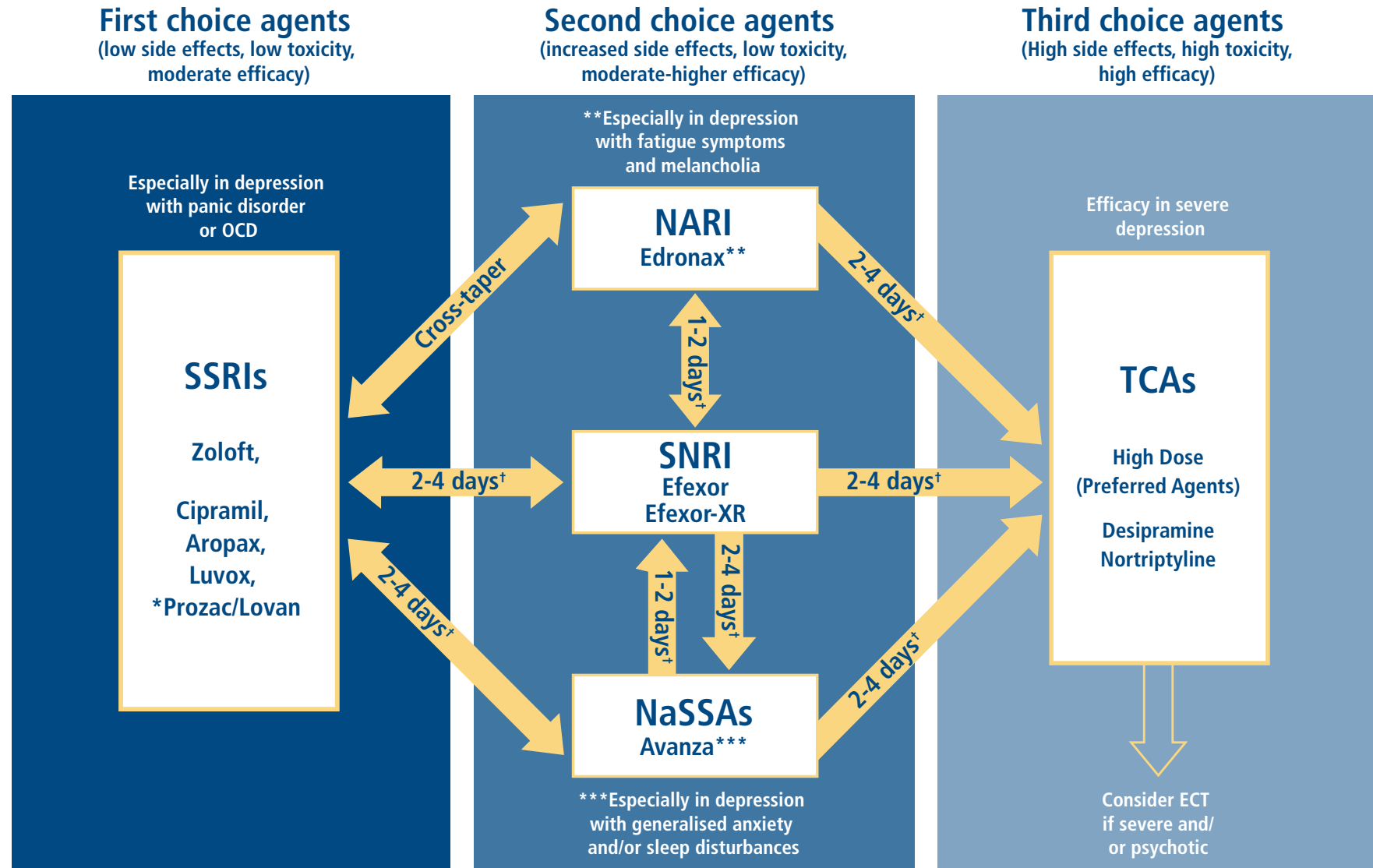


# Planning treatment in primary care



\* Does not apply for fluoxetine (Prozac), which requires a washout period of at least 14 days.

