

NAME: Generic / TRADE	RECEPTOR AFFINITY	SIDE EFFECTS			COMMENTS & ADDITIONAL USES (Bold indicates official indication in Canada)	INITIAL & MAX. DOSE	USUAL ADULT DOSE RANGE	\$ /Month			
		ACH.	SED.	OTHER							
<b>Citalopram CELEXA</b> (20, 40mg scored tabs) abr=CC	<b>5HT SELECTIVE</b>  <b>SSRI's</b>	+	+	<b>SSRI's SE in General</b> <b>nausea</b> {21%(F) - 36%(X)}, anxiety, insomnia {~14%}, agitation, anorexia, <b>tremor</b> somnolence {11-26%}, sweating, dry mouth, <b>headache</b> , dizziness, diarrhea (12% (F,P)-17% (S)), constipation {13-18%} sexual dysfx. <sup>5,6</sup> SIADH, EPS <b>Toxicity can</b> →depression <b>D/C Syndrome</b> <sup>7</sup> →flu-like Sx's <b>'FINISH'</b> flu, insomnia, nausea, imbalance, sensory dist., hyper.	•few drug interactions	<b>Therapeutic Uses:</b> <sup>8,9</sup> √ OCD (esp. F, P, S, X) √ Panic (esp. P, S, F, CC, X) √ GAD (P); ?others √ Bulimia nervosa (F) √ Diabetic neurop.(CC) & deter use of EtOH √ PTSD(P,S), √ PMDD(F,P,S) √ Social Phobia (P,S) √ Pediatric (F,S,X) +ve effect on headache?	10-20mg am 60mg/d	20mg po od 40mg po od	52 52		
<b>Fluoxetine PROZAC</b> (10,20mg cap & 4mg/ml solution) abr=F					0	0	•most anorexic & stimulating •long half-life (5 wk washout) •90mg weekly avail. in USA	√ Panic (esp. P, S, F, CC, X) √ GAD (P); ?others √ Bulimia nervosa (F) √ Diabetic neurop.(CC) & deter use of EtOH √ PTSD(P,S), √ PMDD(F,P,S) √ Social Phobia (P,S) √ Pediatric (F,S,X) +ve effect on headache?	10-20mg od 80mg/d	(10mg po od) i 20mg po od am 40mg po od am	40 32 57
<b>Fluvoxamine LUVOX</b> (50,100mg tab) abr=X					0/+	++	•most nauseating, constipating & sedating SSRI; ↑ DI's	√ Diabetic neurop.(CC) & deter use of EtOH √ PTSD(P,S), √ PMDD(F,P,S) √ Social Phobia (P,S) √ Pediatric (F,S,X) +ve effect on headache?	25-50mg hs 300mg/d	100mg po hs 150mg po hs 50mg am & 150mg hs	33 45 58
<b>Paroxetine PAXIL</b> (20,30mg tab), (10mg tab ✗) abr=P					+	+	•most anticholinergic of SSRIs •most official <b>anxiety disorder</b> indications	√ Social Phobia (P,S) √ Pediatric (F,S,X) +ve effect on headache?	10-20mg am 60mg/d	20mg po od am 30mg po od am 40mg po od am	67 70 126
<b>Sertraline ZOLOFT</b> (25,50,100mg cap) abr=S					0	+	•most diarrhea & male sexual dysfx of SSRIs •few drug interactions <sup>10</sup>	•flat dose response (majority of depressed pts respond at the lowest effective dose)	25-50mg am 200mg/d	100mg po od cc 50mg am & 100mg pm 100mg po bid cc	35 60 63
<b>Nefazodone SERZONE</b> (50,100,150,200mg tab) <b>DISCONTINUED</b>	<b>SARI 5HT Selective</b>  SSRI+5HT <sub>2</sub> rec. antagonism	+	+++	As for SSRIs +; ↓ BP (nausea, dizziness, constipation, dry mouth) Rare: <b>hepatotoxicity</b> <sup>11</sup> ↓↓ BP, dizzy, headache, nausea; (α <sub>1</sub> blockade); <b>priapism</b> 1/6000, (Tx epi)	•least stimulating serotonergic •less wt gain; less sex dysfx, DI's •may try entire dose at hs <sup>12</sup>	50-100mg bid 600mg/d	100mg po bid 150mg po bid (300mg po hs)	<b>DISCONTINUED in Canada, 27NOV03</b> 36 36			
<b>Trazodone DESYREL</b> (50,100mg tab) (150mg Dividose tab:50/75/100/150mg ✗)					0	++++	√ dementia 50mg hs ( <b>insomnia, sundowning</b> , aggression); less cardiac effects than TCAs	√ Panic, chr. pain √ Sleep disorders: 50-100mg hs	50mg bid 600mg/d	50mg po hs 100mg po bid pc 200mg po bid pc	14 29 51
