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 compliance. 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.

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### Comorbidity | Antidepressant | Comments
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No comorbidity | Fluoxetine, Sertraline | Consider mirtazapine or short term benzodiazepine if sedation required
Elderly | Mirtazapine, Sertraline | Sertraline is the drug of choice post MI
Cardiovascular disease | Sertraline, Mirtazapine | Avoid tricyclics; Caution with citalopram (risk of QTc prolongation)
Renal impairment | Sertraline | Dose reduction may be necessary
Severe renal disease (GFR <10mLs/min) | Seek specialist advice | Contact Renal registrar on call – bleep 2451 or Renal Consultant - bleep 3116
Hepatic impairment | Paroxetine | Dose reduction may be necessary
Severe hepatic disease, i.e. decompensated hepatic impairment | Seek specialist advice | Avoid tricyclics
Epilepsy | Citalopram (See prescribing restrictions) | Avoid tricyclics
Pregnancy | Seek specialist advice | Avoid paroxetine
Breast feeding | Sertraline | Refer to latest NICE and SIGN Guidelines
Sexual dysfunction | Mirtazapine, Reboxetine | Contact Child & Adolescent Mental Health Services secretary Ext. 50139
Children and Adolescents under 18 years | Fluoxetine | Contact Child & Adolescent Mental Health Services secretary Ext. 50139

Refer to **BNF** and **BNFC** for further details

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**References:**
2. Bazire S. Psychotropic Drug Directory 2018
5. National Institute for Health and Clinical Excellence Publication CG90 Depression in Adults October 2009 (Updated April 2018)
6. National Institute for Health and Clinical Excellence Publication CG91 Depression in Adults with a Chronic Physical Health Problem October 2009

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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.