

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

Medication	duloxetine* (Cymbalta)	venlafaxine* (Effexor XR)	fluvoxamine (Luvox)	paroxetine** (Paxil)	mirtazapine (Remeron)	bupropion HCL*** (Wellbutrin XL)
Starting dose	30 mg qAM	37.5 mg qAM	25 mg qHS	10 mg qAM (if sedating, change to qHS)	7.5 mg qHS	150 mg qAM
Initial increase after 4 days	--	--	--	--	increase to 15 mg	--
Titration schedule	titrate by 30 mg, q 4-7 days as tolerated	titrate by 37.5 mg, q 4-7 days as tolerated	titrate by 25 mg, q 4-7 days as tolerated	titrate by 10 mg, q 4-7 days as tolerated	titrate by 30 mg, q 4-7 days as tolerated	titrate by 150 mg, q 7 days as tolerated
Usual target dose	60 mg	225 mg	200 mg	40 mg	30 mg	300 mg
Therapeutic range***	60-120 mg	150-300 mg	50-200 mg	20-60 mg	30-45 mg	300-450 mg
Maximum dose***	120 mg	375 mg	250 mg	80mg	60 mg	450 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.					

*monitor blood pressure; theoretically elevated risk of Poor Neonatal Adaptation Syndrome (PNAS) but less than paroxetine.

**theoretically highest risk of PNAS

***contraindicated if history of seizures, bulimia

Notes on domperidone:

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