



UW PACC

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

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SELECTING AN ANTIDEPRESSANT: MANY TO CHOOSE, LITTLE TO LOSE

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SPEAKER DISCLOSURES



Brittany Goldstein, MD has no conflicts of interest to disclose.

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Planner disclosures

The following series planners have no relevant conflicts of interest to disclose; other disclosures have been mitigated.

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OBJECTIVES

1. Review the diagnostic criteria for major depressive disorder
2. Provide guiding principles for initiating antidepressants for depression
3. Review differences between antidepressants
4. Practice selecting antidepressant for example cases

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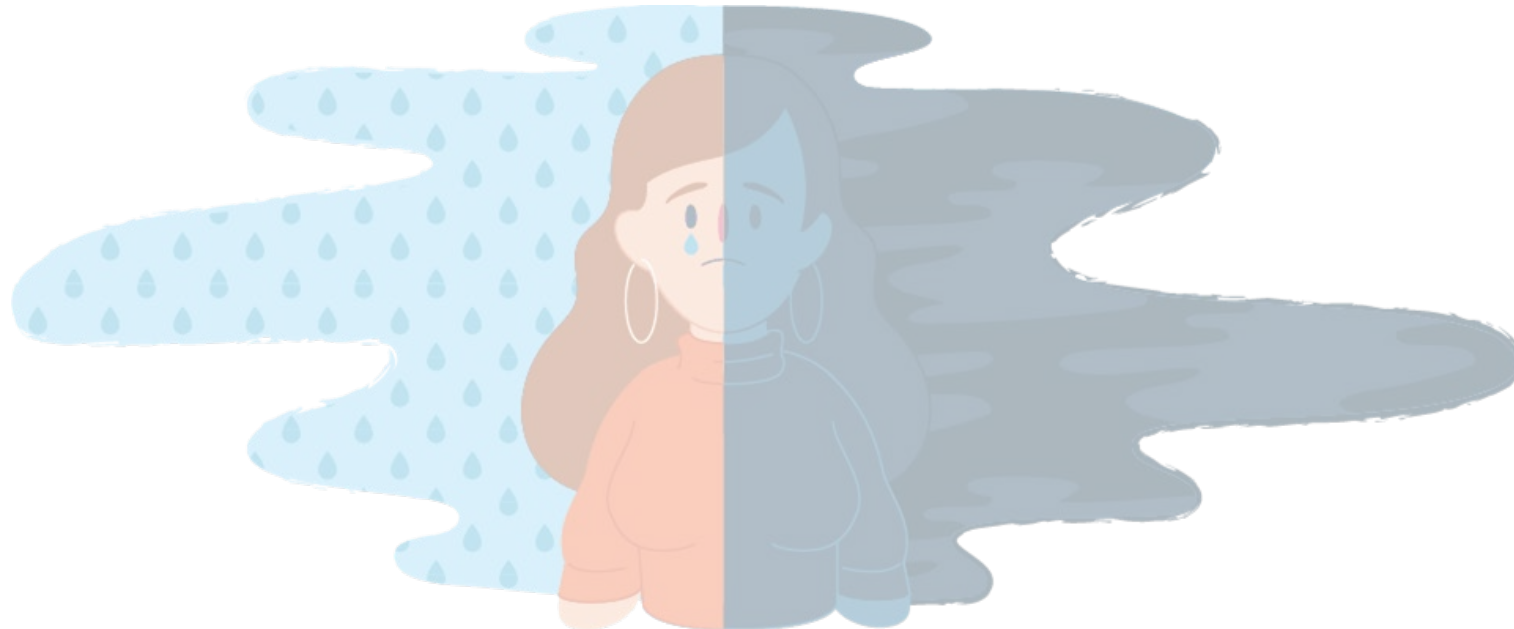
MAJOR DEPRESSIVE DISORDER

- Change in mood (depressed or anhedonic) \geq 2 weeks
- 5 symptoms total
 - Depressed mood
 - Anhedonia
 - Sleep change
 - Psychomotor change
 - Appetite/weight change
 - Energy low
 - Guilt, worthlessness
 - Poor concentration
 - Suicidal ideation
- Most of the day for most days
- Change from baseline or chronic symptoms

SIGeCAPS

ANTIDEPRESSANTS FOR DEPRESSION

- First-line
 - Mild-moderate: psychotherapy +/- medication
 - Severe: medication +/- therapy
 - Severest (psychosis, catatonia): medication + consider ECT

