Antidepressant Drugs

Step 1
MAKE A DIAGNOSIS

Step 2
CHOOSE MODALITY OF TREATMENT

Step 3
LIST CLASSES OF ANTIDEPRESSANTS

Step 4
CHOOSE ANTIDEPRESSANT

Step 5
DETERMINE TREATMENT DURATION

Antidepressants treat Depression

- Diagnosis must be correct. Major Depressive Disorder is a pathological condition.
- Must exclude:

  a) A general medical condition - anaemia, hypothyroidism which may cause depression;

  b) Grief/sadness appropriate to loss;

  c) Over-reaction or a maladaptive reaction to a stressor.

STEP 2 - TREATMENT MODALITIES

1) Antidepressants
2) Psychotherapy
3) Both of the above
4) ECT
5) Other e.g. phototherapy

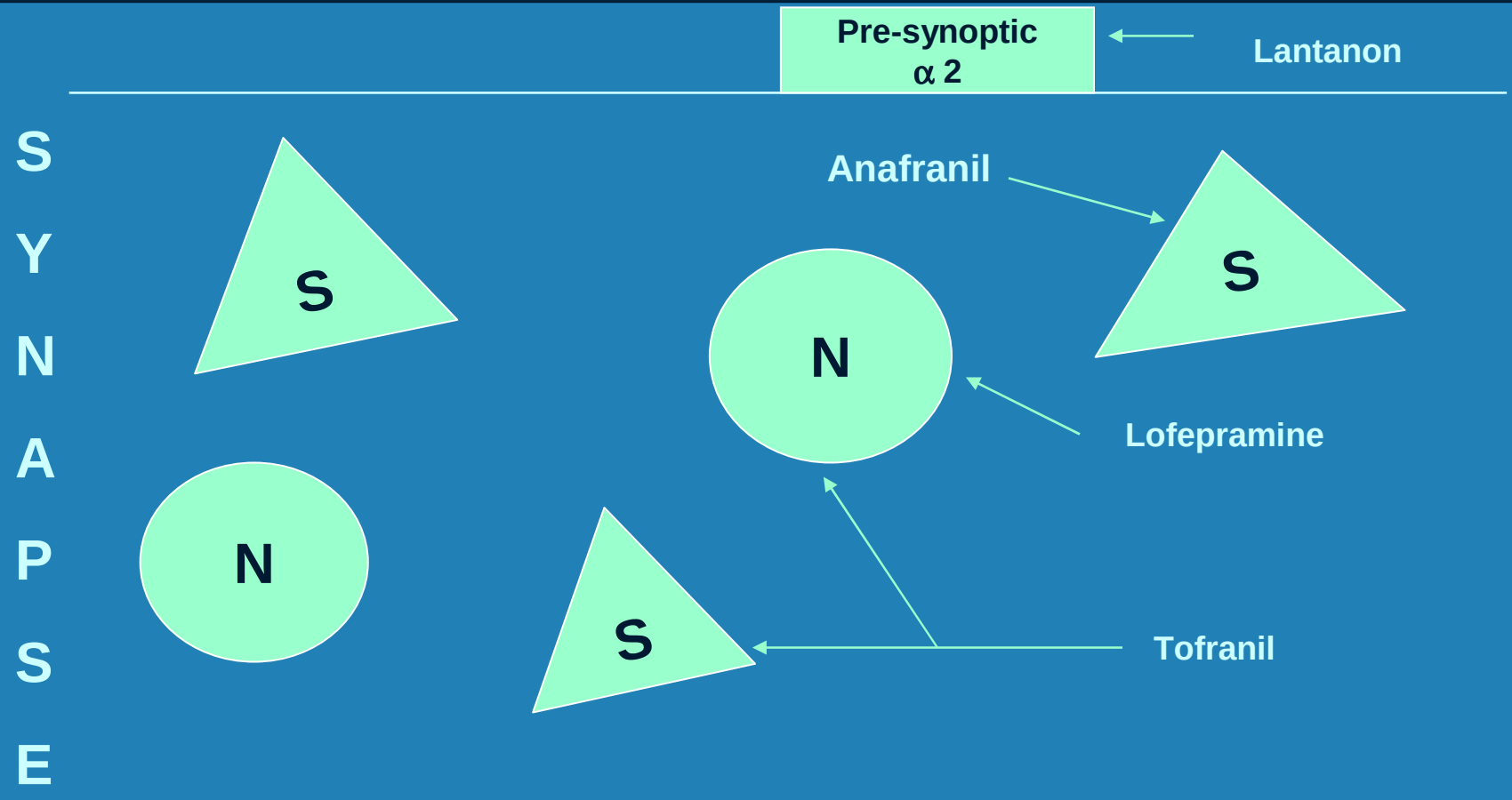
STEP 3 - GENERAL PRINCIPLES

1. Efficacy is comparable between classes and within a class.
2. The difference lies in the anticipated side effect profile.
3. Basis of treatment is that there is a deficiency in the levels of noradrenalin and serotonin.
4. The drugs therefore increase the levels of these neurotransmitters in various ways.
5. Term, antidrepressant, is very misleading - they are also anxiolytic/antiobsessive.

CLASSES OF ANTIDEPRESSANTS

1. MARI - Tricyclics - Tryptanol
2. TETRACYCLICS - Lantanon
3. MAOI - Phenelzine
4. RIMA - Aurorix
5. SSRI - Prozac, Cipramil, Zoloft, Aropax
6. SARI - Nefazadone
7. SNRI - Effexor
8. NASSA - Remeron
9. NRI - Edronax

Remember, in addition the tricyclics also have anticholinergic, histamine and α 1 adrenergic effects.



STEP 4 - CHOICE OF DRUG IS BASED ON:

1. Safety of drug in a particular patient;
2. Tolerability;
3. Suitability;
4. Affordability
5. Preference.

Some Special Considerations Affecting Choice of Drug i.e. Suitability

1. Suicidal patient

   TCAs contraindicated

   Use SSRI / ECT

2. Patients with comorbid cardiac disease

   TCAs contraindicated

   Use SSRI / LANTANON / ECT

3. Epileptics

   No contraindications. Use all with caution. Start low and go slow.

4. Melancholia

© Lack of reactivity to pleasurable stimuli; © Exacerbation of depression in the morning;

© Early morning awakening;

© Significant weight loss.

TCAs may be more effective than SSRIs.

5. Atypical depression

- © Loss of appetite;
- © hypersomnia;
- © leaden paralysis;

Use RIMA / SSRIs.

