**Antidepressants with a Geriatric Focus**

*Led as a 12-15 minute group discussion with active participation from the trainees. Used a white board to write to add visual learning component.*

**Objectives**

1. Identify preferred antidepressants (SSRIs) in older patient.
2. Understand adverse effects of antidepressants in older patients.
3. Apply antidepressant (SSRI) pearls of prescribing to clinic patients.
4. Know how to taper antidepressants (SSRIs).

**Teaching Pearls for Antidepressants Common in the Veteran Affairs Setting**

<table>
<thead>
<tr>
<th>SSRIs</th>
<th>Citalopram</th>
<th>Escitalopram</th>
<th>Fluoxetine</th>
<th>Paroxetine</th>
<th>Sertraline</th>
<th>SNRI</th>
<th>Duloxetine</th>
<th>Venlafaxine</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Max dose if 60 years old or greater is 20mg</td>
<td>Most selective SSRI</td>
<td>Longest half life</td>
<td>Most anticholinergic</td>
<td>Usual first choice SSRI in older adults</td>
<td>Consider with neuropathic pain and depression</td>
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<td>Mild hypertensive</td>
<td>Activating, give in AM, last dose before 3pm</td>
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<tr>
<td></td>
<td>Do not use if QTc is &gt;500</td>
<td>Acceptable choice in geriatric patient</td>
<td>Activation</td>
<td>Give at night if causing sedation</td>
<td></td>
<td>Potent drug-drug interaction due to 1A2 and 2D6 inhibition</td>
<td>Potent drug-drug interaction due to 1A2 and 2D6 inhibition</td>
<td>Taper very slowly</td>
<td>Do not give with seizure or eating disorder history as it lowers the seizure threshold</td>
</tr>
<tr>
<td></td>
<td>Monitoring potassium and magnesium</td>
<td></td>
<td>Many drug-drug interactions</td>
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<td></td>
<td>Contraindicated in CrCl&lt;30ml/min</td>
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<td>Less sexual dysfunction</td>
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<td></td>
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<td></td>
<td>Caution with chronic liver disease and alcoholism</td>
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</table>

**Other**

<table>
<thead>
<tr>
<th>Buproprion</th>
<th>Mirtazapine</th>
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<tbody>
<tr>
<td>Activating, give in AM, last dose before 3pm</td>
<td>Use for sleep (H1 at low doses &lt;15mg/day), appetite stimulation and depression</td>
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<tr>
<td>Do not give with seizure or eating disorder history as it lowers the seizure threshold</td>
<td>Has anticholinergic properties</td>
</tr>
</tbody>
</table>
SSRI Class Effect Side Effects

- Nausea/vomiting/diarrhea
- Hyponatremia
- Sexual dysfunction
- Serotonin syndrome
- Bradycardia
- Falls
- Platelet inhibition (increases bleeding risk)

Treatment response

- Start doses as 1/3 to 1/2 of usual adult dose
- Initial response in 1-3 weeks; Full response in 6-12 weeks
- Check TSH as late onset hypothyroidism can have similar presentation.

Discontinuing SSRIs

- At least over 2-4 weeks
- Fluoxetine can be stopped once the dose reached 20mg/day due to the long half life
- Discontinuation syndrome: nausea, vomiting, fatigue, myalgia, vertigo, headache, insomnia

References