- N.B.
1. Avoid combining antidepressants with each other due to increased toxicity.
  2. Avoid combining antidepressants with antipsychotic agents (Chlorpromazine, Haloperidol).
  3. Minimise use of additional hypnotosedatives or anxiolytics.
  4. Patients with severe psychomotor change, delusions and/or hallucinations do well with ECT.
  5. The recommendations for SSRIs do not include fluoxetine (Prozac) which has a much longer half-life than other agents in the same class. Allow at least two weeks of washout before commencing other drugs.
  6. Patients withdrawing from SSRIs and SNRIs may experience significant adverse effects during the first week off treatment (eg. agitation, confusion).
  7. Patients withdrawing from older agents such as TCAs may experience very significant adverse effects (eg. sleep disturbance, agitation, anxiety).
  8. Patients changing from the older MAOIs (eg. Parnate, Nardil) need to be off these drugs for at least two weeks before converting to a new drug.
  9. Patients with fatigue may do well with reboxetine.
  10. Possible serotonin syndrome with NaSSA – MAOI combination.
  11. Combination usage of reboxetine – MAOI not recommended.
- † Adapted from Therapeutic Guidelines Psychotropic Version 5 2003

# Antidepressant drugs currently available in Australia†

CLASS	ANTI DEPRESSANT EFFECT** (score out of 10)	ANTI-ANXIETY EFFECT** (score out of 10)	SIDE-EFFECT BURDEN (score out of 10)	DOSE STRATEGY	USEFULNESS IN GENERAL PRACTICE (score out of 10)	USEFULNESS IN SPECIALIST PRACTICE (score out of 10)	MAJOR ADVANTAGES	MAJOR DISADVANTAGES	MAJOR DRUG INTERACTIONS
<b>1. SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)</b>							<ul style="list-style-type: none"> <li>■ Non-sedating</li> <li>■ Specificity for Obsessive Compulsive Disorder</li> <li>■ Highly effective</li> </ul>	<ul style="list-style-type: none"> <li>■ Nausea; agitation; sleep disturbance; headache; sexual dysfunction</li> <li>■ interactions</li> </ul>	+
SERTRALINE (Zoloft)	8	2	<1	50-200mg Once daily	9	8	<ul style="list-style-type: none"> <li>■ Relative lack of drug interactions</li> </ul>		(+)
CITALOPRAM (Cipramil, Talohexal)*	(8)	(2)	(1)	20-60mg Once daily	(8)	(8)	<ul style="list-style-type: none"> <li>■ Relative lack of drug interactions</li> </ul>		(+)
PAROXETINE (Aropax, Paxtine)	8	3	1	10-40mg Once daily	8	8		<ul style="list-style-type: none"> <li>■ Aches and pains; fatigue</li> </ul>	+
FLUOXETINE (Prozac, Erocap, Lovan, Zactin)	8	2	1	10-40mg Once daily	6	6		<ul style="list-style-type: none"> <li>■ Long half-life (metabolite)</li> <li>■ Drug interactions</li> </ul>	++
FLUVOXAMINE (Luvox, Faverin)*	(8)	(2)	(1)	50-200mg Once daily	(8)	(8)			+
<b>2. SEROTONIN AND NORADRENALINE REUPTAKE INHIBITORS (SNRIs)‡</b>									
VENLAFAXINE (Efexor, Efexor-XR)	9	2‡	3	75-375mg Daily dose (XR) Evening preference	3‡	9	<ul style="list-style-type: none"> <li>■ Efficacy in severe depression</li> <li>■ Few drug interactions</li> </ul>	<ul style="list-style-type: none"> <li>■ Anxiety; nausea; fatigue; headache; sexual dysfunction; increased blood pressure</li> </ul>	(+)
<b>3. REVERSIBLE INHIBITORS OF MONOAMINE OXIDASE - A (RIMAs)</b>									