<b>Amitriptyline ELAVIL</b> (10, 25,50mg; 75mg* tab)	<b>5HT &amp; NE EFFECTS</b>  tertiary (3°) amine TCA's	++++	++++	<b>General TCA SE:</b> ↑HR, ↓BP (Tx: fluid+/- Florinef), <b>weight gain</b> , sexual dysfx, sweating, rash, tremors, ECG abnormalities, seizures •fatal in overdose <sup>13</sup> (≥2gm) due to cardiac & neurologic toxicity. •2° amines generally better tolerated than 3° amines (less dry mouth, dizziness & weight gain)	•10-30mg hs for sleep disorders & chronic pain •Cp •especially effective for <b>OCD</b> •Most serotonergic TCA; •Cp •higher risk of seizures •Most histamine block; •Cp •√ psychoneurotic/anxious dep.	<b>Therapeutic Uses</b> <sup>14</sup> √ Pain Syndromes & sleep disorders <sup>15</sup> (amitriptyline; but 2° TCA nortriptyline also useful and often better tolerated) √ Neuropathy √ Agitation & insomnia √ Panic→ imipramine √ Migraine prophylaxis <sup>16</sup> (esp. amitriptyline, nortriptyline) √ ADD (ie. desipramine)	10-25mg hs 300mg/d	50 mg po hs 200mg po hs	15 34		
<b>Clomipramine ANAFRANIL</b> (10, 25, 50mg tab)					++++	++++	•Cp √ Childhood enuresis (age 6+)	√ Panic→ imipramine √ Migraine prophylaxis <sup>16</sup> (esp. amitriptyline, nortriptyline) √ ADD (ie. desipramine)	10-25mg hs 300mg/d	50 mg po hs 150mg po hs 200mg po hs	22 51 65
<b>Doxepin SINEQUAN</b> (10,25,50,75,100,150mg cap)					+++	++++	•Most NE activity •Least ACH side effects •Cp	√ Panic→ imipramine √ Migraine prophylaxis <sup>16</sup> (esp. amitriptyline, nortriptyline) √ ADD (ie. desipramine)	10-25mg hs 300mg/d	50 mg po hs 150mg po hs (3x50mg) 200mg po hs (4x50mg)	15 52
<b>Imipramine TOFRANIL</b> (10, 25, 50mg tab)					+++	+++	•Least hypotensive TCA •Cp (response may be higher at low end ~50mg of dosage range <sup>17</sup> )	√ Neuropathy √ Agitation & insomnia √ Panic→ imipramine √ Migraine prophylaxis <sup>16</sup> (esp. amitriptyline, nortriptyline) √ ADD (ie. desipramine)	10-25mg hs 300mg/d	50 mg po hs 150mg po hs 200mg po hs	18 40 51
<b>Desipramine NORPRAMIN</b> (10, 25, 50, 75,100mg tab) (50mg tabs better price in SK)	<b>NE &gt; 5HT</b> secondary (2°) amine TCA's	++	++	•Least hypotensive TCA •Cp (response may be higher at low end ~50mg of dosage range <sup>17</sup> )	•Most NE activity •Least ACH side effects •Cp	10-25mg hs 300mg/d	50 mg po hs 150mg po hs (3x50mg) 200mg po hs (4x50mg)	20 44 56			
<b>Nortriptyline AVENTYL</b> (10, 25mg cap)					+++	++	•Least hypotensive TCA •Cp (response may be higher at low end ~50mg of dosage range <sup>17</sup> )	√ ADD (ie. desipramine)	10mg hs 150mg/d	25mg po hs 50mg po hs 100mg po hs	15 21 33
<b>Venlafaxine EFFEXOR</b> (Reg. 37.5, 75mg reg.) (XR 37.5mg, 75mg, 150mg caps) (contents of XR caps may be sprinkled)	<b>SNRI 5HT &amp; NE</b> (also some DA)	++	+	•As dose ↑: ↑BP, agitation, tremor, sweating, nausea~37%, headache, sleep disturbances •caution: <b>withdrawal effects</b>	•initial nausea; "clean TCA" •side effects similar to SSRIs; •low wt. gain; few drug interaction •adjust dose for ↓ renal fx	18.75-37.5mg bid 375mg/d	37.5mg po bid cc 75mg po bid cc 75mg or 150mg XR po od 225mg XR po daily	63 119 63 122			
<b>Bupropion SR WELLBUTRIN</b> (100mg, 150mg tab)	<b>NDRI DA &amp; NE</b>	0	0	agitation, insomnia, tremor, ↓appetite, GI upset, psychos.	•↑d risk of seizure ~0.4% 400mg/d •less sex dysfx, low wt. gain	100mg od am 450mg/d	100mg po bid 150mg po bid	45 64			
MAOIs: non-selective & irreversible; ✓ atypical/refractory depression; enzyme effect ~10days; many DI's & food cautions (tyramine-hypertensive crisis); phenelzine <b>NARDIL</b> 15mg tab bid-tid; tranylcypromine <b>PARNATE</b> 10mg tab bid-tid											
<b>Mirtazapine REMERON</b> 30mg tab	NaSSA <sub>5HT &amp; NE</sub>	+++	++++	Dry mouth, sedation, DI-clonidine	↑ appetite & weight; ↓ sexual dysfx	15-45mg/day	30mg po hs	51			
<b>Moclobemide MANERIX</b> (100,150,300mg tab) (150mg tab cheaper)	<b>RIMA</b> Selective & Reversible	+	0	Dry mouth, dizzy, headache, nausea, tremor, restless, less sex dysfx	•no dietary tyramine precaution •enzyme effect lasts ~24hrs DI: mepredine, sympathomimetics, DM...	100mg bid 600-900mg/d	150mg po bid pc 300mg am & 150pm pc 300mg po bid pc	28 38 58			

