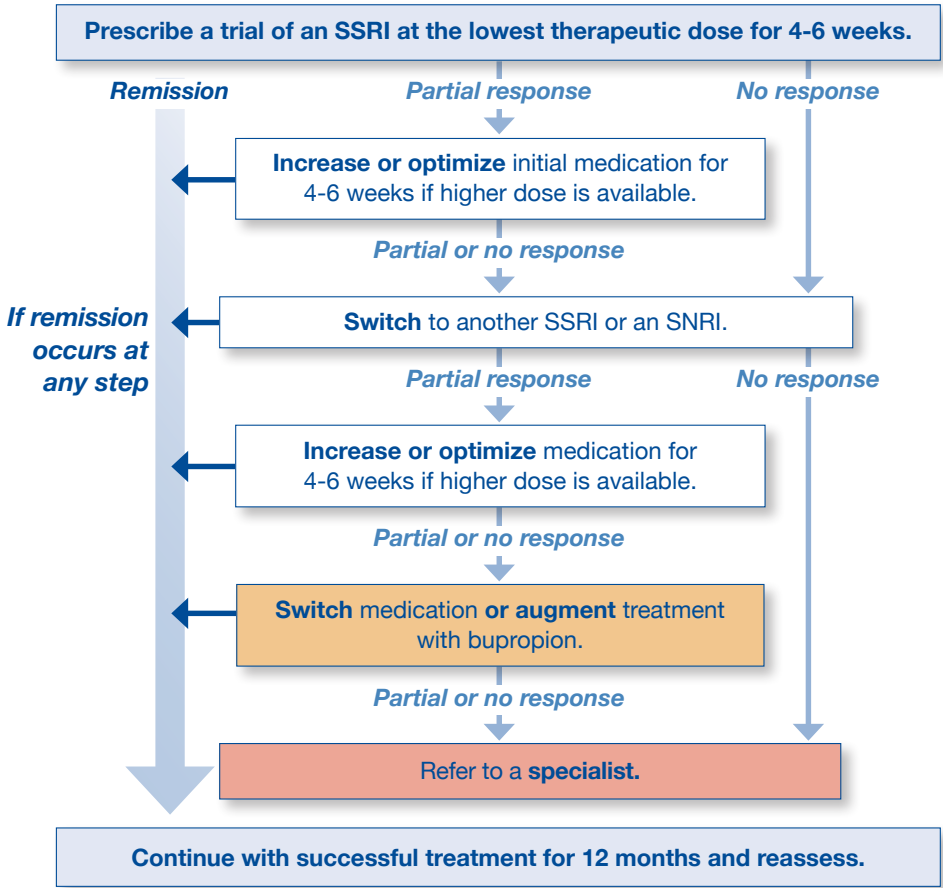


Summary of medications to treat depression^{1,2}

MEDICATIONS	STARTING DOSE	THERAPEUTIC DOSE	PRESCRIBING TIPS
Selective serotonin reuptake inhibitors (SSRIs)			
citalopram (Celexa)	20 mg	20 mg	<ul style="list-style-type: none"> • first-line medications because of a better safety profile compared to other antidepressants³
escitalopram (Lexapro)	5-10 mg	10-20 mg	
sertraline (Zoloft)	25-50 mg	50-200 mg	<ul style="list-style-type: none"> • citalopram and escitalopram can cause QTc prolongation
fluoxetine (Prozac)	10 mg	4-60 mg	<ul style="list-style-type: none"> • long half-life may lead to accumulation
paroxetine (Paxil)	10 mg	50 mg	<ul style="list-style-type: none"> • anticholinergic effects limit use in older adults
Serotonin norepinephrine reuptake inhibitors (SNRIs)			
duloxetine (Cymbalta)	20-30 mg	60 mg	<ul style="list-style-type: none"> • effective for co-occurring neuropathic pain
levomilnacipran (Fetzima)	20 mg	40-120 mg	<ul style="list-style-type: none"> • monitor for increase in blood pressure
venlafaxine (Effexor)	37.5-75 mg	150-225 mg	
desvenlafaxine (Pristiq)	25-50 mg	50-100 mg	
Atypical antidepressants			
bupropion XL (Wellbutrin XL)	150 mg	300 mg	<ul style="list-style-type: none"> • can improve energy and concentration • lowers appetite • helps with smoking cessation • avoid in patients with seizure risk
mirtazapine (Remeron)	7.5 mg	30 mg	<ul style="list-style-type: none"> • can improve appetite and sleep • may cause thrombocytopenia
Serotonin modulators			
trazodone (Desyrel)	75-150 mg	400 mg	<ul style="list-style-type: none"> • helps insomnia at low doses
vilazodone (Viibryd)	10 mg	20 mg	<ul style="list-style-type: none"> • limited data in older adults
vortioxetine (Trintellix)	5 mg	5-20 mg	
Tricyclic antidepressants (TCAs)			
amitriptyline (Elavil)	25 mg	100-300 mg	<ul style="list-style-type: none"> • may cause QTc prolongation, hypotension
nortriptyline (Pamelor)	25-50 mg	75-100 mg	<ul style="list-style-type: none"> • anticholinergic side effects limit use in older patients

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

An approach to medication for depression^{4,5}



- **Other augmentation strategies:**
 - buspirone
 - lithium
 - antipsychotics
- **Specialist referral is appropriate for persistent treatment resistant depression or at any stage if:**
 - psychotic features
 - substance use disorder
 - suicidal risk

(1) Cipriani A, et al. Comparative efficacy and acceptability of 21 antidepressant drugs for the acute treatment of adults with major depressive disorder: a systematic review and network meta-analysis. *Lancet*. 2018;391(10128): 1357-1366. (2) Tedeschi E, et al. Efficacy of antidepressants for late-life depression: a meta-analysis and meta-regression of placebo-controlled randomized trials. *J Clin Psychiatry*. 2011;72(12):1660-1668. (3) Sobieraj DM, et al. Adverse Effects of Pharmacologic Treatments of Major Depression in Older Adults. *J Am Geriatr Soc*. 2019;67(8):1571-1581. (4) Rush AJ, 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. (5) Canadian Coalition for Seniors' Mental Health. *Canadian guidelines on prevention, assessment and treatment of depression among older adults: 2021 guideline update*.



Pharmaceutical Assistance Contract for the Elderly

Balanced information for better care

These are general recommendations only; specific clinical decisions should be made by the treating clinician 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.