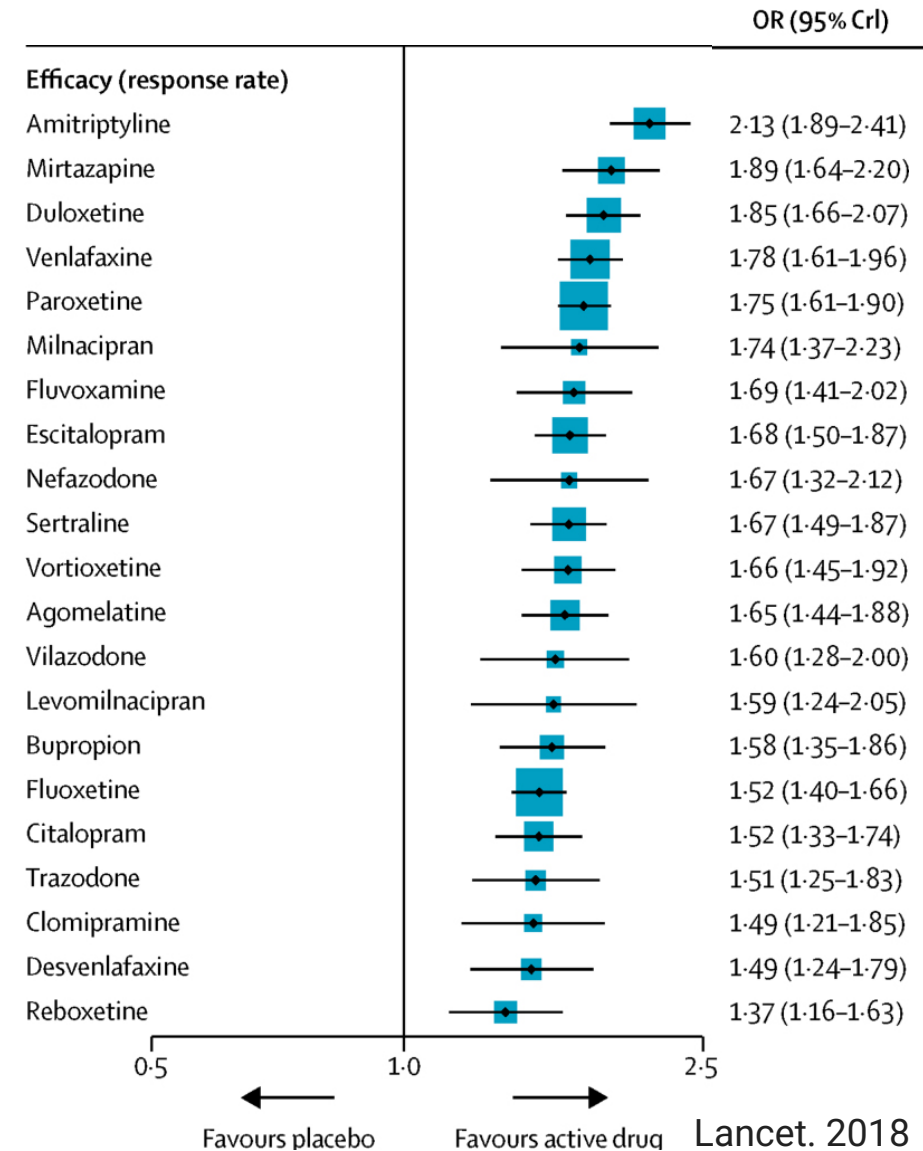


ANTIDEPRESSANTS FOR DEPRESSION

- Set expectations

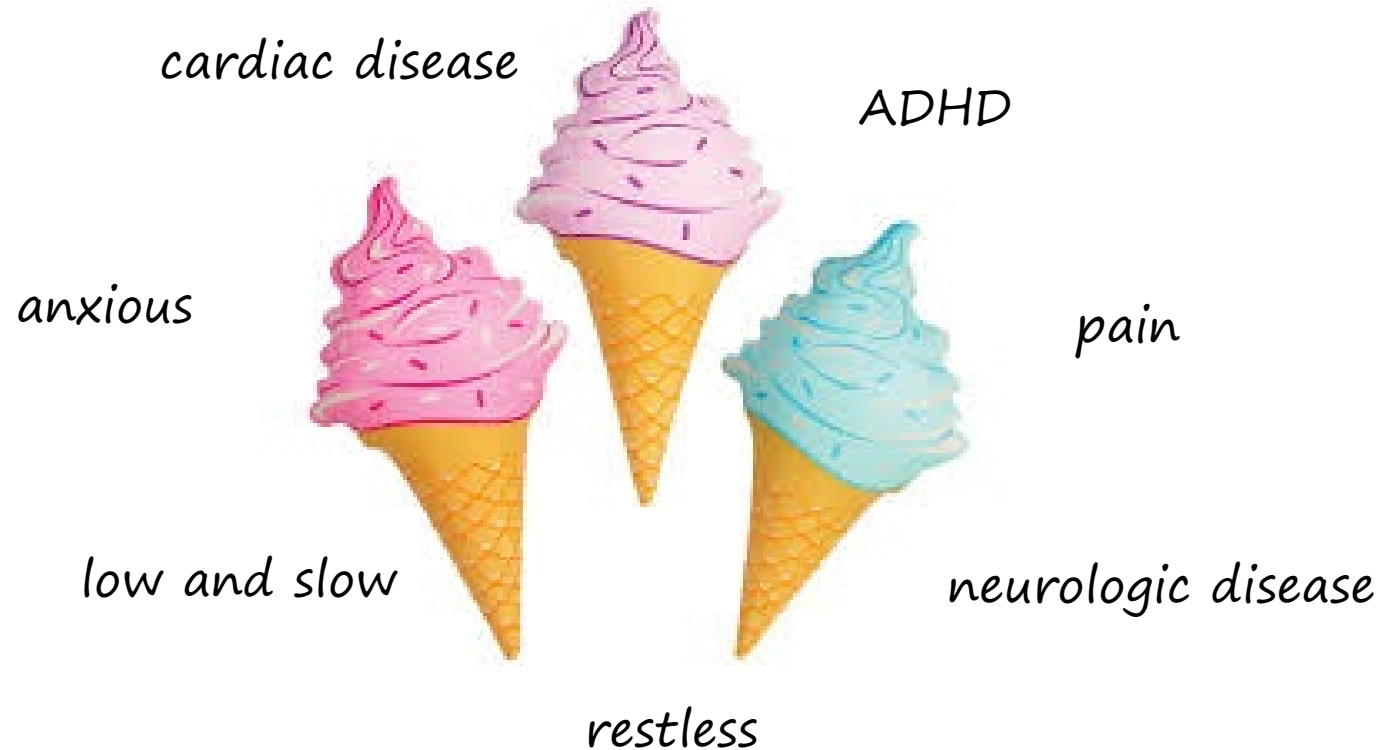


Psychother Psychosom. 2009



ANTIDEPRESSANTS FOR DEPRESSION

