

## Selective Serotonin Reuptake Inhibitors (SSRIs) Antidepressants

| Medication*                | Initial oral dose (mg) | Dosing Frequency | Formulation  | Titration dose (mg) and schedule | Average Total | Common Side Effects  | Medication Administration   |
|----------------------------|------------------------|------------------|--|----------------------------------|---------------|--|---|
| citalopram<br>(Celexa)     | 5-10                   | daily in am      | <ul style="list-style-type: none"> <li>tablet</li> </ul>                                 | 10<br><br>weekly                 | 20            | <ul style="list-style-type: none"> <li>headache</li> <li>nausea</li> <li>diarrhea</li> <li>sweating</li> <li>insomnia</li> </ul> | <ul style="list-style-type: none"> <li>give with food to minimize GI upset.</li> <li>give in am</li> <li>tablets may be split for lower incremental doses</li> </ul>      |
| escitalopram<br>(Cipralex) | 5                      | daily in am      | <ul style="list-style-type: none"> <li>tablet</li> <li>oral dissolving tablet</li> </ul> | 5<br><br>weekly                  | 10            | <ul style="list-style-type: none"> <li>as above</li> </ul>   | <ul style="list-style-type: none"> <li>give with food to minimize GI upset.</li> <li>give in am</li> <li>tablets may be split, oral dissolving tablets cannot.</li> </ul> |
| sertraline<br>(Zoloft)     | 25                     | daily            | <ul style="list-style-type: none"> <li>capsule</li> </ul>                                | 25<br><br>weekly                 | 100           | <ul style="list-style-type: none"> <li>as above</li> </ul>   | <ul style="list-style-type: none"> <li>give with food to minimize GI upset.</li> <li>may open capsule to mix with food (check with pharmacist)</li> </ul>                 |
| Other                      |                        |                  |  |                                  |               |  |   |

\*Please consult with the product monograph for more detailed information.

### 1. Key Messages/Considerations :

- Start low and go slow
- Strive for a good clinical trial – increase dose only until clinical effectiveness is achieved;
- Additional less frequent side effects may include: Risk of QTc prolongation most notably in high doses for citalopram, tardive dyskinesia, risk of GI bleed, falls, hyponatremia, extrapyramidal side effects (EPS);
- Monitor for low sodium (hyponatraemia) especially if also taking a diuretic;

- Reassess the need for continued therapy;
- Withdraw gradually after prolonged use to avoid discontinuation syndrome.

## 2. **References and other medication information:**

- Canadian Consensus Conference on Diagnosis and Treatment of Dementia (CCCDTD4), 2012, retrieved July 30<sup>th</sup>, 2013 online from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3516356/> .
- Clinical Handbook of Psychotropic Drugs, 18<sup>th</sup> Edition. (2009) Hogrefe and Huber.
- CPS - Compendium of Pharmaceutical and Specialities (2013).
- Lexicomp online drug information ([www.online.lexi.com](http://www.online.lexi.com)).
- P.I.E.C.E.S. Psychotropic Template (2009), retrieved online June 14<sup>th</sup>, 2013 from [http://www.piecescanada.com/pdf/Psychotropic\\_Template\\_Jan09.pdf](http://www.piecescanada.com/pdf/Psychotropic_Template_Jan09.pdf)
- Stahl, Steven M (2007) Essential Psychopharmacology: The Prescriber's Guide. Cambridge University Press.
- Tool on Pharmacological Treatment of Behavioral Symptoms of Dementia in Long Term Care Facilities for Older Adults, based on: Canadian Coalition for Seniors' Mental Health (CCSMH) National Guidelines: The Assessment and Treatment of Mental Health Issues in Long Term Care Homes, retrieved online May 30<sup>th</sup> , 2013 from: [http://www.ccsmh.ca/pdf/ccsmh\\_ltc\\_meds\\_front.pdf](http://www.ccsmh.ca/pdf/ccsmh_ltc_meds_front.pdf).