320.
- ⁶⁴ Product monographs 2004
- ⁶⁵ Bezchlibnyk-Butler K, Jeffries JJ, eds. *Clinical handbook of psychotropic drugs*, 13th ed. Toronto: Hogrefe & Huber, 2003.
- ⁶⁶ Bezchlibnyk-Butler K. Serotonergic antidepressants: Drug response and drug-drug interactions. *Pharmacy Practice:National CE Program* 1998;Aug:1-8.

Additional references:

- Brown GK, Ten Have T, Henriques GR, Xie SX, Hollander JE, Beck AT. Cognitive therapy for the prevention of suicide attempts: a randomized controlled trial. *JAMA*. 2005 Aug 3;294(5):563-70.
- Chun-Fai-Chan B, Koren G, Fayezi I, et al. Pregnancy outcome of women exposed to bupropion during pregnancy: A prospective comparative study. *Am J Obstet Gynecol* 2005; 192:932-36. (InfoPOEMs: Bupropion is not associated with increased rates of major malformations. It may be associated with an increase in spontaneous abortions. ([LOE = 1b](#)))
- Gamble J, Creedy D, Moyle W, Webster J, McAllister M, Dickson P. Effectiveness of a counseling intervention after traumatic childbirth: A randomized trial. *Birth* 2005; 32:11-19. (InfoPOEMs: Women with trauma symptoms who receive face-to-face counseling during their hospital stay and phone counseling at 4 to 6 weeks postpartum are less likely to have persistent trauma symptoms or postpartum depression at 3 months. ([LOE = 1b](#)))
- Mariappan P, Ballantyne Z, N'dow J, Alhasso A. Serotonin and noradrenaline reuptake inhibitors (SNRI) for stress urinary incontinence in adults. *Cochrane Database Syst Rev*. 2005 Jul 20;(3):CD004742.
- Medical Letter, **Duloxetine** for Diabetic Neuropathic pain. Vol 47 (Issue 1215/1216) Aug 15/29,2005. p.67-68.
- Moja P, Cusi C, Sterzi R, Canepari C. Selective serotonin re-uptake inhibitors (SSRIs) for preventing migraine and tension-type headaches. *Cochrane Database Syst Rev*. 2005 Jul 20;(3):CD002919. CONCLUSIONS: Over 2 months of treatment, SSRIs are no more efficacious than placebo in patients with migraine. In patients with chronic TTH, SSRIs are less efficacious than tricyclic antidepressants. In comparison with SSRIs, the burden of adverse events in patients receiving tricyclics was greater. These results are based on short-term trials and may not generalise to longer-term treatment.
- Vignatelli L, D'Alessandro R, Candelise L. Antidepressant drugs for narcolepsy. *Cochrane Database Syst Rev*. 2005 Jul 20;(3):CD003724.