

# Summary of doses and side effects

DRUG	STARTING DOSE	THERAPEUTIC DOSE <sup>a</sup>	Anticholinergic effects	Drowsiness	Agitation	GI distress	QTc prolongation
<b>SSRIs</b>							
citalopram (Celexa) <sup>a</sup>	10 mg	20 mg	●	●	●	●	●
escitalopram (Lexapro)	5-10 mg	10-20 mg	●	●	●	●	●
fluoxetine (Prozac) <sup>b</sup>	10 mg	40-60 mg	●	●	●	●	●
fluvoxamine (Luvox)	50 mg	100-200 mg	●	●	●	●	●
paroxetine (Paxil; Paxil CR) <sup>c</sup>	10 mg; 12.5 mg	50 mg; 62.5 mg	●	●	●	●	●
sertraline (Zoloft)	25-50 mg	50-200 mg	●	●	●	●	●
<b>SNRIs</b>							
duloxetine (Cymbalta)	20-30 mg	60 mg	●	●	●	●	●
levomilnacipran (Fetzima) <sup>d</sup>	20 mg	40-120 mg	●	●	●	●	●
venlafaxine (Effexor) <sup>d</sup>	37.5-75 mg	150 mg-225 mg	●	●	●	●	●
desvenlafaxine (Pristiq) <sup>d</sup>	25-50 mg	50-100 mg	●	●	●	●	●
<b>ATYPICAL ANTIDEPRESSANTS</b>							
bupropion XL (Wellbutrin XL) <sup>e</sup>	150 mg	300 mg	●	●	●	●	●
mirtazapine (Remeron)	7.5 mg	30 mg	●	●	●	●	●
<b>SEROTONIN MODULATORS</b>							
vilazodone (Viibryd)	10 mg	20 mg	●	●	●	●	●
vortioxetine (Trintellix)	5 mg	5-20 mg	●	●	●	●	●
<b>TCA's</b>							
amitriptyline (Elavil)	25 mg	100-300 mg	●	●	●	●	●
nortriptyline (Pamelor)	25-50 mg	75-100 mg	●	●	●	●	●
<b>OTHER</b>							
bupirone (Buspar) <sup>f</sup>	15-20 mg	10-60 mg	●	●	●	●	●

● = infrequent; ● = frequent; ● = very frequent or treatment limiting

<sup>a</sup> Black box warning caps dose at 20 mg per day

<sup>b</sup> Long half life may lead to accumulation

<sup>c</sup> Anticholinergic effects limit use in older patients

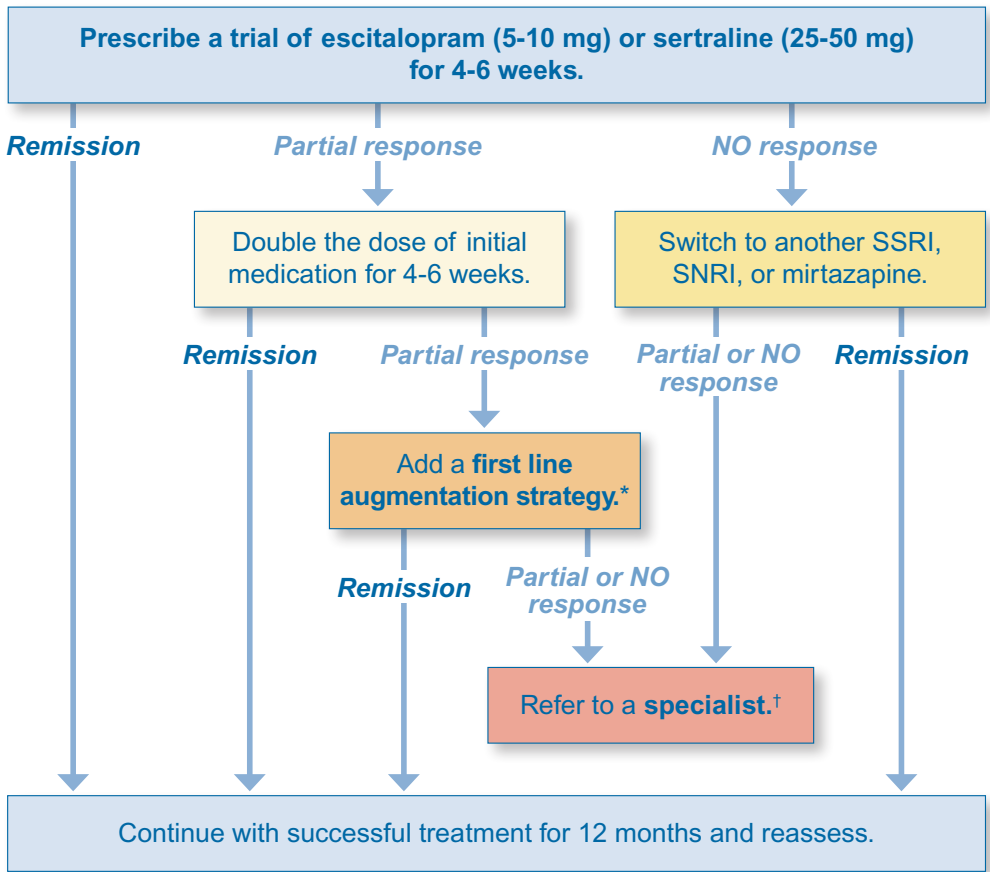
<sup>d</sup> Monitor for increases in blood pressure

<sup>e</sup> Avoid in patients with seizure risk

<sup>f</sup> Used for augmentation

<sup>g</sup> FDA-approved doses may exceed therapeutic dose

# An approach to drug therapy based on the STAR\*D trial<sup>1</sup>



**SSRI:** selective serotonin reuptake inhibitor; **SNRI:** serotonin norepinephrine reuptake inhibitor

\* **First line augmentation strategy:** bupropion (avoid in seizure risk); buspirone; psychotherapy

† **Specialist referral is indicated if:** treatment resistance; psychotic features; substance abuse; suicidal risk

Visit [AlosaHealth.org/Depression](https://www.AlosaHealth.org/Depression) for more information and resources

(1) Rush AJ, Trivedi MH, Wisniewski SR, et al. Acute and longer-term outcomes in depressed outpatients requiring one or several treatment steps: a STAR\*D report. *Am J Psychiatry*. 2006;163(11):1905-1917.



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These are general recommendations only; specific clinical decisions should be made by the treating physician based on an individual patient's clinical condition. These materials were made possible by the PACE Program of the Department of Aging of the Commonwealth of Pennsylvania. Links to references can be found at [AlosaHealth.org](https://www.AlosaHealth.org).