

# NHS Grampian Guidance For Initiating Antidepressants



This has been developed to help non-specialist clinicians decide on appropriate choice of antidepressant from the NHS Grampian Joint Formulary.

**Starting:** Preparations requiring once daily dosing and minimal titration are preferred. Also consider side effect profile/tolerability, lethality in overdose and cost.

**Continuing:** At initiation of treatment, review should occur every one to two weeks to assess response, monitor side effects and encourage concordance. If no response to maximum tolerated dose (or inadequate partial response) after 4-6 weeks, consider changing to a different drug. Refer to secondary care after failed trial of two different antidepressants. Earlier referral to secondary care could be considered, especially if there is a serious suicide risk in major depression or if psychosis is present. If suicidal ideas present, consider weekly dispensing of prescriptions.

Treatment should continue for 6-12 months after symptom resolution. Treatment should continue for at least 2 years if depressive episodes are recurrent. If antidepressants are to be discontinued they should be reduced to stop over at least 4 weeks to minimise relapse and discontinuation syndrome. In some cases a longer taper (over years) may be necessary with smaller reductions as the dose gets lower.

Please note - If the patient has responded to a preparation in a previous episode of depression, then this preparation should be used again, unless there are compelling reasons to avoid it.

**\*Warning** - Paroxetine and venlafaxine are particularly associated with discontinuation syndrome, and they should be reserved for specialist use. Tricyclic antidepressants should, in most cases, be avoided on grounds of toxicity in overdose.

Comorbidity	Antidepressant	Comments
<b>No comorbidity</b>	Fluoxetine Sertraline	Consider mirtazapine or short term benzodiazepine if sedation required
<b>Elderly</b>	Sertraline Mirtazapine	Avoid medicines with high anticholinergic burden <a href="#">ACB Calculator</a>
<b>Cardiovascular disease</b>	Sertraline Mirtazapine	Sertraline is the drug of choice post MI <b>Avoid tricyclics; Caution with (es)citalopram (risk of QTc prolongation)</b>
<b>Renal impairment</b>	Sertraline Mirtazapine	Dose reduction may be necessary <b>Avoid fluoxetine, lofepramine and venlafaxine</b>
<b>Severe renal disease (GFR &lt;10mLs/min)</b>	Seek specialist advice	Contact Renal team as per Rotawatch
<b>Hepatic impairment</b>	Paroxetine* (Es) citalopram	Dose reduction may be necessary <b>Avoid fluoxetine and lofepramine</b>
<b>Severe hepatic disease, i.e. decompensated hepatic impairment</b>	Seek specialist advice	<b>Avoid tricyclics</b> Contact GI team as per Rotawatch
<b>Epilepsy</b>	(Es)Citalopram (See <a href="#">prescribing restrictions</a> ) <sup>[3]</sup>	<b>Avoid tricyclics</b> <b>Seizure risk dose related</b>
<b>Pregnancy</b>	Seek specialist advice	<b>Avoid paroxetine</b> See Perinatal Mental Health information on Grampian Guidance. Contact for advice, if required 01224 550888, <a href="mailto:gram.perinatal@nhs.scot">gram.perinatal@nhs.scot</a>
<b>Breast feeding</b>	Sertraline	
<b>Sexual dysfunction</b>	Mirtazapine Reboxetine	
<b>Children and Adolescents under 18 years</b>	Fluoxetine	Contact Child and Adolescent Mental Health Services secretary Ext. 50139
<b>Refer to <a href="#">BNF</a> and <a href="#">BNFC</a> for further details</b>		

## References:

1. Maudsley Prescribing Guidelines 14<sup>th</sup> Edition, 2021
2. Bazire S. Psychotropic Drug Directory 2021
3. Citalopram and escitalopram: QT interval prolongation - new maximum daily dose restrictions, contraindications, and warnings, [Drug Safety Update: Volume 5, Issue 5, December 2011](#).
4. National Institute for Health and Care Excellence Publication CG90 [Depression in Adults](#) October 2009 (Updated April 2018)
5. National Institute for Health and Care Excellence Publication CG91 [Depression in Adults with a Chronic Physical Health Problem](#) October 2009
6. National Institute for Health and Care Excellence Publication CG192 [Antenatal and Postnatal Mental Health](#) Dec 2014 (updated Feb 2020)
7. BAP Consensus Guidance on the Use of Psychotropic Medication Preconception, in Pregnancy and Postpartum, 2017
8. National Institute for Health and Care Excellence Publication NG222 Depression in Adults: Treatment and Management Jun 2022
9. National Institute for Health and Care Excellence Publication Depression in Children and Young People: Identification and Management Jun 2019
10. Royal College of Psychiatrists PS04/19 Position Statement on Antidepressants and Depression May 2019