

First-Line Treatment Options for Depression, Generalized Anxiety Disorder, PTSD, OCD

Medication	sertraline* (Zoloft)	fluoxetine (Prozac)	citalopram (Celexa)	escitalopram (Cipralex)
Starting dose	25 mg qAM (if sedating, change to qHS)	10 mg qAM	10 mg qAM	5 mg qAM
Titration Schedule	titrate by 25 mg, q 4-7 days as tolerated	titrate by 10 mg, q 4-7 days as tolerated	titrate by 10 mg, q 4-7 days as tolerated	titrate by 5 mg, q 4-7 days as tolerated
Usual target dose	200 mg	40 mg	40 mg	20 mg
Therapeutic range***	100-200 mg	40-60 mg	20-40 mg	10-20 mg
Maximum dose***	250 mg	80 mg	60 mg**	30 mg**
Individualized approach to titration	Slower titration (e.g., every 10-14 days) may be needed for patients who are antidepressant naïve or with significant anxiety about using medications. Starting at lower doses and titrating more frequently by smaller increments (compared to usual prescribing guidelines) minimizes side effects and can facilitate better adherence.			

*Lowest degree of passage into breast milk compared to other first-line antidepressants.
 **Side effects include QTc prolongation: Obtain baseline ECG at 40 mg citalopram/20 mg escitalopram; titrate by 10 mg citalopram/5 mg escitalopram q week and repeat ECG with each increase. Target QTc <460ms in women.
 ***Anxiety disorders generally require higher treatment doses. Dilutional effects may warrant higher doses in 3rd trimester.

Notes on domperidone:
 QTc-prolonging; monitor ECG if co-administering with antidepressant
 Abrupt discontinuation can precipitate psychiatric symptoms