


Summary of comparative efficacy, safety and cost of antidepressants

Class	Drug	Efficacy	Safety								Cost*	Overall
			Anticholinergic effects	Drowsiness	Insomnia and agitation	GI	Headache	Withdrawal effects	Drug-drug interactions	Risk in overdose		
SSRI	citalopram (Celexa)					N						
	sertraline (Zoloft)					N						
	paroxetine (Paxil)					N						
	escitalopram (Lexapro)					N						
	fluoxetine (Prozac)					N						
SNRI	venlafaxine (Effexor) [†]		+			N						
	duloxetine (Cymbalta)					N						
TCA	amitriptyline (Elavil)					C						
	imipramine (Tofranil)					C						
	nortriptyline (Pamelor)		++			C						
	desipramine (Norpramin)		++			C						
Other	bupropion (Wellbutrin)											
	mirtazapine (Remeron)		+									

N = nausea/vomiting; **C** = constipation

 Best outcome

 Intermediate

 Problem

* Based on generic formulation.

+ Anticholinergic-like effects likely attributable to adrenergic activation.

++ These agents may have less anticholinergic effects than other TCAs but they are still associated with a high degree of side effects in the elderly.

† Venlafaxine lost patent protection in June 2008. Prices for Effexor and Effexor XR are expected to drop substantially over the next year.

Convenient depression screening tools

The Geriatric Depression Scale – 5 Item Version

1. Are you basically satisfied with your life? (depressed = “no”)
2. Do you often get bored? (depressed = “yes”)
3. Do you often feel helpless? (depressed = “yes”)
4. Do you prefer to stay at home rather than going out and doing new things? (depressed = “yes”)
5. Do you feel pretty worthless the way you are now? (depressed = “yes”)

Two or more depressive responses suggests the diagnosis of depression.

sensitivity=0.94, specificity=0.81

Hoyle MT, et al. Development and testing of a five-item version of the Geriatric Depression Scale. *J Am Geriatr Soc.* 1999;47(7):873-878.

2 question screening tool

1. During the past month, have you been bothered by feeling down, depressed, or hopeless?
2. During the past month, have you been bothered by little interest or pleasure in doing things?

sensitivity=0.97, specificity=0.67

Arroll B, et al. Screening for depression in primary care with two verbally asked questions: cross sectional study. *BMJ.* 2003;327(7424):1144-1146.

These are general recommendations only; specific clinical decisions should be made by the treating physician based on the individual patient's clinical condition.

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