

SSRIs- selective serotonin reuptake inhibitors

Mode of Action Blocks reuptake of serotonin, makes **MORE** Serotonin available.

Drugs Fluoxetine, Sertraline, paroxetine, citalopram, escitalopram

Side Effects Sexual Dysfunction (apathy, anorgasmia), GI Dysfunction (N/V)

SSRIs First Line in treatment for depression but also **First Line for Suicide**

NDRI- Norepinephrine Dopamine reuptake inhibitor

Mode of Action Blocks reuptake of NE and Dopamine to make **MORE** available.

Drugs Bupropion

Side Effects SE: Insomnia, anorexia, weightless, tremor.

Contraindicated with seizure disorders, anorexia/bulimia

No serotonergic activities = no sexual dysfunction

SNRI- serotonin-norepinephrine reuptake inhibitors

Mode of action Increases both Serotonin and Norepinephrine

Drugs Venlafaxine, Desvenlafaxine, **Duloxetine**, Levomilnacipran.

Side Effects NE (tremors, tachycardia, ED) Serotonin (Sexual dysfunction, GI Dysfunction).

ALERT Monitor HTN & Tachycardia (especially Levomilnacipran) due to *greater NE* uptake.

Duloxetine used for depression & generalized anxiety disorder, chronic musculoskeletal pain.

TCAs- Tricyclic Antidepressants

Mode of Action blocks reuptake of NE and NE/serotonin, increasing availability

Drugs Nortriptyline, Amitriptyline

Side Effects SE: (*too many*) but includes sedation, anticholinergic effects, postural hypotension.

Can take longer to reach therapeutic dose (10-14days) and max effect (4-8 weeks).

TCAs far more lethal in OD due to cardiac conduction disturbances from increased sodium channel blockade. *was first developed but no longer first choice*

memory trick Amy-Trips-on things (sedation, postural hypotension etc)

NaSSA- Norepinephrine & serotonin specific AntiD

Mode of Action increase transmission of serotonin specific antidepressant

Drugs Mirtazapine

Side Effects SE: Sedation, increased appetite, weight gain.

Benefits anti anxiety & antidepressant effects with minimal sexual dysfunction, improved sleep, minimal GI symptoms

MAOIs- monoamine Oxidase Inhibitors

Mode of Action Inhibit the action of **MAO** prevents destruction of **monoamines** results in increased levels of neurotransmitters.

Drugs Isocarboxazid, Phenelzine

Side Effects Consideration: **Tyramine** is a monoamine. If consumed cannot be broken down by liver. If consumed can produce vasoconstriction = increased BP, risk of hypertensive crisis.

MAOIs- monoamine Oxidase Inhibitors (cont)

Patient Education with **MAOIs** give list of food/drugs to avoid/moderation) Foods rich in Tyramine: aged cheeses, anything pickled, smoked fish. Drugs interactions: anything that increases serotonin or epinephrine can increase risk of hypertensive crisis or risk of Serotonin syndrome (dangerous levels of Serotonin).

Monoamines are neurotransmitters: NE, Epinephrine, dopamine, serotonin and other foods/drugs.

MAO is an enzyme that destroys Monoamines.

Serotonin Syndrome: think hot and sweaty.