

Medication Examples for BPSD – Depression

| Medication* | Initial Oral Dose (mg) | Dosing Frequency | Formulation | Titration Dose (mg) & Schedule | Average Total Daily Dose (mg) | Common Side Effects | Medication Administration |
|--------------|------------------------|------------------|--|--------------------------------|-------------------------------|--|--|
| Citalopram | 5 – 10 | qam | <ul style="list-style-type: none"> tablet | 5 – 10 weekly | 20 | <ul style="list-style-type: none"> headache nausea diarrhea sweating insomnia see Key Messages for further side effects | <ul style="list-style-type: none"> give with food to minimize GI upset tablets may be split decrease dose if hepatic impairment |
| Escitalopram | 5 | qam | <ul style="list-style-type: none"> tablet oral dissolving tablet | 5 weekly | 10 | <ul style="list-style-type: none"> headache nausea diarrhea sweating insomnia see Key Messages for further side effects | <ul style="list-style-type: none"> give with food to minimize GI upset tablets may be split oral dissolving tablets cannot be split |
| Sertraline | 25 | qam | <ul style="list-style-type: none"> capsule | 25 weekly | 150 | <ul style="list-style-type: none"> as above see Key Messages for further side effects | <ul style="list-style-type: none"> give with food to minimize GI upset decrease dose if hepatic impairment |
| Mirtazapine | 7.5 – 15 | qhs | <ul style="list-style-type: none"> tablet rapid dissolve wafer | 15 weekly | 45 | <ul style="list-style-type: none"> sedation increased appetite weight gain dry mouth constipation dizziness hypotension see Key Messages for further side effects | <ul style="list-style-type: none"> sedative effect may onset quickly 15mg tablet may be split for 7.5mg dose oral dissolving tablets cannot be split decrease dose if hepatic and/or renal impairment |
| Venlafaxine | 37.5 | qam | <ul style="list-style-type: none"> XR capsules (extended release) | 37.5 weekly | 150 | <ul style="list-style-type: none"> nausea headache insomnia nervousness sweating hypertension see Key Messages for further side effects | <ul style="list-style-type: none"> do not crush capsules or beads inside may open capsule and sprinkle on food (check with pharmacist), then swallow immediately decrease dose if hepatic and/or renal impairment |

| Medication* | Initial Oral Dose (mg) | Dosing Frequency | Formulation | Titration Dose (mg) & Schedule | Average Total Daily Dose (mg) | Common Side Effects | Medication Administration |
|-------------|------------------------|------------------|--|--------------------------------|-------------------------------|--|--|
| Duloxetine | 30 | daily to bid | <ul style="list-style-type: none"> capsules | 30 weekly | 60 | <ul style="list-style-type: none"> nausea headache insomnia dizziness sweating constipation urinary retention see Key Messages for further side effects | <ul style="list-style-type: none"> do not crush capsules or beads inside may open capsule and sprinkle on food (check with pharmacist), then swallow immediately avoid use of duloxetine in patients with severe renal impairment avoid use of duloxetine in patients with hepatic insufficiency |
| Other | | | | | | | |

* We recognize that some of the medications listed here could potentially be used for off-label use. Refer to Health Canada's Drug Product Database for labelled indications at: <https://www.canada.ca/en/>.

Key Messages/Considerations

- Ensure comprehensive non-pharmacologic treatment plan has been tried.
- Rule out pain as a contributing factor for BPSD.
- Start low and go slow.
- Strive for a good clinical trial. Increase dose only until clinical effectiveness is achieved.
- Monitor for adverse effects especially when combining medications. Review potential for drug-drug interactions with the addition of any new medication.
- Citalopram, Escitalopram and Sertraline are known as Selective Serotonin Receptor Inhibitors (SSRIs).
 - Additional less frequent side effects of SSRI antidepressants may include: hyponatremia (monitor for low sodium especially if also taking a diuretic), risk of Syndrome of Inappropriate Anti-diuretic Hormone (SIADH) higher in older adults, extrapyramidal side effects (EPS), risk of falls, risk of GI bleed, sexual dysfunction and QTc prolongation. (Health Canada Black Box warning for Citalopram and Escitalopram. 2012. <https://www.healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2012/14672a-eng.php>).
 - Monitor for signs of Serotonin Syndrome.

- Mirtazapine is a Noradrenergic/Specific Serotonergic Antidepressant (NaSSA). It has anxiolytic effects.
- Venlafaxine and Duloxetine are Serotonin Norepinephrine Reuptake Inhibitors (SNRI).
 - Additional less frequent side effects of SNRI antidepressants may include: hyponatremia (monitor for low sodium especially if also taking a diuretic), risk of Syndrome of Inappropriate Anti-diuretic Hormone (SIADH) higher in older adults, sexual dysfunction and dose dependent increase in blood pressure.
 - Monitor for signs of Serotonin Syndrome.
- Duloxetine may also be helpful in the treatment of certain chronic pain syndromes. Refer to Health Canada's Drug Product Database for labelled indications.
- Withdraw antidepressants gradually after prolonged use to avoid discontinuation syndrome.
- Reassess need for continued therapy.

References

- Clinical Handbook of Psychotropic Drugs, 22th Edition. (2017) Hogrefe and Huber.
- Conn D, Gibson M, & McCabe D. (2014). 2014 CCSMH Guideline Update-The Assessment and Treatment of Mental Health Issues in Long Term Care Homes: (Focus on Mood and Behaviour Symptoms). Toronto: Canadian Coalition for Seniors' Mental Health (CCSMH), www.ccsmh.ca.
- CPS- Compendium of Pharmaceutical and Specialties .2019
- Herrmann N, Lanctôt KL, Hogan DB. Pharmacological recommendations for the symptomatic treatment of dementia: the Canadian Consensus Conference on the diagnosis and treatment of dementia 2012. Alzheimer's Res Ther 2013; 5(Suppl 1):S5.
- Kennedy S, Lam R, McIntyre R et al. Canadian Network for Mood and Anxiety Treatments (CANMAT) Clinical Guidelines for the Management of Adults with Major Depressive Disorder. 2016; Can Jn Psych September, 2016 (theme issue).
- P.I.E.C.E.S.TM Canada Consult Group. P.I.E.C.E.S.TM Learning and Development Model Psychotropic Framework. October 2016 www.pieceslearning.com.
- Stahl, Steven M (2017) Essential Psychopharmacology: The Prescriber's Guide. 6th Edition. Cambridge University Press.