



# THE TABLET: PALLIATIVE CARE PHARMACY TIPS

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## TODAY'S TOPIC: Antidepressant Class Review

### Background:

Antidepressants have been used to treat depression, anxiety, neuropathic pain, fibromyalgia, and other symptoms in palliative care patients. Many different classes such as SSRIs, SNRIs, TCAs, etc. exist. Each antidepressant has unique properties that can make it the best fit for a patient.

### Importance:

Palliative care clinicians should be aware of the individual characteristics of commonly used antidepressant medications to choose the most appropriate medication for their patients. For example, TCAs are considered potentially inappropriate medications in a geriatric populace and bupropion lowers the seizure threshold. It is also important to remember that antidepressants may take a few weeks to exhibit their effects.

### The Literature:

Many resources exist that review the use of different classes of antidepressants. The table below can act as a guide to help clinicians with their initial choice of antidepressants therapy. This list is not comprehensive, and references accessed are listed at the end of this guide.

	Available Formulations	Metabolism (Main)	Dosing Adjustments
<b>SSRI</b>			
<b>Sertraline</b>	Capsule, oral concentrate, tablet	Hepatic; CYP3A4	Dose adjust in hepatic impairment
<b>Citalopram</b>	Capsule, solution, tablet	Hepatic; CYP2C19, 3A4	
<b>Escitalopram</b>	Tablet, solution	Hepatic; CYP2C19, 3A4	Dose adjust in renal and hepatic impairment
<b>Fluvoxamine</b>	Capsule ER 24H, tablet	Hepatic; CYP2C9/10, 2C19, 3A4	No adjustment
<b>Paroxetine</b>	Capsule, suspension, tablet, tablet ER 24H	Hepatic; CYP2D6	Dose adjust in renal and hepatic impairment
<b>Fluoxetine</b>	Capsule, Capsule delayed release, solution, tablet	Hepatic; CYP2D6	Dose adjust in hepatic impairment
<b>SNRI</b>			
<b>Venlafaxine</b>	Capsule ER 24H, tablet, tablet ER 24H	Hepatic; CYP2C19, 3A4	Dose adjust in renal and hepatic impairment
<b>Duloxetine</b>	Capsule delayed release particles and sprinkle	Hepatic; CYP1A2, 2D6	Avoid use in renal and hepatic impairment
<b>TCA</b>			
<b>Amitriptyline</b>	Tablet	Hepatic; CYP2D6; 2C19	Dose adjust in hepatic impairment
<b>Nortriptyline</b>	Capsule, solution	Hepatic; CYP2D6	
<b>Doxepin</b>	Capsule, tablet, oral concentrate	Hepatic; CYP2C19; 2D6	
<b>Misc.</b>			
<b>Mirtazapine</b>	Tablet, ODT	Hepatic; CYP1A2, 2D6, 3A4, demethylation, and hydroxylation	Dose adjust in renal and hepatic impairment
<b>Trazodone</b>	Tablet	Hepatic; CYP3A4	Dose adjust in renal impairment
<b>Bupropion</b>	Tablet, Tablet ER 12H, Tablet ER 24H	Hepatic; 2B6; Oxidation	

### Side Effects:

	Unique Side Effects	Class Side Effects
<b>SSRI</b>		
<b>Sertraline</b>	GI upset (diarrhea, nausea)	Serotonin syndrome, bleeding risk, bone fractures, hyponatremia, acute angle-closure glaucoma, sexual dysfunction
<b>Citalopram</b>	Highest risk of QTc prolongation* (max dose in geriatric patients 20mg/day)	
<b>Escitalopram</b>	AUC and half-life increased in geriatric patients ~50%	
<b>Fluvoxamine</b>	High risk GI upset	
<b>Paroxetine</b>	Most sedating, highest anticholinergic burden; increased risk of falls	
<b>Fluoxetine</b>	Activating; long half-life and can safe taper	
<b>SNRI</b>		
<b>Venlafaxine</b>	Nausea, weight loss	Nausea, dry mouth, dizziness, headache, excessive sweating, bleed risk, serotonin syndrome, increased blood pressure, hyponatremia
<b>Duloxetine</b>	Benefit does not outweigh risk of side effects at doses >60mg	
<b>TCA</b>		
<b>Amitriptyline</b>	Strongest anticholinergic properties in TCA class	Beers Criteria Anticholinergic, orthostatic hypotension, dizziness, QTC prolongation
<b>Nortriptyline</b>	Metabolites have been associated with cardiac toxicity	
<b>Doxepin</b>	Sedating; leading to increased risk of falls	
<b>Misc.</b>		
<b>Mirtazapine</b>	Beers Criteria Anticholinergic, drowsiness, orthostatic hypotension, sedation, weight gain, increased serum cholesterol, constipation, xerostomia	
<b>Trazodone</b>	Orthostatic hypotension, headache, fatigue, dizziness, drowsiness, QTC prolongation, serotonin syndrome	
<b>Bupropion</b>	Energizing, lowers seizure threshold, agitation, tachycardia, weight loss, constipation, nausea	

\*See separate Tablet Article (V1N8) focusing on QTC prolongation with antidepressants

### Bottom Line:

You can utilize individual properties of antidepressants to aid in your selection for your patients while considering patient-specific factors

**CLINICAL PEARL:** You can utilize individual properties of antidepressants to aid in your selection while considering patient-specific factors

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