MOCLOBEMIDE (Aurorix, ARIMA)	2	1	<1	450-900mg Divided doses Morning preference	5	3	<ul style="list-style-type: none"> <li>■ Use in depression with fatigue</li> <li>■ Non-sedating</li> <li>■ No sexual side-effects</li> </ul>	<ul style="list-style-type: none"> <li>■ Insomnia; anxiety; headache</li> </ul>	+
<b>4. NORADRENALINE - SEROTONIN SPECIFIC ANTIDEPRESSANTS (NaSSA)</b>									
MIRTAZAPINE# (Avanza, Remeron)	(8)	(6)	(4)	15-45mg Evening dose	(8)	7	<ul style="list-style-type: none"> <li>■ Treatment of anxiety</li> <li>■ Improves sleep</li> <li>■ Low drug interaction potential</li> <li>■ No sexual side-effects</li> </ul>	<ul style="list-style-type: none"> <li>■ Sleepiness</li> <li>■ Weight gain</li> <li>■ Dizziness</li> <li>■ Headache</li> </ul>	+
<b>5. NORADRENALINE REUPTAKE INHIBITORS (NARIS)</b>									
REBOXETINE# (Edronax)	8	1	(3)	4-12mg Divided doses	3	8	<ul style="list-style-type: none"> <li>■ Treatment of severe depression</li> <li>■ Non-sedating</li> </ul>	<ul style="list-style-type: none"> <li>■ Insomnia; increased sweating; dry mouth; constipation; dizziness; headache; urinary difficulties; agitation; restlessness; increased blood pressure</li> </ul>	+
<b>6. HETEROCYCLICS</b>									
MIANSERIN (Tolvon, Lumin, Lerivon)	3	2	3	30-90mg Divided doses Evening preference	1	3	<ul style="list-style-type: none"> <li>■ Safety in medically-ill</li> </ul>	<ul style="list-style-type: none"> <li>■ Sleepiness</li> </ul>	+
<b>7. TRICYCLIC ANTIDEPRESSANTS (TCAs)</b>									
HIGH DOSE Preferred agents - Desipramine, Nortriptyline (Pertofran, Nortabs)	9	3	9	100-250mg Divided doses Evening preference	1	4	<ul style="list-style-type: none"> <li>■ Efficacy in severe depression</li> <li>■ Use in persistent pain</li> </ul>	<ul style="list-style-type: none"> <li>■ Wide side-effect profile including: low blood pressure; cardiotoxicity; sleepiness/work impairment</li> </ul>	+++
LOW DOSE AMITRIPTYLINE, IMIPRAMINE (Tryptanol, Tofranil, Prothiaden)	4	3	7	10-50mg Evening dose	1	2	<ul style="list-style-type: none"> <li>■ Use in persistent pain syndromes and fibromyalgia</li> </ul>	<ul style="list-style-type: none"> <li>■ Wide side-effect profile</li> </ul>	++
<b>8. MONOAMINE OXIDASE INHIBITORS (MAOIs)</b>									
PHENELZINE (Nardil) TRANLYCYPROMINE (Parnate)	6	4	6	Divided doses Morning preference	0	0	<ul style="list-style-type: none"> <li>■ Use in atypical depression</li> </ul>	<ul style="list-style-type: none"> <li>■ Postural hypotension; agitation; insomnia</li> <li>■ Serious drug and food interactions (cheese, red wine)</li> </ul>	+++

† Hickie IB, Scott EM, Davenport TA. Are antidepressants all the same? Surveying the opinions of Australian psychiatrists. *Australian and New Zealand Journal of Psychiatry* 1999; 33:642-649.

\*\*1. All of these drugs have been shown to be effective antidepressant agents. These columns demonstrate their relative efficacy as judged by clinical psychiatrists.

2. The anti-anxiety effect described here is principally for generalised anxiety disorder.

\* Insufficient experience therefore assume general characteristics of the SSRI class

# Estimated by clinical team.

‡ Ratings based on clinical experience with twice-daily dose presentation.