Drug Class	Drug (Brand)	Formulations	Dosing	Pearls	Pharm. Props.	Side effects
S **S** **R** **I**	Fluoxetine (Prozac) FDA: MDD ≥ 8yo, OCD ≥ 7yo	Capsules: 10/20/40mg Tabs: 10/20/60mg Sol: 20mg/5mL	Start 10mg/day (5mg/day for lower wt pts), initial target 20mg/day 10-20mg increments/ decrements Max 60mg/day (20-30mg/day for lower wt pts)	Good for nonadh. pts due to long T ½ Full effects may not be evident until 8-12 weeks Less likely discontinuation symptoms	T ½: 4-6 days, 1˚ metabolite ~9 days Strong 2D6 inhibitor, strong 2C19 inhibitor	<u>*Common*</u> Nausea (take with food, consider QHS) Dry mouth (increase PO fluid frequency) Headache (increase PO fluid intake) Insomnia/somnolence (consider change to QAM/QHS) Fatigue (behavioral activation strategies) Diarrhea/constipation (increase PO fiber/fluids) Sexual side effects (sexual health ed [if approp], decrease dose, switch within SSRIs or to bupropion [if not treating anxiety]) <u>*Rare*</u> Increased suicidal ideation (evaluate, differentiate from existing/worsened symptoms, may need to consider stopping and/or send to ED) Serotonin Syndrome (stop, to ED)
	Sertraline (Zoloft) FDA: OCD ≥ 6yo	Tabs: 25/50/100mg Sol: 20mg/mL	Start 25mg/day, initial target ~50mg/day 25-50mg increments/ decrements Max 200mg/day	Generally fewer interactions w/ other medications Can improve alertness in some	T ½: 26 hours, 1˚ metabolite 2-4 days Weak 2D6 inhibitor (dose-dependent); weak 3A4 inhibitor	
	Escitalopram (Lexapro) FDA: MDD ≥ 12yo	Tabs: 5/10/20mg Sol: 5mg/5mL	Start 5mg/day, initial target ~10mg/day 5-10mg in/decrements Max 20mg/day	Generally fewer interactions w/ other medications	T ½: 19 hours Weak 2D6 inhibitor	
	Citalopram (Celexa)	Tabs: 10/20/40mg Sol: 10mg/5mL	Start 10mg/day, initial target 20mg/day 10-20mg in/decrements Max 40mg/day	FDA warning re: increasing risks for QTc prolongation, advised against going above 40mg daily	T ½: 35 hours Weak 2D6, 2C19 inhibitor	

	Fluvoxamine (Luvox) FDA: OCD ≥ 8yo	Tabs: 25/50/100mg	Start 25mg QHS, initial target 50mg/day 25-50mg in/decrements Max 200mg/day up to 11yo, 300mg/day 11+yo	Generally BID dosing	T ½: 15.6 hours Strong 1A2, 2C19 inhibition, weak 2C8, 2C9, 3A4 inhibition	Altered bleeding function (careful w/ pre-existing/FH of bleeding problems) Flip to hypo/mania (stop, evaluate, may need to send to ED) Seizure (moreso in pre-existing SZ d/o's, overdose, CHI, co-morbid eating d/o)
SNRI	Venlafaxine (Effexor)	Tabs: 25/37.5/ 50/75/100mg ER Caps: 37.5/75/150mg ER Tabs: 37.5/75/150/ 225mg	Start 37.5mg daily, initial target 75mg/day 37.5-75mg in/decrements Max 225mg/day	Generally recommend ER formulations Can have discontinuation syndrome, so need slow tapers off	T ½: 5 hours 2D6, 3A4 substrate	HTN (monitor over multiple visits, may need to switch) Otherwise similar to SSRIs, including minimal increased SI risk
	Duloxetine (Cymbalta) FDA: GAD ≥ 7yo	Caps: 20/30/40/ 60mg	Start 30mg daily, initial target 30mg 30mg in/decrements Max 120mg/day	Some limited evidence for intrinsic analgesic effect in adults	T ½: 12 hours Moderate 2D6 inhibitor	Similar to SSRIs, including minimal increased SI risk