NHS Grampian Guidance for Initiating Antidepressants

This has been developed to help the clinicians decide on appropriate choice of antidepressant from the NHS Grampian Joint Formulary.

Starting: Preparations requiring once daily dosing and minimal titration are preferred. Also consider side effect profile/tolerability, lethality in overdose and cost.

Continuing: At initiation of treatment, review should occur every one to two weeks to assess response, monitor side effects and encourage compliance. If no response to maximum tolerated dose (or inadequate partial response) after 4-6 weeks, consider changing to a different drug. Refer to secondary care after failed trial of two different antidepressants. Earlier referral to secondary care could be considered, especially if there is a serious suicide risk in major depression or if psychosis is present. If suicidal ideas present, consider weekly dispensing of prescriptions.

Treatment should continue for 6-12 months after symptom resolution. Treatment should continue indefinitely if depressive episodes are recurrent.

Please note - If the patient has responded to a preparation in a previous episode of depression, then this preparation should be used again, unless there are compelling reasons to avoid it.

Warning - Paroxetine and venlafaxine are particularly associated with discontinuation syndrome, and they should be reserved for specialist use. Tricyclic antidepressants should, in most cases, be avoided on grounds of toxicity in overdose.

Comorbidity | Antidepressant | Comments
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No comorbidity | Fluoxetine | Consider mirtazapine or short term benzodiazepine if sedation required
| Sertraline | | |
Elderly | Mirtazapine | Sertraline is the drug of choice post MI
| | Avoid tricyclics; Caution with citalopram (risk of QTc prolongation)
Cardiovascular disease | Sertraline | Dose reduction may be necessary
| Mirtazapine | Avoid fluoxetine, lofepramine and venlafaxine
Renal impairment | Sertraline | | Renal registrar on call - bleep 2451 or Renal Consultant - bleep 3116
Severe renal disease (GFR <10mLs/ min) | Seek specialist advice | |
Hepatic impairment | Paroxetine | Dose reduction may be necessary
Severe hepatic disease, i.e. decompensated hepatic impairment | Seek specialist advice | Avoid tricyclics
| Contact Consultant GI secretary Ext. 52287 | |
Epilepsy | Citalopram | Avoid tricyclics
| (See prescribing restrictions)\(^2\) | Seizure risk dose related
Pregnancy | Seek specialist advice | Avoid paroxetine. Contact Consultant Psychiatrist secretary Ext. 57520
Breast feeding | Sertraline | Refer to latest NICE and SIGN Guidelines
Sexual dysfunction | Mirtazapine | |
| Reboxetine | | |
Children and Adolescents under 18 years | Fluoxetine | The CSM has advised that the balance of risks and benefits is considered unfavourable for other SSRIs, venlafaxine and mirtazapine. Consider specialist advice.

References:
5. National Institute for Health and Clinical Excellence Publication 90 Depression in Adults October 2009 (Updated April 2016)
6. National Institute for Health and Clinical Excellence Publication 91 Depression in Adults with Chronic Physical Health Problems October 2009