- Depression flavor and comorbidities



PATIENT WITH DEPRESSION

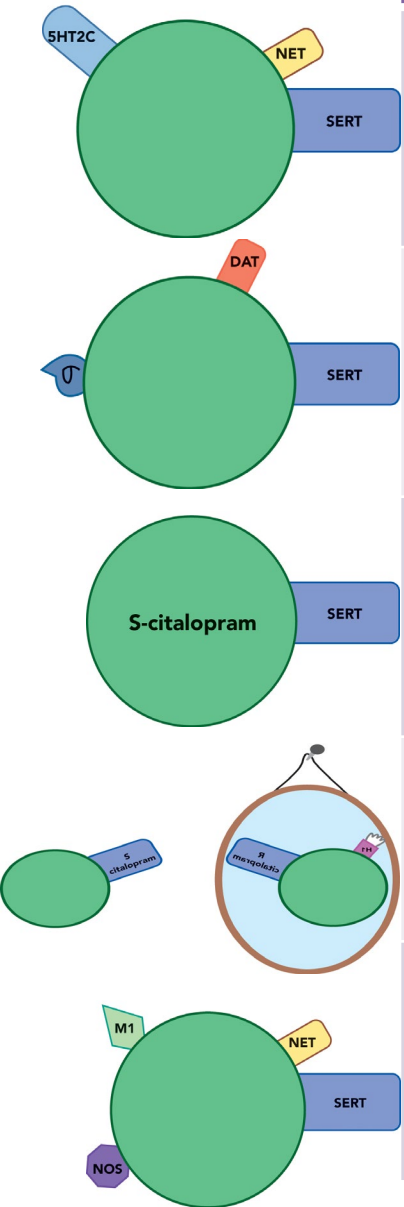


- Standard depression
- With or without anxiety.
- Treatment naïve.

