Serotonin Norepinephrine Reuptake Inhibitor (SNRI) Antidepressants

| Medication*                 | Initial   | Dosing       | Formulation                             | Titration       | Average  | Common  | Medication   |
|-----------------------------|-----------|--------------|---|-----------------|--|---|--|
|                             | oral dose | Frequency    |   | Dose (mg)       | Total per day  | Side Effects  | Administration   |
|                             | (mg)      |              |   | and             | (mg)   |   |  |
|                             |           |              |   | Schedule        |  |   |  |
| venlafaxine XR<br>(Effexor) | 37.5      | daily in am  | XR<br>(extended<br>release)<br>capsules | 37.5<br>qweekly | 150<br>Use lower<br>doses of   | <ul><li>nausea</li><li>headache</li><li>insomnia</li></ul>                                  | <ul> <li>do not crush capsules<br/>or beads inside.</li> <li>may open capsule<br/>and sprinkle on food,</li> </ul> |
|                             |           |              | capsules                                |                 | venlafaxine in<br>renal and<br>hepatic<br>impairment   | <ul><li>nervousness</li><li>sweating</li><li>hypertension<br/>at higher<br/>doses</li></ul> | (check with pharmacist), then swallow immediately  |
| duloxetine                  | 30        | daily to bid | Delayed release                         | 30              | 60   | <ul><li>nausea</li><li>dizziness</li></ul>  | as above   |
| (Cymbalta)                  |           |              | capsules                                | qweekly         | Do not use duloxetine in patients with creatinine clearance less than 30 ml/min or any hepatic insufficiency | <ul><li>sweating</li><li>constipation</li></ul>   |  |
| Other                       |           |              |   |                 |  |   |  |

<sup>\*</sup>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;
- BP should be monitored for potential hypertension;

- Duloxetine may also be helpful in the treatment of certain chronic pain syndromes;
- 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 (<u>www.online.lexi.com</u>).
- 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
- 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.