◆ EDS ✗ non-formulary in SK ▼ prior approval Indian affairs COST for Sask. pt. (includes markup & dispensing fee) 5HT =serotonin ACH =anticholinergic effects (dry mouth, constipation, urinary hesitancy, blurred vision) ADD =attention deficit disorder BP =blood pressure Cp =plasma levels avail DA =dopamine DI =drug interactions epi =epinephrine GI =gastro-intestinal HR =heart rate MAOI =monoamine oxidase inhibitors NE =norepinephrine OCD =obsessive compulsive disorder RIMA reversible inhibitor of MAO-A SE =side effects SED =sedation SSRI =selective 5HT reuptake inhibitor TCA =tricyclic antidepressant Tx =treatment wk =week wt =weight INITIAL DOSE -Lower initial dose rec for elderly/sensitive pts. i =initial dose lower than usual effective dose. Pregnancy: C agents: fluoxetine (most clinical experience) & paroxetine (inactive metabolites). B agents: bupropion & sertraline but less clinical experience.

**Table 1: Adverse Effects: Management Options**<sup>18,19</sup>

- **Dizziness** ☞ check BP for **orthostatic hypotension**; mild symptoms may attenuate over several weeks; ↓ dose or switch agent; encourage adequate fluid intake & avoid excessive salt restriction; Florinef 0.1mg po od & titrate
- **Sedation/ feeling medicated/ foggy** ☞ may attenuate over 1-2 weeks; give single dose 1-2 h prior to bedtime; ↓ dose or choose alternative agent
- **Peripheral anticholinergic effects** ☞ tolerance may develop over several weeks; switch to alternative agent; treatment options for some Sx:
  - **blurry vision** - pilocarpine eye drops; methylcellulose drops for dry eyes
  - **urinary hesitancy** - bethanechol 25-50mg po tid-qid
  - **abdominal cramps, nausea, diarrhea** - adjust dose
  - **dry mouth** - sugarless gum; saliva substitutes (e.g. ORAL balance Gel)
  - **constipation** - adequate hydration, activity, bulk forming laxatives
- **Weight gain** ☞ modify & monitor diet & activity; switch to alternate agent
- **Sexual dysfunction** ☞ distinguish etiology (drug vs illness); switch to: (bupropion, mirtazapine, moclobemide, venlafaxine<sup>↓dose</sup>); adjust dose; Other:
  - ↓ libido → neostigmine 7.5-15mg 30min prior to intercourse
  - impaired erection → bethanechol 10mg po tid
  - anorgasmia → cyproheptadine (Periactin) 4mg po qam
  - antidepressant induced erectile dysfunction → sildenafil may help<sup>20</sup>
- **Myoclonus** ☞ TCA toxicity; reassess dose/levels; clonazepam 0.25mg tid
- **Insomnia & anxiety (5HT related)** ☞ ↓dose; administer in am; + short course of trazodone 50-100mg hs; switch to alternate agent (e.g. nefazodone)
- **SIADH (syndrome of inappropriate antidiuretic hormone secretion)** (hyponatremia) ☞ DC causative agent; fluid restriction (1 l/d)
- **Serotonin Syndrome**<sup>21</sup> (e.g. excitement, diaphoresis, rigidity, ↑ temp, ↑ reflexes, ↑ HR, ↓ BP) D/C serotonergic agents; Tx: Periactin 4mg po q4h
- **Discontinuation syndrome** with abrupt withdrawal of agents a flu-like syndrome (FINISH: flu, insomnia, nausea, imbalance, sensory disturbances & hyperactivity) may occur. Tx: **TAPER** off original antidepressants slowly over several days or give benztropine (for cholinergic rebound → nausea/vomiting, sweating), lorazepam (for agitation/insomnia), propranolol (for akathisia) as necessary.