SELECTIVE SEROTONIN REUPTAKE INHIBITORS

- Multiple indications
 - On-label: depressive disorders, anxiety disorders, trauma disorders
 - Off-label: irritability/mild agitation, dysthymia, premature ejaculation
- Safe
- Sexual side effects
- Discontinuation syndrome
- Serotonin syndrome in overdose

SSRI



Fluoxetine	Most activating Longest half-life DDI	Pt who is ... needs a pep in their step, poor medication adherence, otherwise healthy (low med burden) Pt who is not ... highly anxious or restless, polypharmacy
Sertraline	Most GI SE Wide therapeutic range Start low, go slow Rare DDI	Pt who is ... comorbid cardiovascular dz, polypharmacy Pt who is not ... comorbid GI
Escitalopram	Clean Easy titration Rare DDI	Pt who is ... sensitive to side effects, wants a quick titration, polypharmacy
Citalopram	QTc risk	Pt who is not ... cardiac comorbidity, other QTc prolonging medications
Paroxetine	Messy → most side effects Shortest half life DDI	Pt who is ... anxious, not sleeping, not eating, otherwise healthy (low med burden), good adherence Pt who is not ... sensitive to SE, polypharmacy

PATIENT WITH DEPRESSION



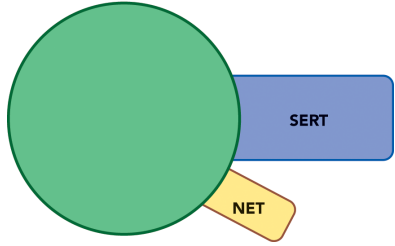
- Comorbid pain syndrome
- Comorbid ADHD

SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS

- Multiple indications
 - On-label: depressive disorders, anxiety disorders, pain syndromes
 - Off label: pain syndromes, ADHD
- Safe
- Sexual side effects
- Discontinuation syndrome
- Serotonin syndrome in overdose

SNRI

duloxetine

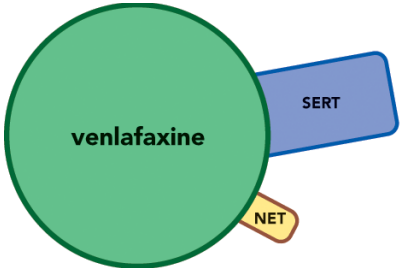


Duloxetine

FDA indication for pain

Pt who **has**... comorbid pain syndrome, stress urinary incontinence

venlafaxine



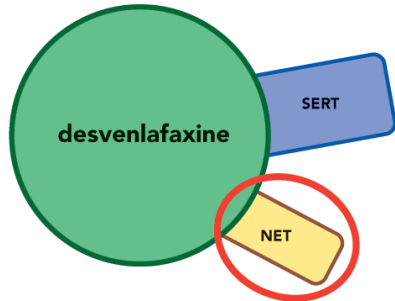
Venlafaxine

SE: ↑BP
Short half-life

Pt who **has**... vasomotor symptoms of menopause, good adherence

Remember to... monitor BP at initiation and increase, extended release formulation

desvenlafaxine

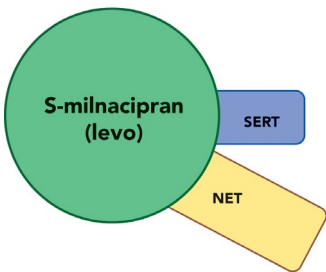


Desvenlafaxine

SE: ↑BP

Pt who **has**... 2D6 inhibitor medications
Remember to... monitor BP at initiation and increase

levomilnacipran: S-milnacipran



Levomilnacipran

Greatest NE:5HT
Most activating
SE: ↑BP

Pt who **has**... comorbid pain or ADHD
Pt who is **not**... anxious
Remember to... monitor BP at initiation and increase

