<u>**Antidepressants with a Geriatric Focus**</u>

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

Class	Drug	Pearls
SSRIs	Citalopram	• Max dose if 60 years old or greater is 20mg • Do not use if QTc is >500 • Monitoring potassium and magnesium
	Escitalopram	• Most selective SSRI • Acceptable choice in geriatric patient
	Fluoxetine	• Longest half life • Activation • Many drug-drug interactions
	Paroxetine	• Most anticholinergic • Give at night if causing sedation
	Sertraline	• Usual first choice SSRI in older adults
SNRI	Duloxetine	• Consider with neuropathic pain and depression • Potent drug-drug interaction due to 1A2 and 2D6 inhibition • Contraindicated in CrCl<30ml/min • Caution with chronic liver disease and alcoholism
	Venlafaxine	• Mild hypertensive • Taper very slowly
Other	Buproprion	• Activating, give in AM, last dose before 3pm • Do not give with seizure or eating disorder history as it lowers the seizure threshold • Less sexual dysfunction
	Mirtazapine	• Use for sleep (H1 at low doses <15mg/day), appetite stimulation and depression • Has anticholinergic properties

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

1. Major Depressive Disorder (2013). American Geriatrics Society. Retrieved from: http://geriatricscareonline.org/ProductAbstract/geriatrics-evaluation-management-tools/B007/.
2. Mulsant, B. H., et al. (2014). "A systematic approach to pharmacotherapy for geriatric major depression." Clin Geriatr Med **30**(3): 517-534.
3. Taylor, W. D. (2014). "Clinical practice. Depression in the elderly." N Engl J Med **371**(13): 1228-1236.
4. Dolder, C., et al. (2010). "Pharmacological and clinical profile of newer antidepressants: implications for the treatment of elderly patients." Drugs Aging **27**(8): 625-640.