Antidepressant*	Therapeutic Dose Range (mg/day)	Initial Suggested Dose**	Titration Schedule	Advantages	Disadvantages
Citalopram (Celexa)	20 – 40 (do not exceed 40 mg q day)	20 mg in morning with food (10 mg in elderly or those with panic disorder)	Maintain initial dose for 4 weeks before dose increase. If no response, increase in 10 mg increments every 7 days as tolerated.	Helpful for anxiety disorders. Few drug interactions. Generic available	
Escitalopram (Lexapro)	10 – 30	10 mg for escitalopram	Increase to 20 mg if partial response after 4 weeks	More potent s-enantiomer of citalopram, 10 mg dose effective for most. FDA labeling for general anxiety disorder. Reduces all three symptom groups of PTSD.	More expensive than citalopram.
Fluoxetine (Prozac)	10 – 80	20 mg in the morning with food (10 mg in elderly and those with comorbid panic disorder)	Maintain 20 mg for 4-6 weeks and 30 mg for 2-4 weeks before additional dose increases. Increase in 10 mg increments at 7 day intervals. If significant side effects occur within 7 days lower dose or change medication.	Helpful for anxiety disorders. Long half-life good for poor adherence, missed doses; less frequent discontinuation symptoms. Reduces all three symptom groups of PTSD. Generic available.	Slower to reach steady state and eliminate when discontinued. Sometimes too stimulating. Active metabolite has halflife ~ 10 days and renal elimination. Inhibitor of cytochrome P450 2D6 and 3A4. Use cautiously in the elderly and others taking medications.
Fluoxetine Weekly (Prozac Weekly)	90	Initiate only after patient stable on 20 mg daily.	Start 7-days after last dose of 20 mg.		No generic available.

Antidepressant*	Therapeutic Dose Range (mg/day)	Initial Suggested Dose**	Titration Schedule	Advantages	Disadvantages
Paroxetine (Paxil)	10 – 50 (40 in elderly)	20 mg once daily, usually in the morning with food (10 mg in elderly and those with comorbid panic disorder)	Maintain 20 mg for 4 weeks before dose increase. Increase in 10 mg increments at intervals of approximately 7 days up to maximum dose of 50 mg/day (40 elderly)	FDA labeling for most anxiety disorders. Reduces all three symptom groups of PTSD. Generic available.	Sometimes sedating. Anticholinergic effects can be troublesome. Inhibitor of CYP2D6 (drug Generic available)
(Paxil CR)	25 – 62.5 (50 in elderly)	25 mg daily (12.5 mg in elderly and those with panic disorder)	Increase by 12.5 mg at weekly intervals, maintain 25 mg for 4 weeks before dose increase.	May cause less nausea and GI distress.	
Sertraline (Zolof)	25 – 200	50 mg once daily, usually in the morning with food (25 mg for elderly)	Maintain 50 mg for 4 weeks. Increase in 25-50 mg increments at 7 day intervals as tolerated. Maintain 100 mg for 4 weeks	FDA labeling for anxiety disorders including PTSD. Safety shown post MI. Generic available	Weak inhibitor of CYP2D6 - drug interactions less likely.
Mirtazapine (Remeron)	15 – 45	15 mg at bedtime	Increase in 15 mg incremens (7.5 mg in elderly as tolerated. Maintain 30 mg for 4 weeks before further dose increase.	Few drug interactions. Less or no sexual dysfunction. Less sedation as dose increases. May stimulate appetite.	Sedation at low doses only (<15 mg). Weight gain due to appetite stimulation.