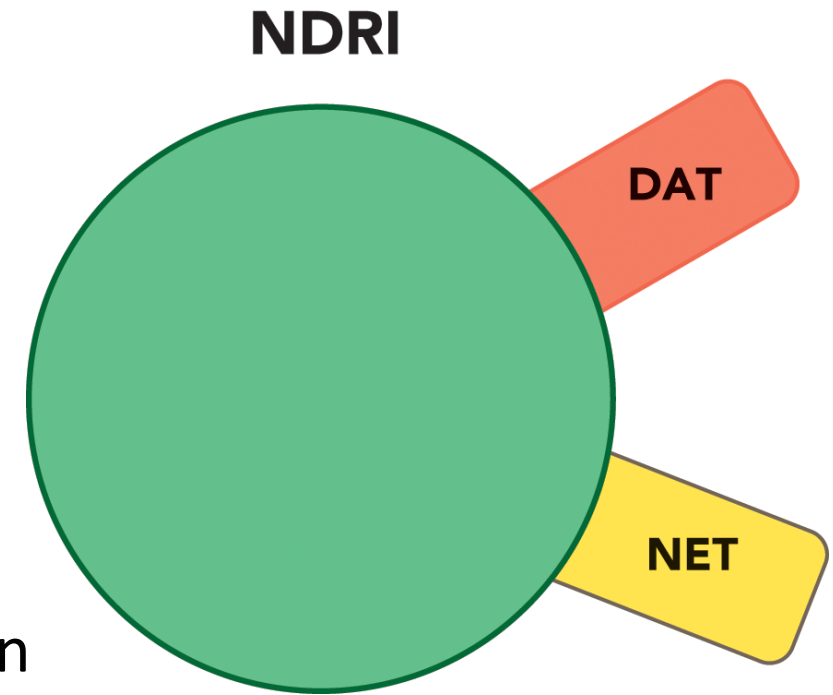
PATIENT WITH DEPRESSION



- Fatigued.
- Sleeping and eating a lot.
- Not anxious or restless.

BUPROPION

- Activating
- Monotherapy or augmentation
- Multiple indications
 - On-label: depressive disorders, smoking cessation
 - Off label: weight loss, ADHD, fatigue, SSRI-induced sexual dysfunction
- Extended release formulation
- Rare discontinuation syndrome
- Lowers seizure threshold in high risk patients
- Overdose: seizure, elevated BP and HR, arrhythmia



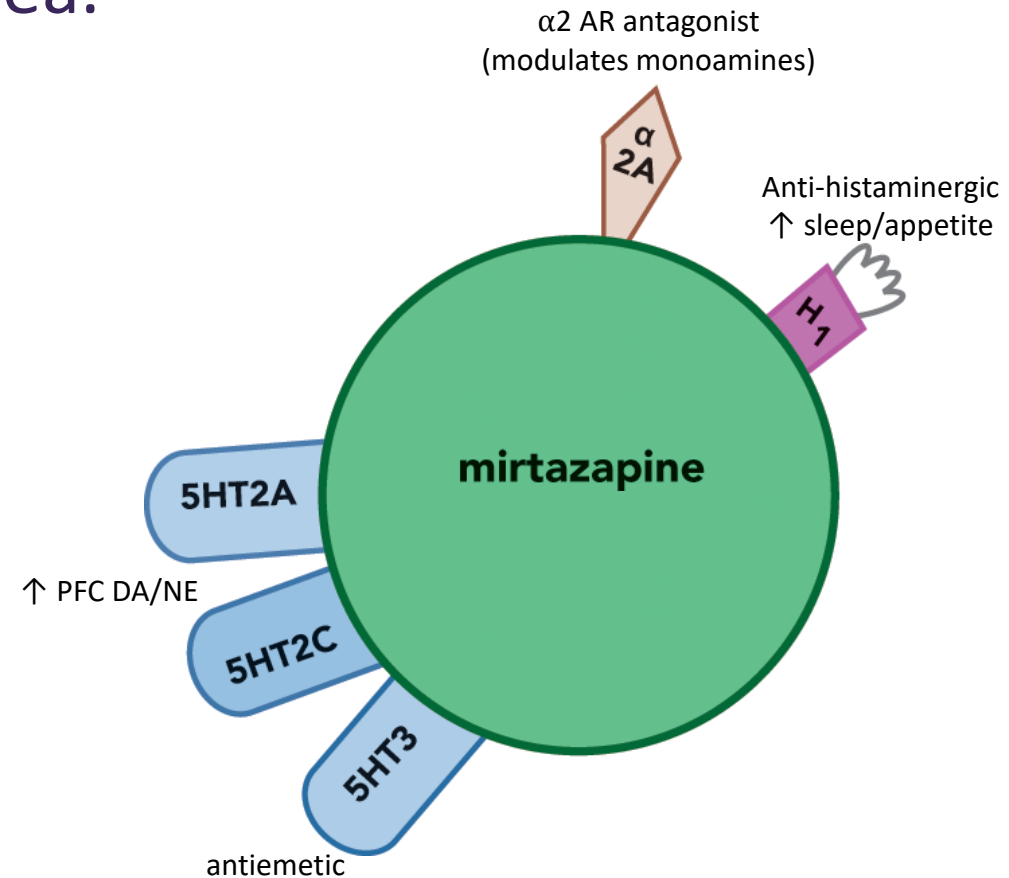
PATIENT WITH DEPRESSION



- Not sleeping
- Not eating

MIRTAZAPINE

- Increases sleep, appetite. Improves nausea.
- Dose dependent effects
 - 7.5mg-15mg = sleep and eat receptors
 - >15mg = mood/anxiety receptors
- No sexual side effects.
Might improve sexual side effects.
- Monotherapy or augmentation
- Safe
- Discontinuation syndrome



