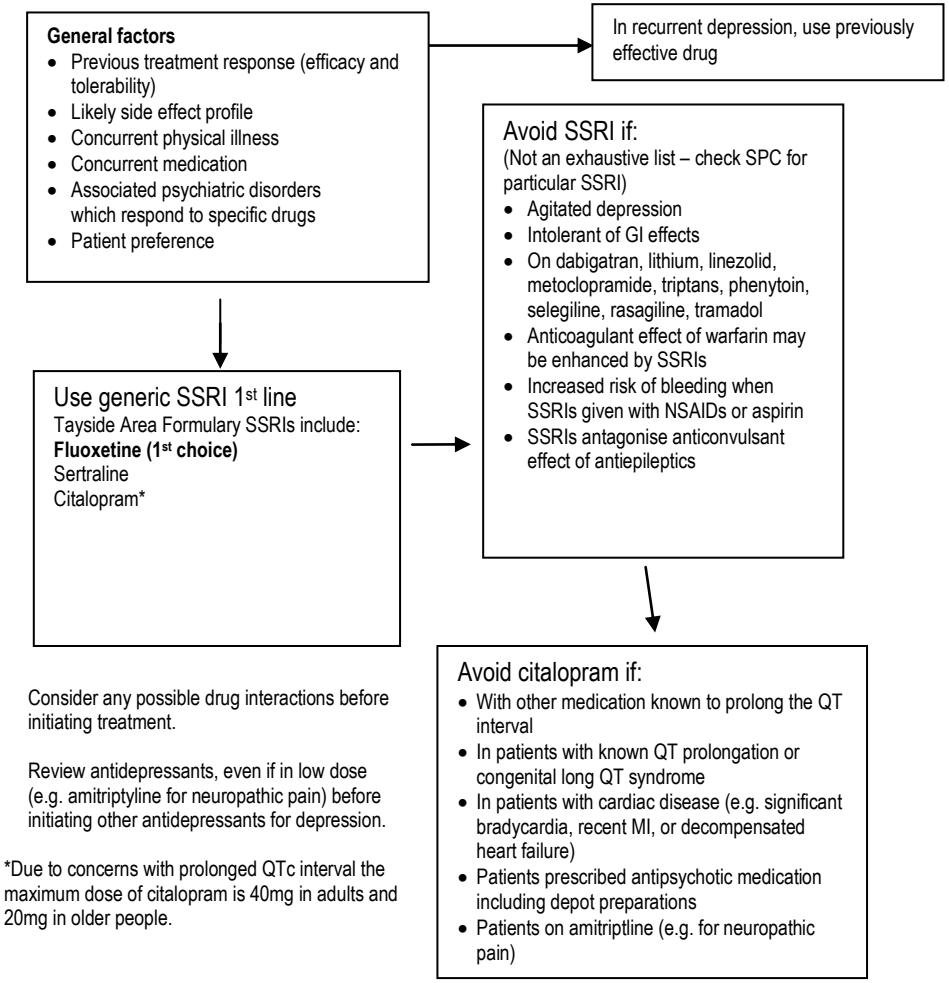
# Prescribing and monitoring antidepressants in Primary Care

- Antidepressant drugs are not recommended for initial treatment of mild depression (as defined by ICD-10). Further assessment after 2 weeks, non-drug interventions and exercise are preferred.
- Ideally patients with moderate to severe depression should be treated with psychological therapy in addition to drug therapy.

## Choosing an antidepressant




Consider any possible drug interactions before initiating treatment.

Review antidepressants, even if in low dose (e.g. amitriptyline for neuropathic pain) before initiating other antidepressants for depression.

*Due to concerns with prolonged QTc interval the maximum dose of citalopram is 40mg in adults and 20mg in older people.

In pregnancy:

- Consider benefits as well as risks of prescribing on an individual case basis
- If patient is established on an antidepressant, then obtain the most up-to-date advice. Experience with antidepressants is growing, and switching treatment may not always be necessary or beneficial
- Avoid abrupt discontinuation if the patient is already prescribed an antidepressant
- Prescribe at minimum effective dose
- Seek specialist psychiatric advice or advice from Medicines Information at Ninewells Hospital
- NICE CKS Depression – antenatal and postnatal provides useful advice on management of depression in pregnancy
- Avoid St John's Wort and monoamine oxidase inhibitors in pregnancy

In breastfeeding:

- In each case, the benefits of breast-feeding to the mother and infant must be weighed against the risk of drug exposure in the infant
- Use the lowest effective dose
- Avoid doxepin
- Sertraline may be preferred
- Advise patient to feed immediately before dose and take drug as single dose before baby's longest sleep
- Seek specialist psychiatric advice or advice from Medicines Information at Ninewells Hospital

In palliative care patients:

- See Scottish Palliative Care Guidelines - Depression

## Initiating treatment

Patient education is very important:

- nature of depression
- treatment plan and drug choice
- side effects and benefits of medication, managing patient expectation (i.e. the potential for delayed/intermittent response to medication within the first 4-6 weeks) and importance of regular use
- possibility of withdrawal reactions if treatment stopped abruptly
- allaying fears of addiction
- NHS inform hosts links to several 'choice and medication' patient information leaflets relating to medicines used in mental health problems
- More detailed patient information leaflets on medicines in pregnancy are available from bumps (http://www.medicinesinpregnancy.org/)