6. Psychotic features;

Add an antipsychotic to antidepressant.

7. Identify Target Symptoms:

   a) Insomnia - use sedating antidepressant;

   b) Sexual Problems Prominent - avoid TCAs / some SSRIs;

   c) Weight gain not desirable - avoid Lantanon and Remeron;

   d) Marked apathy. Lethargy - use Emdalen or Edronax.

STEP 5 - HOW LONG?
3 Phases of Treatment

1. Acute Phase - first 6-8 weeks;
2. Continuation Phase - following 16 - 20 weeks;
3. Maintenance Phase - more than 2 years or life-long in most cases.

1. **Acute Phase**

   Induce remission I.e. Resolution of symptoms.

   Uncomplicated - 6 - 8 weeks

   Complicated - variable duration depending on patient's response.

2. **Continuation Phase**

   Phase during which remission is preserved I.e. Continue for 4-5 months after patient's symptoms have resolved in order to prevent relapse.

Maintenance Phase

- Identify susceptible individuals
- Goal is not to have multiple resolution of acute episodes but to maintain euthymia
- Rationale for maintenance treatment stems from six fundamental observations.

1. Most patients with depression experience episodic, recurrent bouts throughout their lifetimes.
2. The risk for future episodes increases with subsequent episodes.

3. The greater the number of episodes the shorter is the length of the well interval.
4. Some evidence of tolerance is presented.
5. Quality of life decreases with each new episode.
6. Antidepressants have been shown to be effective prophylactically.

WHO ARE THESE INDIVIDUALS?

1. 3 Episodes if age of onset is before 40 years;
2. 2 Episodes if age of onset is after 40;
3. Persistence of dysthymic symptoms after recovery from an episode of major Depression Disorder;
4. Presence of an additional nonaffective psychiatric diagnosis;
5. Presence of a chronic general medical disorder;
6. Very severe functional impairments;
7. Patients prior responses to any previously attempted discontinuations.

Risk - Benefit Considerations with Maintenance Treatment

1. Although more long term safety data needs to be collected few adverse consequences have been reported;
2. Risk. Repeated episodes of severe depression have major and profound risks of disability, divorce, financial ruin, morbidity and death.