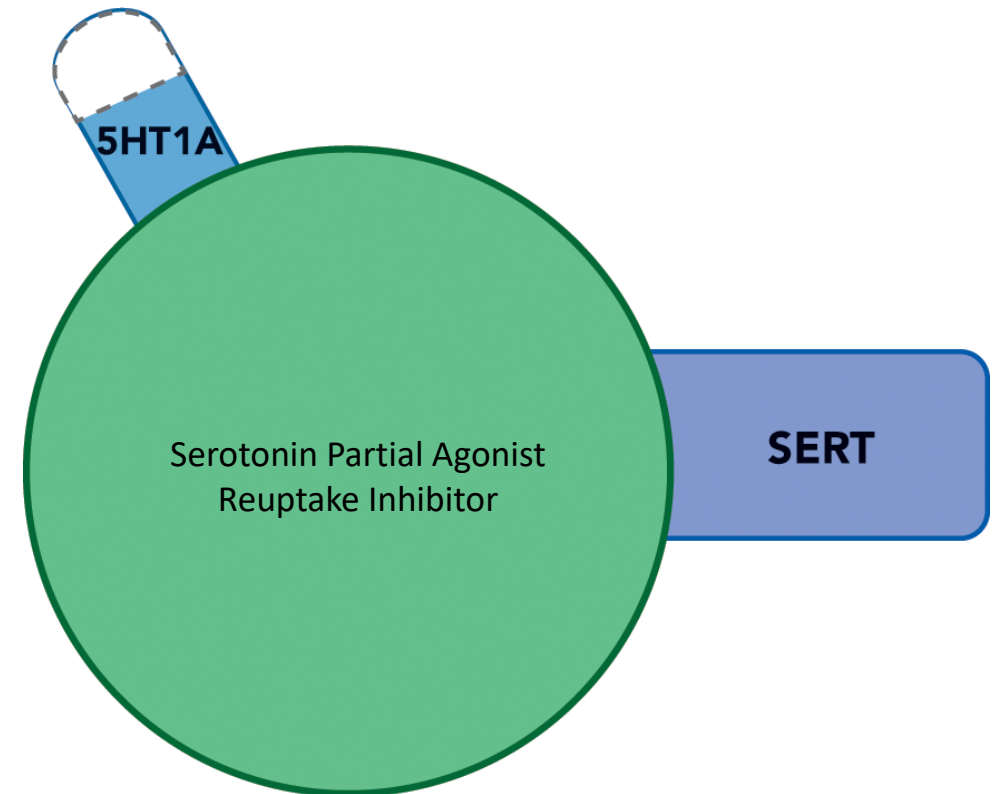
PATIENT WITH DEPRESSION



- Tried other things
- Other medications caused side effects
- Other medications had insufficient effectiveness

