August 2012

Depression

1. Q: What are the clinical guidelines for using antidepressant medications?

A: 1. Choose AD based on side effects, cost, and patient preference.

1. Assess patient status, therapeutic response, and adverse effects regularly, starting 1 to 2 weeks after starting treatment.
2. Modify treatment if response is not adequate by 6 to 8 weeks.
3. Continue treatment for 4 to 9 months with a first incident.
4. Q: What is the doctors checklist for starting an antidepressant medication?

A: 1. Address patients concerns. 2. Purpose of the medication.

3. Expected minimum treatment duration.

4. Time to benefit and relapse prevention. 5. Likelihood of benefiting.

6. Dosing do’s and don’ts. 7. Side effects.

8. Reassurance that not addictive. 9. Don’t stop when feeling better.

10. Taper slowly at end of treatment cycle.

1. Q: What are the 5 year depression relapse rates for untreated depression?

A: 1. 1 previous episode: 35 to 60% 2. 2 previous episodes: 70%

3. 3 previous episodes: 90%

1. Q: What is the improvement in depression relapse rates, with 3 previous episodes,

and with treatment?

A: Relapse risk goes from 90% to 40% with treatment.

1. Q: When using antidepressant medications what time is allowed to optimize dosing?

A: 4 to 6 weeks

9. Q: In the first 4 to 6 weeks of antidepressant medication use when should you

consider switching medications within the same class?

A: When the drug effect is good but the side effects are unacceptable.

1. Q: What are the main risks of not treating depression?

A: 1. Suicide 2. Increased duration of illness.

3. Increased severity of illness. 4. Higher incidence of relapse.

1. Q: What are the classes of anti-depressant medications?

A: 1. Selective Serotonin Reuptake Inhibitors (SSRIs)

2. Serotonin-norepinephrine Reuptake Inhibitors (SNRIs)

3. Dual Action Antidepressants 4. Tricyclic Antidepressants (TCAs)

5. Monoamine Oxidase Inhibitors

1. Q: Name the SSRI medications:

A: 1. Citalopram 2. Escitalopram

3. Fluoxetine 4. Fluvoxamine

5. Paroxetine 6. Sertraline

1. Q: Why are SSRI medications first choice antidepressants?

A: 1. Greater tolerability 2. Ease of dosing

1. Q: What are the main side effects of SSRI medications?

A: 1. GI, including GI bleeds 2. CNS

3. Sexual dysfunction

1. Q: Name the Dual Action Anti-Depressant Medications:

A: 1. Bupropion: NE and DA

2. Trazodone: Serotonin, Post synaptic receptor antagonist, reuptake inhibit

3. Mirtazapine: Noradrenergic, serotonergic effects

4. Venlafaxine: SNRI, serotonin reuptake

5. Duloxetine: SNRI, effects NE and serotonin

6. Desvenlafaxine: SNRI and serotonin reuptake

1. Q: What are the two uses of Bupropion?

A: 1. Major depression, first line therapy 2. Smoking cessation

1. Q: Bupropion is contraindicated with:

A: 1. Anorexia 2. Bulimia

3. Seizure, history or current 4. Head trauma history

1. Q: What medical condition can Bupropion use lead to?

A: Dose related seizures.

1. Q: Name the SNRI medications:

A: 1. Venlafaxine 2. Desvenlafaxine 3. Duloxetine

1. Q: Name the Tricyclic Antidepressant Medications (TCAs):

A: 1. Amitriptyline 2. Nortriptyline 3. Clomipramine

1. Q: When are TCAs to be used?

A: As second or third line medications.

1. Q: What is the dosing phrase that best suits the TCAs?

A: Go low and slow

1. Q: What is the usual dose calculation for TCAs?

A: 3 mg / kg of body weight

1. Q: What are the medical concerns with TCA antidepressant medications?

A: Overdose (30 to 40 times normal) may cause cardiotoxicity and arrhythmia.

1. Q: Name the reversible MAOI medications:

A: Moclobemide

1. Q: Name the irreversible MAOI medications:

A: 1. Phenelzine

2. Tranylcypromine

1. Q: What are the medical problems associated with MAOI medications?

A: 1. Potentially fatal food and drug interactions.

2. Serotonin syndrome and hypertensive crisis.

1. Q: What is the wash out time period for an MAOI medication?

A: 5 weeks

1. Q: What drug interactions are associated with natural antidepressant products?

A: Serotonin syndrome is associated with St John’s Wort and SAMe

1. Q: What is serotonin syndrome?

A: An idiosyncratic drug reaction that is usually caused when combining 2 or more serotonergic agents.

1. Q: What are the symptoms of serotonin syndrome?

A: 1. Cognitive effects: headache, agitation, hypomania, confusion, hallucinations, coma

2. Autonomic effects:

shivering, sweating, hyperthermia, HTN, tachycardia, nausea, diarrhea

1. Somatic effects: muscle twitching, hyper reflexes, and tremor
2. Q: What are the most common drugs involved in serotonin syndrome?

A: 1. Amphetamines 2. Dextromethoraphan

3. Triptans 4. Linezolid

1. Q: How long are antidepressant medications to be used?

A: 1. First depressive episode: for one year.

2. Second or third depressive episode: for two years.

1. Q: What is discontinuation syndrome?

A: A set of symptoms that emerge when an antidepressant medication is not tapered.

1. Q: To avoid discontinuation syndrome over what time should drugs be tapered?

A: Over 4 to 6 weeks.

1. Q: What are the symptoms of discontinuation syndrome?

A: 1. Insomnia 2. Dizziness

3. Nausea 4. Diarrhea

1. Q: What newer antidepressants are likely to cause discontinuation syndrome?

A: 1. Paroxetine 2. Venlafaxine

1. Q: What antidepressant medication is safe with pregnancy?

A: Fluoxitine