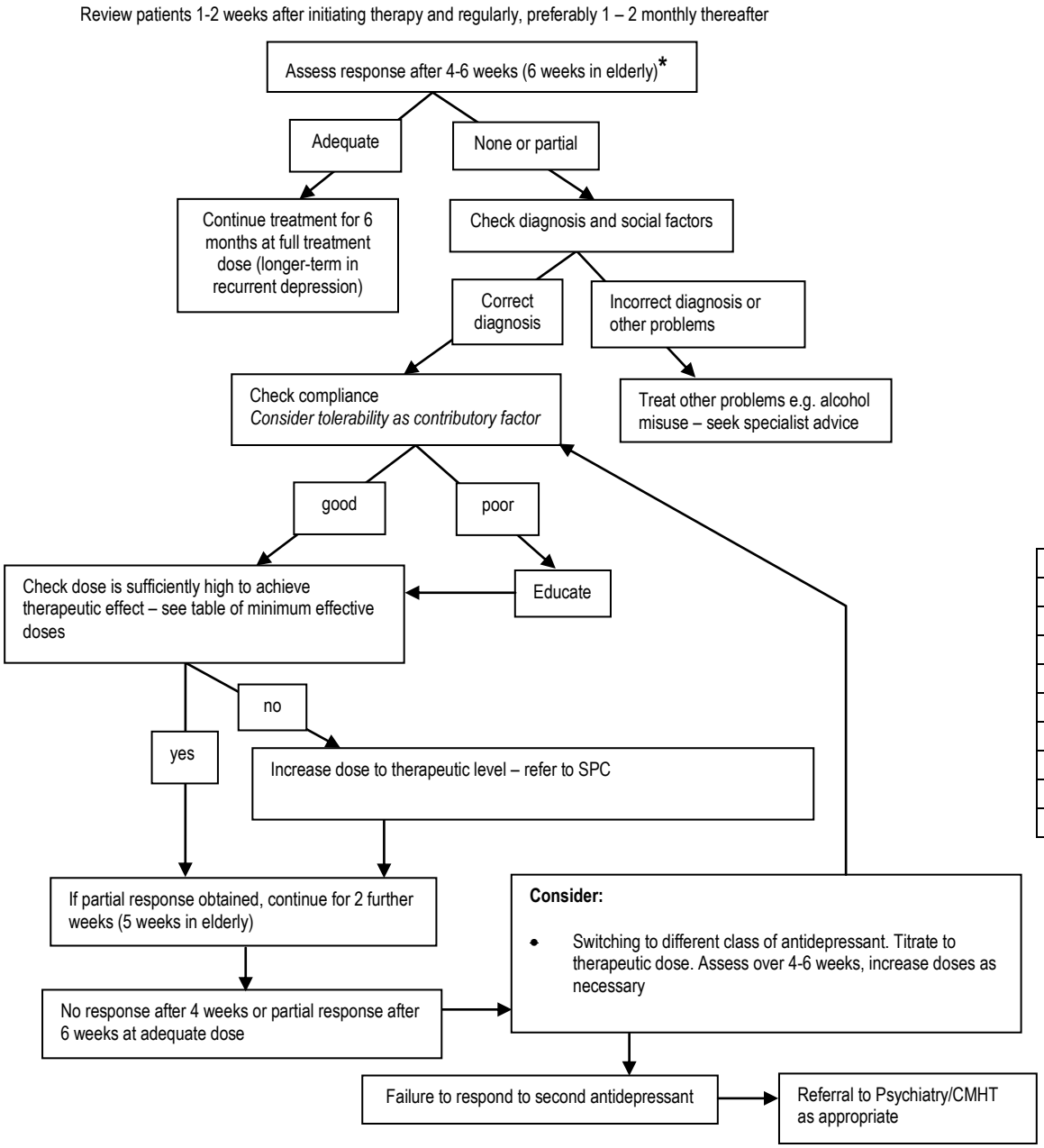
Before prescribing

- Risk assess the quantity supplied on prescription

## Monitoring treatment – continued on next page

Approved by NHS Tayside Medicines Advisory Group, January 2017, Review date January 2019

## Monitoring treatment




## Notes

- * Treatment should continue and be deemed successful if the patient responds at any point to an antidepressant during the initial 4 week period (6 week period in elderly). This includes experience of any initial benefit, followed by a temporary reduction in therapeutic effect.
- 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).
- 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. However dose reduction may be suitable with less severe adverse effects in some circumstances with minimum effective doses in mind.
- For further information see NICE Clinical Guideline No. 90 Depression in Adults (update) (Oct 2009) (last updated April 2016).

| **Initial/starting (minimum effective) doses for antidepressants (in adult patients)[1]** | |
|---|---|
| **SSRIs** | |
| **Fluoxetine (1st choice)** | **20mg/day** |
| Sertraline | 50mg/day |
| Citalopram | 20mg/day |
| **Tricyclics** | |
| Lofepramine | 140mg/day |
| **Others** | |
| Mirtazapine | 30mg/day[2] |
| Venlafaxine | 75mg/day |


1. Joint Formulary Committee. *British National Formulary* (online) London: BMJ Group and Pharmaceutical Press <http://www.medicinescomplete.com>
2. Bazire S. Psychotropic Drug Directory 2016. Shaftesbury: Lloyd-Reinhold Publications Limited; 2016.