ILLINOIS DocAssist

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Perinatal Antidepressant Algorithm

This information is produced by the University of Illinois at Chicago (UIC) by Illinois DocAssist as a summary of research on antidepressants in human pregnancy

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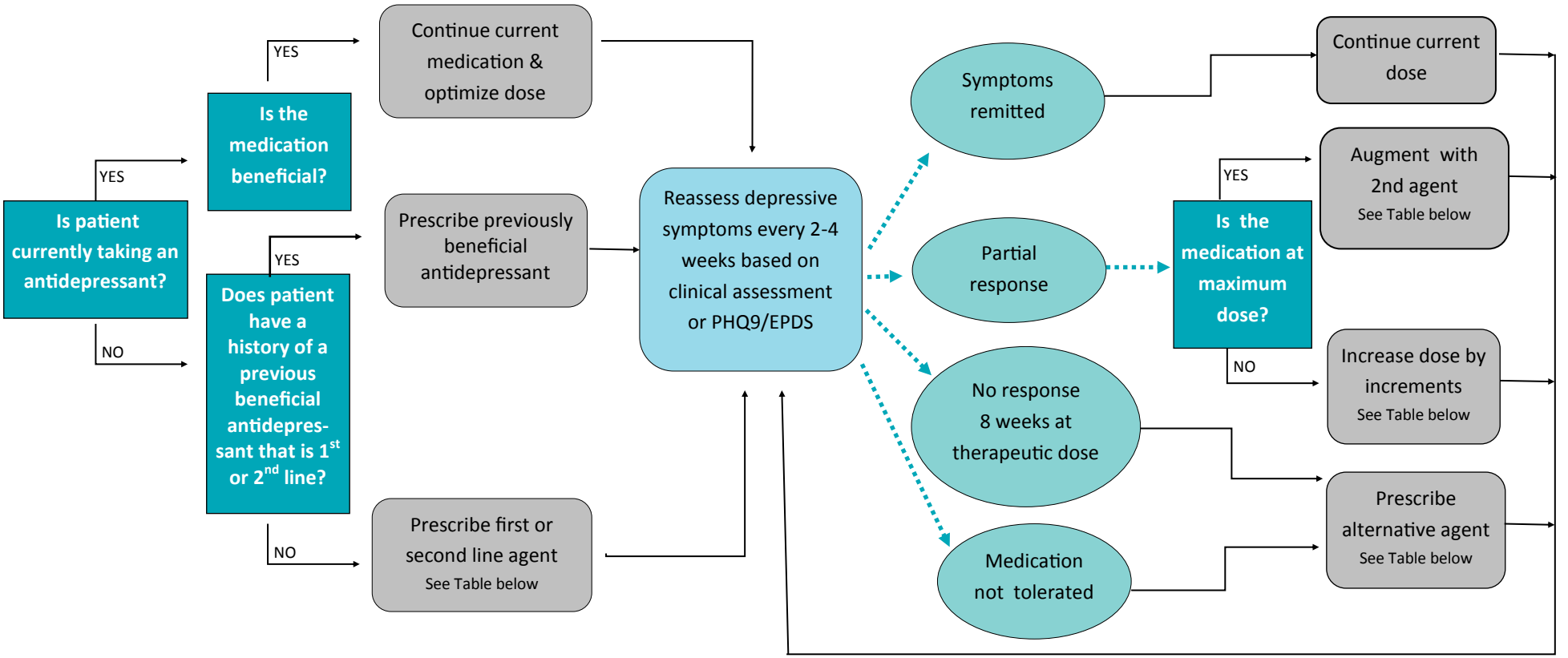

First line Treatment			
Sertraline (Zoloft)	Escitalopram (Lexapro)	Citalopram (Celexa)	Fluoxetine (Prozac)
Start: 25mg x4days	Start: 10mg	Start: 20mg	Start: 20mg
Increase by: 25-50mg	Increase by: 5-10mg	Increase by 10mg	Increase by 10-20mg
TR: 50-200mg	TR: 10-20mg	TR: 20-40mg	TR: 20-80mg

Second Line Treatment				
Buproprion XL (Wellbutrin)	Venlafaxine XR (Effexor)	Duloxetine (Cymbalta)	Mirtazapine (Remeron)	Paroxetine (Paxil)
Start: 150mg	Start: 37.5-75mg	Start: 30-40mg	Start: 15mg	Start: 20mg
Increase by: 150mg	Increase by: 37.5-75mg	Increase by: 20mg	Increase by: 15mg	Increase by: 10mg
TR: 150-450mg	TR: 75-225mg	TR: 60-120mg	TR: 15-45mg	TR: 20-60mg

Augmentation Agents	
Buproprion XL (Wellbutrin) 150-450mg	Aripiprazole (Abilify) Start: 2-5mg/ TR: 2-15mg

TR = Treatment range

Clinical Pearls

1. Screen all women with depressive symptoms for a history of bipolar disorder or hypomanic/manic symptoms. If present, antidepressant monotherapy is NOT recommended. Refer to mental health specialist.
2. To minimize GI side effects, start sertraline at 25mg x 4 days then increase to 50mg daily. If GI symptoms persist for >1 week they are unlikely to resolve; consider switching medication.
3. Evidence shows Cognitive Behavioral Therapy and Interpersonal Therapy to be effective for treating perinatal depression. Consider therapy alone for mild depression, or as an adjunct to medications for moderate/severe depression.

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