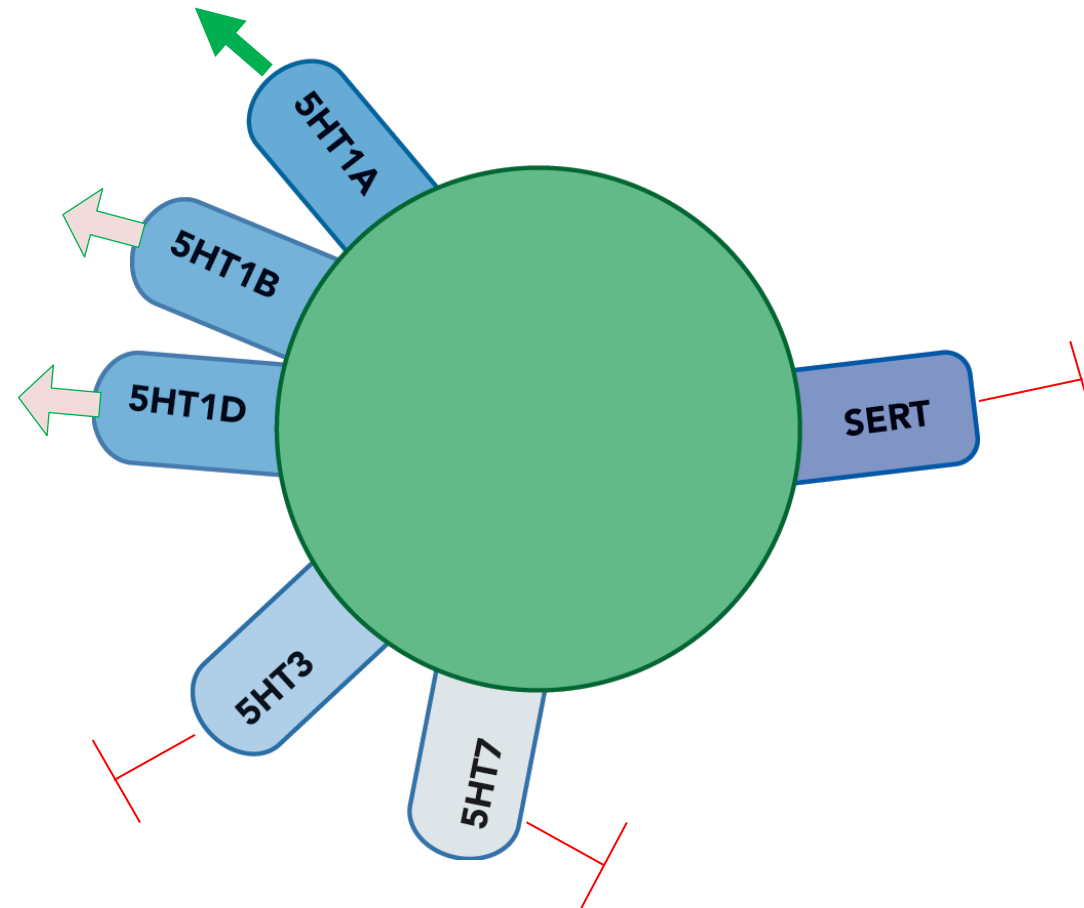
VILAZODONE

- Less sexual side effects
- More GI side effects



VORTIOXETINE

- Improves cognitive depressive symptoms



AUGMENTATION

Partial antidepressant effects with persistent...	Consider adding...
Hypersomnia, anergia, poor concentration, sexual side effects	bupropion
Insomnia, restlessness, low appetite, sexual side effects	mirtazapine
Anxiety, sexual side effects	buspirone
Insomnia	trazodone
Depression, anxiety	low dose second generation (atypical) antipsychotic
Depression, SI	lithium
Depression, hypersomnia, anergia, hyperphagia	T3 or levothyroxine

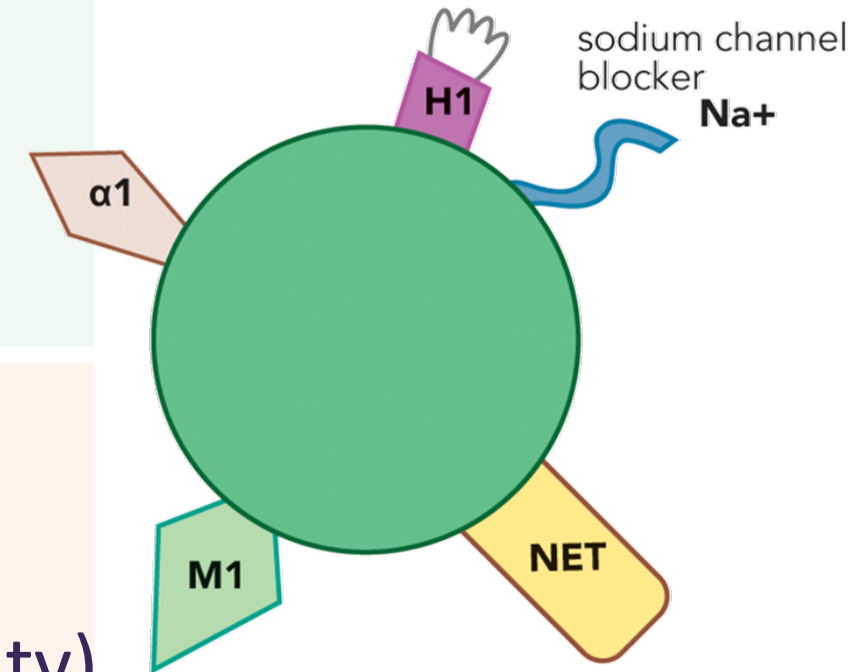
PATIENT WITH DEPRESSION



- Patient with a history of recurrent major depressive disorder complains of a recurrent depressive episode. Patient has been on numerous antidepressants from numerous classes. None have been effective, even in combination with each other. Their current depressive episode is significantly impairing their daily function though not imposing an imminent safety risk.
- Treatment resistant depression