**Table 4: Individualizing Therapy Considerations**<sup>22</sup>

- Anxiety/Panic** ✓ SSRIs, venlafaxine
- Anxiety, Comorbid** ✓ moclobemide, mirtazapine, ? buspirone
- Atypical\*** ✓ moclobemide, MAOIs, SSRIs
- Bipolar** ✓ mood stabilizer (+/- antidepressant) e.g. lithium, valproic acid, carbamazepine
- Cardiac Condition** ✓ SSRIs, MAOIs, bupropion
- Chronic Pain/Neuropathy**<sup>23</sup> ✓ amitriptyline, desipramine,
- Elderly**<sup>24,25</sup> ✓ SSRI (C,C,P,S,X,Z); venlafaxine; RIMA; bupropion; 2° TCA
- Migraine**<sup>26</sup> ✓ amitriptyline, nortriptyline
- Obsessive Compulsive** ✓ SSRI (high dose), clomipramine
- Orthostatic Hypotension** ✓ venlafaxine (↑BP); nortriptyline, SSRIs (ambulation, hydration, gradual dose titration)
- Phobic** ✓ moclobemide, MAOI, paroxetine?
- Psychotic** ✓ + antipsychotic (or amoxapine)
- Seizure History** ✓ trazodone, SSRIs, moclobemide, venlafaxine
- Sleep Disorders**<sup>27</sup> ✓ trazodone, amitriptyline
- Smoking Cessation** ✓ bupropion, nortriptyline
- Weight Gain, Less**<sup>28</sup> ✓ bupropion, SSRIs, RIMA, venlafaxine

**Table 2: Precautions**<sup>29</sup>

**TCAs:** benign prostatic hypertrophy, history of urinary retention, uncorrected angle closure glaucoma, history of seizure, post-MI - acute recovery phase, cardiovascular disease, cholinergic rebound upon withdrawal from high doses (dizziness, nausea, diarrhea, insomnia, restlessness, cardiac conduction delays, heart block; arrhythmias)

**SSRIs:** hepatic dysfunction (↑ levels & half-life), irritable bowel syndrome, CNS overstimulation (e.g. **serotonin syndrome**)<sup>30</sup> especially if used in combination with other serotonergic drugs (buspirone, lithium, MAOI, meperidine, mirtazapine, ondansetron, sibutramine, St. John's Wort, sumatriptan, tramadol, tryptophan, TCA)<sup>31</sup>; withdrawal syndrome: dizziness, GI upset, headache, agitation/restlessness, sleep disturbance (usually mild & transient; less common with fluoxetine)<sup>32</sup>

**MAOIs:** hypertensive crisis can occur secondary to foods containing **tyramine** (e.g. **HIGH** → Unpasteurized cheese (cheddar, camembert, blue), yeast extract, herring, aged unpasteurized meats, broad bean pods; **MODERATE** → avocado, meat extract, certain ales & beers, wines; **LOW** → fruits, cream & cottage cheese, distilled spirits, chocolate); Contraindicated in: cerebrovascular / cardiovascular disease, pheochromocytoma, geriatric or debilitated, hx. of severe headache.

**Bupropion:** Contraindicated in patients with seizure disorder, history of bulimia or anorexia nervosa

**Pediatric Precautions:** Safety of antidepressants in children is not well established. Imipramine is indicated for enuresis in kids ≥6 yrs. Fluoxetine<sup>depression & OCD</sup>, fluvoxamine<sup>OCD</sup> & sertraline<sup>OCD</sup> are FDA approved.

