

Comparing antidepressant monotherapies based on adverse effects

We do not have consistent ways to predict the effectiveness or the likelihood of specific adverse effects of antidepressant medication for a given patient – we anticipate an average response for each person, adjusting our expectations based on a given individual’s experience with medication in the past.

The Mayo Clinic Depression Medication Choice Decision Aid provides additional details on individual medications. This tool is available at: <https://depressiondecisionaid.mayoclinic.org/shouldknow>. Please note that the Mayo Clinic decision aid may not be up-to-date and should not be singularly relied upon.

We recommend discussing each of these pro and con points with patients when deciding together on treatment options.

	Pros	Cons
SSRI	<ul style="list-style-type: none"> ▶ Most extensive evidence base encompassing MDD plus PTSD, multiple anxiety conditions, OCD 	<p>Early/often resolve within 2wks</p> <ul style="list-style-type: none"> ▶ Anxiety increase (temporary) ▶ GI (nausea, change in BMs) ▶ Headache <p>Longer term</p> <ul style="list-style-type: none"> ▶ Lower sexual health (lower sex drive, difficulty reaching orgasm, erectile dysfunction) ▶ Weight gain (generally minimal) ▶ Can prompt mania in bipolar disorder ▶ Emotional blunting, fatigue ▶ Some agents may have considerable discontinuation symptoms
SNRI	<ul style="list-style-type: none"> ▶ May benefit co-morbid pain ▶ May benefit co-morbid ADHD (low evidence) 	<p>Same as SSRIs PLUS</p> <ul style="list-style-type: none"> ▶ Excessive sweating ▶ Hypertension ▶ Higher risk to prompt mania in bipolar disorder
Bupropion	<ul style="list-style-type: none"> ▶ Weight neutral ▶ Less sedating/can be energizing ▶ May benefit co-morbid ADHD (low evidence) 	<ul style="list-style-type: none"> ▶ Seizure risk (w/ epilepsy or w/ eating disorders) ▶ Doesn't treat anxiety, can worsen anxiety ▶ Lower risk of mania than SNRI, SSRI
Mirtazapine	<ul style="list-style-type: none"> ▶ Improved sleep (at 15mg or less) ▶ Appetite stimulation ▶ Low risk of GI effects 	<ul style="list-style-type: none"> ▶ Sedation ▶ Weight gain ▶ Lower risk of mania than SNRI, SSRI

You can get this document in other languages, large print, braille or a format you prefer. Contact Oregon Prescription Drug Program, Amanda Parish at 503-383-8142 or email amanda.b.parish@dhsosha.state.or.us. We accept all relay calls or you can dial 711.