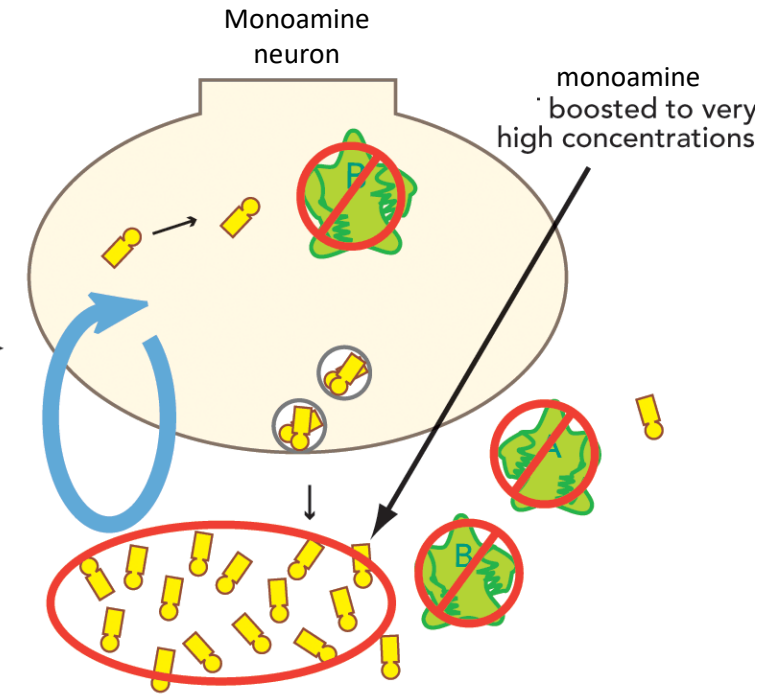
TRICYCLIC ANTIDEPRESSANTS

- Treatment resistant depression
- Multiple indications:
 - High doses: mood & anxiety disorders
 - Low doses: sleep, pain, functional GI
- Messy → side effects
- Discontinuation syndrome
- Lethal overdose (cardiotoxicity, neurotoxicity)



MONOAMINE OXIDASE INHIBITORS

- Treatment resistant depression
- MDD with “atypical features”
- High risk of serotonin syndrome and drug-drug interactions
- Dietary restrictions (low tyramine), risk of hypertensive crisis
- Messy → side effects
- Discontinuation syndrome, cannot cross-titrate
- Lethal overdose



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Practice

SELECT THAT ANTIDEPRESSANT

Patient with MDD and on multiple cardiac medications due to comorbid CAD s/p CABG, CHF, HTN, and HLD.

Which antidepressant would you choose first:

- A. Citalopram
- B. Amitriptyline
- C. Sertraline
- D. Venlafaxine

Patient with MDD and on multiple cardiac medications due to comorbid CAD s/p CABG, CHF, HTN, and HLD.

Which antidepressant would you choose first:

- A. Citalopram
- B. Amitriptyline
- C. Sertraline**
- D. Venlafaxine

Patient with MDD including passive SI and comorbid ADHD who is also on cyclobenzaprine and ibuprofen for chronic myofascial pain.

Which antidepressant class would you choose first:

- A. SSRI
- B. SNRI
- C. TCA
- D. Alpha-2 adrenergic antagonist

Patient with MDD including passive SI and comorbid ADHD who is also on cyclobenzaprine and ibuprofen for chronic myofascial pain.

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Patient with MDD already on the maximum dose of sertraline who had partial relief though still complains of excessive fatigue and has noticed the onset of anorgasmia since starting an SSRI.

What would you do next:

- A. Switch to paroxetine
- B. Increase sertraline dose
- C. Add quetiapine to sertraline
- D. Add bupropion to sertraline

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What would you do next:

- A. Switch to paroxetine
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Patient experiencing a moderate major depressive episode and moderate-severe generalized anxiety disorder with panic attacks.

Which medication would you start:

- A. Escitalopram
- B. Buspirone
- C. Bupropion
- D. Selegiline

Patient experiencing a moderate major depressive episode and moderate-severe generalized anxiety disorder with panic attacks.

Which medication would you start:

A. Escitalopram

B. Buspirone

C. Bupropion

D. Selegiline

Patient with MDD who has trouble falling asleep and has lost 6 pounds in the past 1 month.

Which antidepressant would you choose:

- A. Venlafaxine
- B. Mirtazapine
- C. Bupropion
- D. Fluoxetine

Patient with MDD who has trouble falling asleep and has lost 6 pounds in the past 1 month.

Which antidepressant would you choose:

- A. Venlafaxine
- B. Mirtazapine**
- C. Bupropion
- D. Fluoxetine

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