**Pregnancy:** Consider risk versus benefit! ECT & psychotherapy are non-drug options. TCAs & SSRIs have the most clinical data to substantiate their safety (Pregnancy category B agents: bupropion & sertraline but less clinical experience. Some C agents may be preferable: **fluoxetine** (most clinical experience) & **paroxetine** (no active metabolites). Use lowest dose and try to taper off 5-10 days before delivery.<sup>33,34,35,36,37,38,39</sup>

**Elderly:** extra caution required; med dose: start low & go slow

**Relative Seizure Risk:**<sup>40</sup>  
 HIGH → maprotiline, amoxapine, clomipramine, bupropion  
 LOW → amitriptyline, imipramine, trimipramine, nortriptyline, desipramine, doxepin  
 LOWEST → trazodone, SSRI'S, MAOI'S, moclobemide, venlafaxine


\* **Atypical depression** defined as: mood reactivity; irritability; hypersomnia; hyperphagia; psychomotor agitation & hypersensitivity to rejection.

**DRUG INTERACTIONS:** Various cytochrome **P450 inhibition**<sup>41</sup> by SSRIs. Less DI's<sup>42</sup>: **citalopram, mirtazapine, moclobemide, sertraline & venlafaxine.**

Drug	CYP450 1A2	CYP450 2C9	CYP450 2C19	CYP450 2D6	CYP450 3A4
citalopram	0	0	0	+	0
fluoxetine	+	++	+ to ++	+++	+ to ++
fluvoxamine	+++	++	+++	+	++
paroxetine	+	+	+	+++	+
sertraline	+	+	+	+ to ++	+

**Table 3: Switching Antidepressants: Recommended washout period (DAYS) in outpatients**<sup>43,44,45</sup>

The more critical recommendations are in **bold**; risks of toxicity are greater with higher dosage regimens and inadequate washout period. **Some urgent cases may necessitate shorter delays in switching.**

FROM																				
amitriptyline	1*	1 <sup>#</sup>	1-7 <sup>†</sup>	7 <sup>†</sup>	1 <sup>†</sup>	1-7 <sup>†</sup>														
<b>clomipramine</b>	1*	1 <sup>#</sup>	<b>7-14<sup>†</sup></b>	7 <sup>†</sup>	<b>1<sup>†</sup></b>	<b>7-14<sup>†</sup></b>														
doxepin	1*	1 <sup>#</sup>	1-7 <sup>†</sup>	7 <sup>†</sup>	<b>1<sup>†</sup></b>	1-7 <sup>†</sup>														
imipramine	1*	1 <sup>#</sup>	1-7 <sup>†</sup>	7 <sup>†</sup>	1 <sup>†</sup>	1-7 <sup>†</sup>														
desipramine	1*	1 <sup>#</sup>	1-7 <sup>†</sup>	7 <sup>†</sup>	<b>1<sup>†</sup></b>	1-7 <sup>†</sup>														
nortriptyline	1*	1 <sup>#</sup>	1-7 <sup>†</sup>	7 <sup>†</sup>	<b>1<sup>†</sup></b>	1-7 <sup>†</sup>														
mirtazapine	1 <sup>#</sup>	<b>1<sup>†</sup></b>	3 <sup>†</sup>	7 <sup>†</sup>	<b>3<sup>†</sup></b>	3 <sup>†</sup>														
venlafaxine	1 <sup>#</sup>	<b>1<sup>†</sup></b>	3 <sup>†</sup>	7 <sup>†</sup>	<b>3<sup>†</sup></b>	3 <sup>†</sup>														
<b>fluoxetine</b>	<b>35<sup>†</sup></b>	<b>35<sup>†</sup></b>	<b>1<sup>†</sup></b>	<b>35<sup>†</sup></b>	<b>35<sup>†</sup></b>	<b>1<sup>†</sup></b>														
fluvoxamine	1-7 <sup>†</sup>	7 <sup>†</sup>	1 <sup>#</sup>	7 <sup>†</sup>	1 <sup>†</sup>	1+														
paroxetine	1-7 <sup>†</sup>	7 <sup>†</sup>	1 <sup>#</sup>	<b>10<sup>†</sup></b>	1 <sup>†</sup>	1+														
sertraline	1-7 <sup>†</sup>	7 <sup>†</sup>	1 <sup>#</sup>	<b>10<sup>†</sup></b>	1 <sup>†</sup>	1+														
nefazodone	1-3 <sup>†</sup>	3 <sup>†</sup>	1 <sup>#</sup>	7 <sup>†</sup>	1 <sup>†</sup>	1+														
trazodone	1-7 <sup>†</sup>	7 <sup>†</sup>	1 <sup>#</sup>	7 <sup>†</sup>	2 <sup>†</sup>	1+														
<b>phenelzine</b>	<b>10-14</b>	<b>14</b>	<b>10-14</b>		<b>14</b>	<b>14</b>														
<b>tranylcypromine</b>	<b>10-14</b>	<b>14</b>	<b>10-14</b>	<b>14</b>		<b>14</b>														
<b>bupropion</b>	<b>1-3<sup>†</sup></b>	<b>1<sup>†</sup></b>	<b>1<sup>†</sup></b>	<b>7<sup>†</sup></b>	<b>3<sup>†</sup></b>															
<b>moclobemide</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>		<b>2</b>														
<b>SWITCH TO</b> 	<table border="1"> <tr> <td>amitriptyline, clomipramine</td> <td rowspan="4">phenelzine</td> <td rowspan="4">tranylcypromine</td> <td rowspan="4">moclobemide</td> <td rowspan="4">bupropion</td> </tr> <tr> <td>doxepin, imipramine</td> </tr> <tr> <td>desipramine, nortriptyline</td> </tr> <tr> <td>mirtazapine, venlafaxine</td> </tr> <tr> <td>fluoxetine, fluvoxamine, paroxetine</td> <td rowspan="2">phenelzine</td> <td rowspan="2">tranylcypromine</td> <td rowspan="2">moclobemide</td> <td rowspan="2">bupropion</td> </tr> <tr> <td>citalopram, sertraline, nefazodone, trazodone</td> </tr> </table>						amitriptyline, clomipramine	phenelzine	tranylcypromine	moclobemide	bupropion	doxepin, imipramine	desipramine, nortriptyline	mirtazapine, venlafaxine	fluoxetine, fluvoxamine, paroxetine	phenelzine	tranylcypromine	moclobemide	bupropion	citalopram, sertraline, nefazodone, trazodone
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\* no washout required; use equivalent dose;  
 † taper first drug; start 2<sup>nd</sup> drug at a low dose;  
 # taper first drug over 3-7 day prior to initiating 2<sup>nd</sup> drug;  
 ## taper if high dose; maintain dietary restriction for 10d;  
 ! use lower doses of 2<sup>nd</sup> drug initially; longer tapering period (8 weeks) may be required for high doses of fluoxetine

