

# Selecting an antidepressant for depression and anxiety in older adults<sup>1-6</sup>

Class considerations for older adults Refer to the back page for additional safety considerations.	Active ingredient <sup>a</sup>	Dosage recommendations for older adults <sup>2,3</sup>			Individual considerations	
		Initiate	Maintenance	Maximum	Many antidepressants are metabolised by CYP450 enzymes. <sup>1</sup> Review carefully for drug interactions before prescribing, especially in older adults	
<b>Selective serotonin reuptake inhibitors (SSRIs)</b> <b>Effectiveness:</b> Generally regarded as first-line therapy in older adults due to favourable risk-benefit ratio, with the exception of fluoxetine and paroxetine. <sup>1,3</sup> <b>Tolerability:</b> Considered better tolerated than SNRIs and TCAs. <sup>3</sup> <b>Safety considerations:</b> <ul style="list-style-type: none"><li>Increased risk of GI bleeding<sup>2</sup>; use cautiously in patients at high risk (i.e. &gt;80 years, history of GI bleed, or on aspirin/NSAIDs).<sup>4</sup></li><li>Associated with an increased risk of falls and fractures.<sup>2</sup></li><li>May contribute to serotonin toxicity.</li></ul>	Citalopram	10 mg once daily	10–20 mg once daily	20 mg once daily	May prolong QT interval and increase risk of arrhythmia. Avoid use if risk factors cannot be corrected. <sup>4</sup>	
	Escitalopram	5 mg once daily	5–10 mg once daily	10 mg once daily	10 mg once daily	May prolong the QT interval and increase risk of arrhythmia. Avoid use if risk factors cannot be corrected. <sup>4</sup>
	Fluvoxamine	No formal recommendations available for dosing in older adults.			Nausea and sedation is common. <sup>3</sup>	
	Sertraline	25–50 mg once daily	50–100 mg once daily	100 mg once daily (occasionally 150 mg)	Higher incidence of diarrhoea compared to other SSRIs. <sup>3</sup>	
	Fluoxetine	20 mg once daily	20 mg once daily	40 mg once daily (60 mg can be used)	May prolong QT interval and increase risk of arrhythmia. Avoid use if risk factors cannot be corrected. <sup>4</sup> <b>Long half life makes it less suitable for frail older adults.<sup>2</sup></b>	
	Paroxetine	<b>Use with caution in the older adult as anticholinergic effects, sexual dysfunction and sedation more common than with other SSRIs.<sup>3</sup></b> <b>High risk of withdrawal symptoms.<sup>5</sup></b>				
<b>Tetracyclic antidepressant</b>	Mirtazapine <i>Depression only</i>	15 mg at night	15–30 mg at night	45 mg at night	Weight gain and sedation is common. <sup>4</sup> Sedation is inversely related to dose and may be excessive in older adults on 7.5 mg daily. <b>High risk of withdrawal symptoms.<sup>5</sup></b>	
<b>Serotonin and noradrenaline reuptake inhibitors (SNRIs)</b> <b>Effectiveness:</b> Similar efficacy to SSRI and mirtazapine. <b>Tolerability:</b> Tend to be less well tolerated than SSRI but better than TCA. <sup>3</sup> <b>Safety considerations:</b> As per SSRIs above plus <ul style="list-style-type: none"><li>May cause palpitations and tachycardia, increased BP and orthostatic hypotension. Use cautiously in patients with heart disease.<sup>4</sup> Control hypertension before starting desvenlafaxine or venlafaxine.</li></ul>	Desvenlafaxine	No formal recommendations available for dosing in older adults.			Dose-related hypertension. Monitor blood pressure. <sup>2</sup> <b>High risk of withdrawal symptoms.<sup>5</sup></b>	
	Duloxetine	30 mg once daily	60 mg once daily	120 mg once daily (caution: limited data at this dose)	<b>High risk of withdrawal symptoms.<sup>5</sup></b>	
	Venlafaxine	37.5 mg once daily	75–150 mg XR once daily	150 mg XR once daily (occasionally 225 mg)	Dose-related hypertension. Monitor blood pressure. <sup>2</sup> <b>High risk of withdrawal symptoms.<sup>5</sup></b>	
<b>Tricyclic antidepressants (TCAs)</b> <b>Effectiveness:</b> Generally reserved for treatment resistant major depression or severe melancholic depression. <sup>1</sup> <b>Tolerability:</b> Less tolerated than other antidepressants in older adults. <sup>1</sup> <b>Safety considerations:</b> <ul style="list-style-type: none"><li>Associated with an increased risk of falls and fractures.<sup>2</sup></li><li>Can produce measurable cognitive impairment due to anticholinergic effects.<sup>2</sup></li></ul>	Amitriptyline	Consider a lower starting dose with a more gradual increase			May prolong QT interval and increase risk of arrhythmia. Avoid use if risk factors cannot be corrected. <sup>4</sup>	
	Nortriptyline	10–25 mg at night	50–75 mg at night	No formal dose recommendation available for older adults.	Lower incidence of anticholinergic effects, orthostatic hypotension and sedation than the other TCAs. <sup>1</sup> May prolong QT interval and increase risk of arrhythmia. Avoid use if risk factors cannot be corrected. <sup>4</sup>	
<b>Other (not listed on the Pharmaceutical Benefits Scheme)</b>	Agomelatine <i>Depression only</i>	25 mg at night	25–50 mg at night	50 mg at night	Monitor liver function at baseline, before dose increases, and at 3, 6, 12, and 24 weeks after initiation or dosage adjustment. <sup>4</sup>	
		<b>Data suggests agomelatine is not effective in those aged &gt;75 years.<sup>3</sup></b>				
	Vortioxetine <i>Depression only</i>	5–10 mg once daily	5–20 mg once daily	20 mg once daily	May contribute to serotonin toxicity. Maximum dose for CYP2D6 poor metabolisers is 10 mg once daily. <sup>3</sup>	

