

# Louisiana Mental Health Perinatal Partnership:

## Antidepressant Medications

	Drug	Specific Drug Information	Side Effects	Dosing Notes
SSRI	<b>Sertraline</b> (Zoloft)	<b>First line in pregnancy and breastfeeding</b> due to minimal risk for interaction with other drugs, tolerability and low risk of neonatal discontinuation signs in infants born to treated pregnant women	<u>SSRI's Common:</u> nausea, diarrhea, headaches, tiredness; sexual side effects common- anorgasmia, low desire - sexual side effects may improve over months Side effects can occur in first two weeks then resolve, slowing down the dosage titration can improve tolerability .	Prescribe 50 mg tabs Start: ½ tab for 2 days, if no side effects, increase to 50 mg/day Increase by 25-50 mg/day Q 2 weeks until remission unless side effects occur Range: 50-200mg/day Average Therapeutic dosage : 100 mg
	<b>Escitalopram</b> (Lexapro)	Citalopram and Escitalopram are not recommended for patients with congenital long QT syndrome, bradycardia, hypokalemia, or hypomagnesemia, recent acute myocardial infarction, or uncompensated heart failure.	Nausea maybe more common with citalopram over escitalopram	Prescribe 10 mg tabs Start: ½ tab for 2 days, if no side effects increase to 10mg am Range: 10-20mg/day Average therapeutic dosage : 20 mg
	<b>Citalopram</b> (Celexa)	Monitoring EKG is required when prescribing citalopram for patients who are taking other drugs that prolong the QT interval (erythromycin, hydroxychloroquine, quetiapine, olanzapine, methadone). <b>Escitalopram more compatible with breastfeeding than citalopram and escitalopram is second line to sertraline for breastfeeding due to short ½ life</b>	Citalopram is less compatible with breastfeeding than escitalopram	Prescribe 20 mg tabs Start ½ tab for 2 days, if no side effects, increase to 20 mg QAM Range: 10-40 mg/day (20mg/day if hepatic impairment) Range: 20-40 mg/day
	<b>Fluoxetine</b> (Prozac)	More activating than other SSRIs; long half-life reduces withdrawal risk  Potent CYP 2D6 inhibitor; will increase the concentrations of other 2D6 substrates – e.g: metoprolol, metoclopramide, ondansetron, oxycodone; nortriptyline and amitriptyline. Decrease the initial dose of these drugs and assess effects or prescribe a different antidepressant.	Citalopram and breastfeeding : Infant drowsiness, fussiness, low weight gain and/or weight loss, poor sleep  <u>Rare Side Effects:</u> SSRI's can rarely induce <u>mania</u> , especially in women with risk for bipolar disorder. In women under 25, monitor for <u>suicidal ideations</u> with initiation and dose changes.	Prescribe 10 mg capsules Start 10 mg qam, if no side effects increase by 10 mg q week for first 3 weeks 4 <sup>th</sup> week prescribed 40 mg cap q am  Range: 20-60 mg Average therapeutic dosage : 40 mg
	<b>Paroxetine</b> (Paxil)	<b>Second line drug.</b> Anticholinergic; weight gain; significant withdrawal syndrome and neonatal discontinuation signs for infants of treated pregnant women Potent CYP 2D6 inhibitor (see fluoxetine)	Very rare but theoretically possible association with <u>bleeding risk</u> - should be considered when other drugs that affect bleeding risk.	Start: Prescribe 20 mg tabs Start: ½ tab for 2 days, if no side effects o 20mg/day; may be sedating and can be taken at HS Range: 20-60mg/day

SNRI	<b>Venlafaxine</b> (Effexor)	<b>Second line drug.</b> More activation and GI side effects than SSRIs; significant withdrawal syndrome even with missed doses and neonatal discontinuation signs for infants of treated pregnant women	Same as SSRIs May increase BP and heart rate	Start 37.3 XR QAM x 5 days, if no side effects then increase to 75 mg XR QAM x 5 days then 150mgXR qam Range 150-300mg/day
	<b>Duloxetine</b> (Cymbalta)	<b>Second line drug,</b> used more commonly in depression with chronic pain	Same as SSRI's.	Start: 30mg qday x 4 days then increase to 60mg qday Range: 60-120mg/day
Other	<b>Mirtazapine</b> (Remeron)	<b>Second line drug.</b> Sedating and appetite promoting; rarely associated with neutropenia An alternative drug for Hyperemesis gravidarum	Sedating; increases appetite Long term weight gain	Start: 15mg qhs x 3-5 days then increase to 30mg qhs Range: 30-60mg/day Use ODT when n/v or Hyperemesis present ( may need P.A.)
	<b>Bupropion</b> (Wellbutrin)	<b>Second line drug.</b> Contraindicated in seizure disorder, eating disorders, alcohol use disorders, and history of traumatic brain injury because it decreases seizure threshold; stimulating; less effective for anxiety disorders  Potent CYP 2D6 inhibitor; will increase in concentration for a few drugs commonly used by ob/gyns; see note under fluoxetine	Stimulating; may increase insomnia, anxiety initially May increase BP	Start: XL-150mg qam x 3-5 days then increase to 300mg qam Seizure risk increases above 300 mg Range: 300-450mg/day
Tricyclic	<b>Nortriptyline</b> (Pamelor)	Therapeutic plasma level is 50-150; preferably 80-120 ng/ml. Dose to plasma level is linear; for example, if 100 mg dose yields level of 60 ng/ml, 150 mg will yield 1.5 (60) or 90 ng/ml. Cardiac toxicity with overdose.		Start 25 mg at HS for 4 days, then increase to 50 mg for 4 days, then to 75 mg Check plasma level after 7 days at 12 hours post-dose and adjust dose.

**⚠️ \*Antidepressant Medication Warnings/Precautions:** 1) Potential **increased suicidality** at the start of treatment and with dose changes; if anxiety increases, dosage may be decreased and short term benzodiazepine may be considered for anxiety and sleep as dosage is slowly advanced. 2) If patient becomes **agitated or energized or has signs of mania**, discontinue the antidepressant and have patient contact prescriber; 3) **Discontinuation symptoms** (similar to flu) may occur with abrupt discontinuation of most medications.

**⚠️ About Serotonin Syndrome—overstimulation of serotonin receptors:** Serotonin syndrome symptoms usually occur within several hours of taking a new drug or increasing the dose. Signs and symptoms include: Agitation or restlessness, confusion, rapid heart rate and high blood pressure, dilated pupils, muscle incoordination, twitching or rigidity, heavy sweating, diarrhea, headache, shivering; if severe: high fever, seizures, cardiac conduction abnormalities; loss of consciousness. Mild to moderate cases can be treated with discontinuation of serotonergic agents plus cyproheptadine, 4 – 8 mg orally, which usually takes effect within a half hour may need to be repeated if symptoms recur.



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