**Antidepressant drug interactions: see page 37.**

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- <sup>2</sup>Micromedex Drug Information, 2003.
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- <sup>4</sup>**Treatment Guidelines:** Drugs for Psychiatric Disorders. **The Medical Letter:** July, 2003; p. 69-76.
- <sup>5</sup>Modell JG, Katholi CR, Modell JD, et. al. Comparative sexual side effects of bupropion, fluoxetine, paroxetine, and sertraline. *Clin Pharmacol Ther* 1997;61(4):476-87.
- <sup>6</sup>Gonzalez M, Llorca G, Izquierdo JA, et. al. *J Sex Marital Ther* 1997;23(3):176-94.
- <sup>7</sup>Ditto KE. SSRI discontinuation syndrome. Awareness as an approach to prevention. *Postgrad Med*. 2003 Aug;114(2):79-84.
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- <sup>9</sup>Pearlstein T. Selective serotonin reuptake inhibitors for premenstrual dysphoric disorder: the emerging gold standard? *Drugs*. 2002;62(13):1869-85.
- <sup>10</sup>Bezchlibnyk-Butler K. Serotonergic antidepressants: Drug response and drug-drug interactions. *Pharmacy Practice:National CE Program* 1998;Aug:1-8.
- <sup>11</sup>Stewart DE. Hepatic adverse reactions associated with nefazodone. *Can J Psychiatry*. 2002 May;47(4):375-7.
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- <sup>13</sup>Buckley NA, McManus PR. Fatal toxicity of serotonergic and other antidepressant drugs: analysis of United Kingdom mortality data. *BMJ*. 2002 Dec 7;325(7376):1332-3.
- <sup>14</sup>Furukawa TA, McGuire H, Barbui C. Meta-analysis of effects and side effects of low dosage tricyclic antidepressants in depression: systematic review. *BMJ*. 2002 Nov 2;325(7371):991.
- <sup>15</sup>Houdenhove BV, Onghena P. Pain and Depression in Depression and Physical Illness. Editors: Robertson MM, Katona CLE. Wiley & Sons, New York, 1997.
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