□ Light green = first-line therapy  
□ Grey = second-line therapy  
□ Red = third-line therapy

Patients may need to try an alternative antidepressants before finding an effective treatment.<sup>1</sup>  
 Guidelines for switching between specific antidepressants are available from [Australian Prescriber](#).  
 This is not an exhaustive list of all antidepressants available in Australia. Not all third-line medications have been listed.

1. Therapeutic Guidelines ([url](#))  
 2. AMH Aged Care Companion ([url](#))  
 3. The Maudsley Prescribing Guidelines in Psychiatry, 14th Edition ([url](#))  
 4. Australian Medicines Handbook ([url](#))

5. The Maudsley Deprescribing Guidelines: Antidepressants, Benzodiazepines, Gabapentinoids and Z-drugs ([url](#))  
 6. NICE Depression in adults: treatment and management ([url](#))  
 7. Mayo Clinic Depression Medication Choice Decision Aid ([url](#))  
 8. Ottawa Depression Algorithm ([url](#))

# Summary of antidepressant adverse effects<sup>3,5,7,8</sup>

Active ingredient	Anticholinergic effects	Cardiac conduction issues <sup>a</sup>	Hyponatraemia <sup>b</sup>	Nausea/Vomiting	Postural hypotension	Sedation	Sexual dysfunction	Weight gain	Withdrawal
Citalopram	-	+	+++	++	-	-	+++	++	++
Escitalopram	-	+	+++	++	-	-	+++	++	++
Fluvoxamine	-	-	+++	+++	-	+	+++	+	++
Sertraline	-	-	+++	++	-	-	+++	+	++
Fluoxetine	-	+	+++	++	-	-	+++	+	++
Paroxetine	+	-	+++	++	-	+	+++	++	+++
Mirtazapine	+	-	+	+	+	+++	-	+++	+++
Desvenlafaxine		+	+++	+	+	+	+++	-	+++
Duloxetine	-	-	+++	++	+	-	++	+	+++
Venlafaxine	-	+	+++	+++	+	+	+++	+	+++
Amitriptyline	+++	+++	++	+	+++	+++	+++	+++	++
Nortriptyline	+	++	++	+	++	+	+	+	++
Agomelatine	-	-	+	-	-	+	-		-
Vortioxetine	-		+	++	+	-	+	-	+

Quality Use of Medicines Alliance



Helping consumers and health professionals make safe and wise decisions about medicines and diagnostics.  
Funded by the Australian Government through the Quality Use of Diagnostics, Therapeutics and Pathology Program.

© Medcast 2024. Published November 2024. ABN 11 166 955 433. Reasonable care is taken to provide accurate information at the time of creation. This information is not intended as a substitute for medical advice and should not be exclusively relied on to manage or diagnose a medical condition. Medcast disclaims all liability (including for negligence) for any loss, damage or injury resulting from reliance on or use of this information. Read [here](#) for further information.

+++ high incidence/severity; ++ moderate; + low; - very low/none

a. Obtain a baseline ECG if intending to use a TCA, venlafaxine, desvenlafaxine, citalopram, escitalopram **or** fluoxetine in people with existing cardiac disease.<sup>2</sup>

b. Increased risk of hyponatraemia. Consider monitoring sodium levels at baseline, during the first month, **or** if symptoms arise (i.e. decreased consciousness, unsteady gait, or confusion).<sup>4</sup>