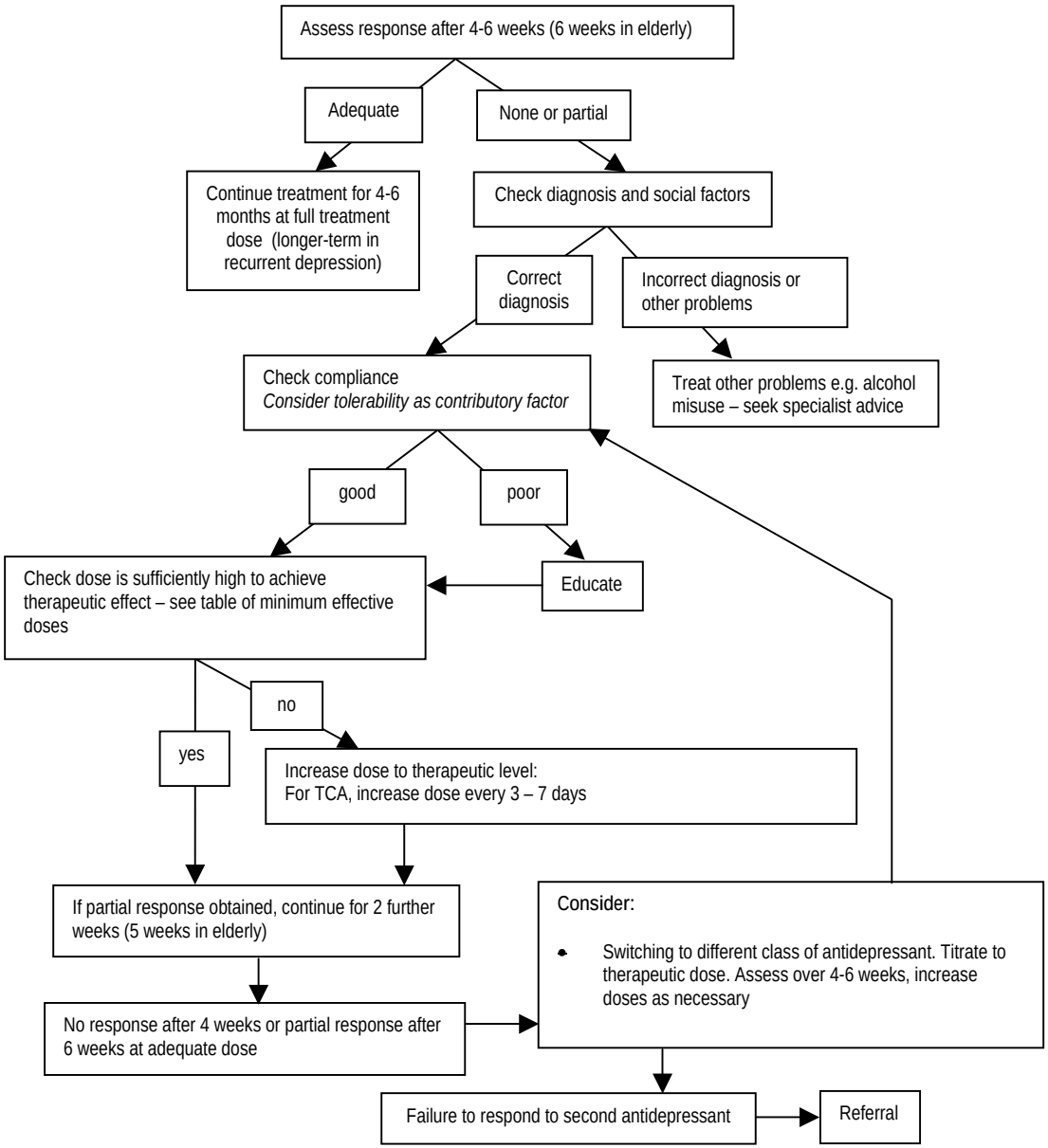
Monitoring treatment with antidepressants

Review patients 1-2 weeks after initiating therapy and regularly, preferably 1 – 2 monthly thereafter



Notes

- Tools such as the Montgomery-Asberg Depression Rating Scale and the Hamilton Depression rating scale are recommended to assess drug effect.
- Questionnaires for screening for depression include the Hospital Anxiety and Depression (HAD) Scale and the Patient Health Questionnaire-9 (PHQ-9).
- Delivering for Mental Health (2006) is an agenda for improving mental health care in the community. It includes a commitment to work with GPs to ensure new patients presenting with depression will have a formal assessment with a standardised tool and a matched therapy appropriate to the level of need. It also includes targets known as 'HEAT targets' one of which is to reduce the annual rate of increase of defined daily dose per capita of anti-depressants to zero by 2009/10. Click here for further information.
- Switching between drug classes in cases of poor tolerability is not well supported by published studies but has a strong theoretical basis. In cases of non-response, there is some evidence that switching within a drug class can be effective, but switching between classes is in practice, the most common option.
- Switch treatments early if adverse effects are intolerable.
- For further information see NICE Clinical Guideline No. 23 Depression (Dec 2004).

Recognised minimum effective doses – antidepressants[1]	
Tricyclics	
Tricyclics	Unclear; at least 75-100mg/day, possibly 125mg/day
Lofepramine	140mg/day
SSRIs	
Citalopram	20mg/day
Escitalopram	10mg/day
Fluoxetine	20mg/day
Fluvoxamine	50mg/day
Paroxetine	20mg/day
Sertraline	50mg/day
Others	
Duloxetine	60mg/day
Mirtazapine	30mg/day
Moclobemide	300mg/day
Reboxetine	8mg/day
Trazadone	150mg/day
Venlafaxine	75mg/day

1. Taylor, D., Paton, C., Kerwin, R. The Maudsley Prescribing Guidelines. 9th edition. Informa Healthcare: London, 2007. (permission granted).