

Antidepressants for the Geriatric Population

Preferred Antidepressant	Therapeutic Dose Range (mg/day)	Initial Suggested Dose	Titration Schedule	Advantages	Disadvantages
<i>Selective Serotonin Reuptake Inhibitors (SSRIs)</i>					
Citalopram (Celexa)	10-40	10 mg daily with food	If no response after 3 wks, increase by 10 mg increments every 3 wks	Probably helpful for anxiety (all SSRIs). Low risk of CYP450 interactions.	Use with caution if history of hyponatremia or GI bleed (all SSRIs). Possible sexual dysfunction,
Escitalopram (Lexapro)	5-10	5 mg daily with food	Increase by 5 mg increments after at least one week of therapy	Same as above.	No generic available Possible sexual dysfunction
Sertraline (Zoloft)	25-200	25 mg daily with food. Alzheimer's Disease: 12.5 mg daily	If no response after 3 wks, increase by 25 mg increments every 3 wks	Low risk of CYP450 interactions, safety shown post MI,	Possible sexual dysfunction
<i>Norepinephrine and Dopamine Reuptake Inhibitor</i>					
Bupropion (Wellbutrin) Bupropion SR Bupropion XL [^]	100-300	IR: 37.5 mg twice daily SR: 100 mg once daily XL: 150 mg daily	IR: Increase 100 mgs every 3 to 4 days up to 150 mg bid SR: up to 300 mg/day given as 150 mg twice daily XL: up to 300 mg/day not to exceed 450 mg/day	May be activating. No risk of GI bleed or hyponatremia. May be better in Parkinson's. Minimal anticholinergic and blood pressure effects. Fewer or no sexual side effects	May lower seizure threshold over 300 mg. Avoid if seizure history, eating disorder, CNS lesions or trauma. May cause anxiety or insomnia, may be to activating
<i>Norepinephrine and Specific Serotonin and alpha 2 receptor blocker</i>					
Mirtazapine (Remeron)	15-45	7.5 mg q hs	If no response after 3 wks, increase by 7.5 mg increments every 3 weeks	May stimulate appetite. Sedating at low dose. Less sedation at higher dose. No sexual side effects	Sedating at low dose, good for poor sleepers, may cause weight gain
<i>Serotonin and Norepinephrine Reuptake Inhibitors (SNRI)</i>					
Duloxetine ^{**} (Cymbalta)	20-60	20 mg daily.	After 1 wk, increase to 20 mg bid. If no response after 3 weeks, 30 mg bid.	Also indicated for neuropathic pain, Generalized Anxiety Disorder and fibromyalgia.	No generic available Caution in narrow angle glaucoma, may increase blood pressure
<i>Serotonin and Norepinephrine Reuptake Inhibitors (SNRI)</i>					
Venlafaxine (Effexor, Effexor XR)	75-225	37.5 mgs for 7 days, then 75 mgs	Divide dose bid or tid unless XR. For XR increase by 75 mgs every 4 to 7 days	Generic available XR version can be taken once a day, Helpful for anxiety disorders. Possible fewer P450 drug interactions	May increase blood pressure at higher dosages. expensive
Desvenlafaxine ^{**} (Pristiq)	50	50 mgs	No benefit above 50 mg	No titration required	As above

Key: CR- controlled release; IR- immediate release; SR-sustained release; XL-extended release

[^] denotes non-preferred medication based on Medicare Part D Choice formulary

* Prior authorization is required

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Acceptable Antidepressant	Therapeutic Dose Range (mg/day)	Initial Suggested Dose	Titration Schedule	Advantages	
<i>Serotonin Reuptake Inhibitors (SSRIs)</i>					
Paroxetine (Paxil) Paxil CR^	10-40 CR: 12.5-50	10 mg daily with food or at bed if found to be sedating. CR: 12.5 mg daily	If no response after 3 wks, increase by 10 mg increments every 2 wks CR: Increase as needed by 12.5 mg weekly	May be sedating and helpful for sleep, approved for most anxiety disorders	Most anticholinergic of SSRIs. Inhibits CP450- 2D6, May cause GI distress, discontinuation syndrome
<i>Tricyclic Antidepressants</i>					
Imipramine (Tofranil)	50 to 150	25-50 mg at bedtime	Increase 10 to 25 mg weekly to 150 mg	Effective for neuropathic pain. Serum drug levels can guide dosing	Anticholinergic, can exacerbate cardiac conduction problems. Use with caution if history or urinary retention or glaucoma. Lethal in overdose
Desipramine (Norpramin) Nortriptyline (Pamelor)	75 to 150 30-50	10 to 25 mg hs 10 to 25 mg hs	Increase 10 to 25 weekly Nortriptyline not to exceed 150 mg/day	As above, Best tolerated TCAs in geriatric population Serum drug levels guide dosing	As above.
<i>Monoamine Oxidase Inhibitors</i>					
Phenelzine (Nardil)	15 to 60 /day in 3 to 4 divided dosages	7.5-15 mg/day	Increase 7.5 to 15 day every 3 to 4 days	Effective for some refractory cases.	Strict dietary restrictions, risk of hypertensive crisis from tyramine, potential for serious drug-drug interactions. Postural hypotension common. Highly effective if tolerate
Tranlycypromine (Parnate)	30-60 in divided doses	30 mg/day in divided doses	If no improvement in 2-3 weeks, increase dose by 10 mg/day at 2-3 week intervals	Same as above	
Selegiline (Eldepryl)	7.5-30	7.5 mg/day	Titrate cautiously and not to exceed 10 mg/day	Selegiline available as transdermal patch (Emsam).	
Selegiline (Emsam)^	Patch: 6-12 mg/24 hours	Patch: 6 mg/24 hours	Patch: 3 mg/24hours no more than every 2 weeks	No dietary restriction at 6 mg dose patch	No generic available

Not Recommended Antidepressant	Therapeutic Dose Range (mg/day)	Initial Suggested Dose	Titration Schedule	Advantages	Disadvantages
<i>Serotonin Reuptake Inhibitors (SSRIs)</i>					
Fluoxetine (Prozac)	10-60	10 mg daily for 4 to 6 weeks.	If no response after 4 to 6 wks, increase by 10 mg increments every 4 wks	Helpful for OCD and most anxiety disorders. Very long half-life good for poor compliers.	Inhibits CP450 2D6 (e.g. metoprolol, codeine, risperidone, trazodone). May be stimulating, higher incidence of insomnia, possible sexual dysfunction
<i>Tricyclic Antidepressants</i>					
Amitriptyline (Elavil)	10 to 150	10-25 mg HS	Increase 10 to 25 mgs weekly up to 150 mg for Elavil, 200 for Sinequan	Elavil may be effective for neuropathic pain. Serum drug levels guide dosing.	Highly anticholinergic, and antihistaminic. Use with caution if any h/o of urinary retention/ glaucoma or cardiac conduction problems. Multiple drug interactions. Very sedating, lethal in overdose.
Doxepin (Sinequan)	50 to 100	10 to 25 mg HS			