

Medication in depression/anxiety

Discuss with the person and decide together whether to prescribe antidepressants

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| Mild to moderate depression: | Often no pharmacological treatment necessary but depends on length of symptoms, impact on life etc |
| Moderate to severe depression: | Pharmacological treatment recommended, especially if there are thoughts of suicide |
| If predominantly anxiety/panic: | medication can be useful to help with symptoms, start with low dose |

- Explain:
- It is important to take the medication every day as prescribed
 - It takes a few weeks to see improvement in mood, interest or energy
 - Some side effects may be experienced in the first few days but they usually resolve
 - Anxiety symptoms can actually worsen before starting to improve (usually just a few days)
 - Medication should continue for at least 6 months (or better 1 year) after improvement
 - Medication is not addictive
 - Medication should not be stopped suddenly, but little by little with the doctor's supervision

MEDICATION	DOSING	SIDE EFFECTS	CAUTIONS
FLUOXETINE (a selective serotonin reuptake inhibitor = SSRI)	<p>Start 10 mg daily for one week then 20 mg daily. If no response in 6 weeks, increase to 40 mg</p> <p>Elderly/medically ill: preferred choice. Start 10 mg daily, then increase to 20 mg if no response in 6 weeks</p> <p>Adolescents Start 10 mg daily. Increase to 20 mg daily if no response in 6 weeks</p>	<p>Common: restlessness, nervousness, insomnia, headache, dizziness, gastrointestinal disturbances, changes in appetite, and sexual dysfunction.</p> <p>Serious: bleeding abnormalities in those who use aspirin or other non-steroidal anti-inflammatory drugs, low sodium levels.</p>	<p>Caution in persons with history of seizure. Drug-Drug interactions: Avoid combination with warfarin (may increase bleeding risk). May increase levels of TCAs, antipsychotics, and beta-blockers. Caution in combination with tamoxifen, codeine, and tramadol (reduces the effect of these drugs).</p>

- **If not improving** after an increase in fluoxetine dose, then **discuss with consultant** in order to review diagnosis and to consider a further increase in dose or a switch to an alternative treatment.
- If fluoxetine is not affordable or available, then amitriptyline can be considered in some patients, but **discuss with consultant**.
- **Other possible medication**
 - Diazepam - if severe anxiety, can use for a few days (<2 weeks). (Risk of addiction if longer).
Diazepam 2.5mg qds prn
 - Beta-blockers (propranolol or atenolol) can be useful if symptoms of anxiety with palpitations, or chronic headaches
- **The end of treatment**
Consider stopping antidepressants after the person has been free of depressive symptoms for 6-9 months AND has been performing their usual activities during this time.
Discuss with consultant if considering stopping medication
Medication needs to be stopped gradually

Discuss with consultant if:

- suicidal ideation
- unsure about diagnosis
- not improving with treatment
- Fluoxetine not affordable or available
- pregnant or breast-feeding
- age under 18 years
- considering stopping medication