Antidepressant*	Therapeutic Dose Range (mg/day)	Initial Suggested Dose**	Titration Schedule	Advantages	Disadvantages
Bupropion † (Wellbutrin)	200 – 450	100 mg twice a day (once a day in elderly)	Increase to 100 mg three times a day after 7 days (slower titration for elderly) After 4-weeks, increase to maximum 150 mg three times a day if necessary. Hepatic impairment: 75 mg/day.	Can be stimulating. Less or no sexual dysfunction. Generic available	At higher doses may induce seizures. Contraindicated in person with seizure disorders or eating disorders. Stimulating effect can increase anxiety or insomnia.
Venlafaxine (Effexor, Effexor XR)	75 – 375	75 mg with food; 37.5 mg if anxious, elderly or debilitated.	Immediate release (IR) dose should be divided two or three times a day. For extended release (XR) give 37.5 mg in a.m., then increase to 75 mg in a.m. after 1 week, 150 mg in the a.m. after 2 weeks. If partial response after 4 weeks increase to 225 mg in the a.m. Norepinephrine effect only occurs above 150 mg.	Helpful for axiety disorders, neuropathic pain, and vasomotor symptoms. XR versions should be taken once a day. May reduce all three symptom groups of PTSD. Generic available (IR and XR)	May increase blood pressure at higher doses. Risk for drug interactions similar to fluoxetine. Discontinuation/withdrawal symptoms. Sexual dysfunction.
Desvenlafaxine (Pristiq)	50 – 400	50 mg once daily	No evidence that higher doses are associated with greater effect.	Active metabolite of venlafaxine.	Dose adjustment if CrCl <30 ml/min. Gradually increase dosing interval when taken for >6 weeks (taper dose if dose >50 mg/day). Sexual dysfunction. Generic available.

Antidepressant*	Therapeutic Dose Range (mg/day)	Initial Suggested Dose**	Titration Schedule	Advantages	Disadvantages
Duloxetine	40 – 60	40 or 60 mg as a single or divided dose (20 or 40 mg elderly)	Dose can be increased after 1 week. Maximum dose 120 mg/d although doses >60 mg/d have not been shown to be more effective.	Also approved for general anxiety disorder and pain associated with diabetic neuropathy and fibromyalgia.	Dose adjustment if CrCl <30 ml/min. Urinary hesitancy. Sexual dysfunction. Generic not available
Desipramine‡ (Norpramin)	100 – 300 (25 – 100 in elderly)	50 mg in the morning (10 or 25 mg elderly)	Increase by 25 to 50 mg every 3 to 7 days to initial target dose of 150 mg (75 or 100 mg elderly) for 4 weeks. Target serum concentration: >115 ng/mL	More effect on Norepinephrine than serotonin. Effective for diabetic neuropathy and neuropathic pain. Compliance and effective dose can be verified by serum concentration. Generic available.	Can be stimulating, but sedating to some patients. Anticholinergic, cardiac, and hypotensive (less than tertiary amines); caution in patients with BPH or cardiac conduction disorder or CHF
Nortriptyline‡ (Pamelor)	25 – 100	25 mg (10 mg in elderly) in the evening	Increase in 10-25 mg increments every 5-7 days as tolerated to 75 mg/day. Obtain serum concentration after 4 weeks; target range: 50-150 ng/mL.	Less orthostatic hypotension than other tricyclics. Compliance and effective dose can be verified by serum concentration. Generic available	Anticholinergic, cardiac, and hypotensive (less than tertiary amines); caution in patients with BPH or cardiac conduction disorder or CHF

*There are more antidepressants than those listed in this table. However, this list provides a reasonable variety of drugs that have different side effects and act by different neurotransmitter mechanisms. The January 29, 2009, issue of The Lancet includes a meta-analysis and an editorial concluding that sertraline offers the best balance among efficacy, acceptability, and costs compared to 11 other agents.1,2,3 Treatment of Parkinson's disease may include selegiline (Eldepryl), which is a selective monoamine oxidase inhibitor (MAOI) at low doses only. Because the use of many antidepressants is contraindicated in conjunction with a nonselective MAOI, caution with or discontinuation of Eldepryl may be in order. Selegiline is also available as a higher dose and nonselective, transdermal patch (Emsam) approved for the treatment of major depressive disorder.

**For SSRIs, venlafaxine, and the tricyclic antidepressants, start at the beginning of the therapeutic dosing range. If side effects are bothersome, reduce the dose and increase slower. In the elderly, the debilitated or those sensitive to medications, start lower. For all antidepressants, allow four weeks at a therapeutic dose, then assess for response. If only partial or slight response but well tolerated, then increase the dose. If no response, worse symptoms, or intolerable side effects, switch antidepressants. For treatment of depression in pregnancy,