



# Antidepressants Cheat Sheet: Your Mood-Boosting Squad!

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## 🌟 Meet Your Depression-Fighting Dream Team!

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Quick reference for choosing the perfect mood booster! 🎯

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### 🧠 SSRIs: The Serotonin Specialists

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*"We're the first-line mood boosters!"*

#### ❤️ Sertraline (Zoloft): "The Heart-Safe Hero"

- 🚁 **Superpower:** Cardiac safety champion
- ⚠️ **Watch out for:** GI upset (take with food!)
- 🎯 **Best for:** Heart patients, general depression
- 💡 **Pro tip:** Start 25-50mg, titrate slowly

#### ⚡ Fluoxetine (Prozac): "The Energizer"

- 🚁 **Superpower:** Long half-life, activating
- ⚠️ **Watch out for:** Too activating for some
- 🎯 **Best for:** Teens, sluggish depression
- 💡 **Pro tip:** Take in morning, great for motivation

#### 💚 Escitalopram (Lexapro): "The Gentle Giant"

- 🚁 **Superpower:** Best tolerability, minimal interactions
- ⚠️ **Watch out for:** Can be slightly sedating

-  **Best for:** Anxiety + depression, elderly
-  **Pro tip:** 10mg is often the sweet spot

## **Paroxetine (Paxil): "The Sleepy Specialist"**

-  **Superpower:** Great for anxiety, sedating
-  **Watch out for:** Weight gain, sexual side effects, withdrawal
-  **Best for:** Anxious depression, insomnia
-  **Pro tip:** Hardest to discontinue - taper slowly!

## **Citalopram (Celexa): "The QTc Watcher"**

-  **Superpower:** Generally well-tolerated
-  **Watch out for:** QTc prolongation >40mg
-  **Best for:** Elderly (lower doses)
-  **Pro tip:** Max 20mg if >60 years old

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## **SNRIs: The Dual-Action Dynamos**

*"We boost both serotonin AND norepinephrine!"*

### **Venlafaxine (Effexor): "The Blood Pressure Booster"**

-  **Superpower:** Dose-dependent norepinephrine effects
-  **Watch out for:** Can raise blood pressure
-  **Best for:** Treatment-resistant depression
-  **Pro tip:** Monitor BP, especially >150mg

### **Duloxetine (Cymbalta): "The Pain Fighter"**

-  **Superpower:** Excellent for pain + depression
-  **Watch out for:** Nausea, liver effects
-  **Best for:** Fibromyalgia, diabetic neuropathy

-  **Pro tip:** Take with food to reduce nausea

## **Desvenlafaxine (Pristiq): "The Kidney-Friendly Option"**

-  **Superpower:** No liver metabolism needed
-  **Watch out for:** Hypertension, withdrawal
-  **Best for:** Liver disease patients
-  **Pro tip:** Fixed 50mg dose for most

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## **Atypical Antidepressants: The Unique Squad**

### **Trazodone: "The Sleep Savior"**

-  **Superpower:** Sedation + antidepressant
-  **Watch out for:** Priapism (rare but serious!)
-  **Best for:** Depression + insomnia
-  **Pro tip:** 50-100mg for sleep, 300-400mg for depression

### **Bupropion (Wellbutrin): "The Energetic Motivator"**

-  **Superpower:** No sexual side effects, weight loss
-  **Watch out for:** Seizure risk, can't use with eating disorders
-  **Best for:** Smoking cessation, ADHD comorbidity
-  **Pro tip:** Avoid in bulimia/anorexia patients

### **Mirtazapine (Remeron): "The Appetite Booster"**

-  **Superpower:** Weight gain, sedation, anti-nausea
-  **Watch out for:** Significant weight gain
-  **Best for:** Elderly, cancer patients, poor appetite
-  **Pro tip:** More sedating at lower doses (paradox!)

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## TCAs: The Old-School Heroes

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*"We're vintage but effective!"*

### Amitriptyline: "The Pain & Sleep Specialist"

-  **Superpower:** Great for neuropathic pain
-  **Watch out for:** Anticholinergic effects, cardiotoxic
-  **Best for:** Chronic pain + depression
-  **Pro tip:** Start low (25mg), go slow

### Nortriptyline: "The Cleaner TCA"

-  **Superpower:** Less anticholinergic than amitriptyline
-  **Watch out for:** Still has TCA risks
-  **Best for:** When amitriptyline too sedating
-  **Pro tip:** Good TCA starter option

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## MAOIs: The Dietary Restriction Squad

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*"We're powerful but picky eaters!"*

### Phenelzine (Nardil): "The Social Anxiety Crusher"

-  **Superpower:** Excellent for atypical depression
-  **Watch out for:** Tyramine crisis, dietary restrictions
-  **Best for:** Treatment-resistant, atypical depression
-  **Pro tip:** Avoid aged cheese, wine, cured meats

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# 🎯 CHOOSING THE RIGHT ANTIDEPRESSANT

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## 🔍 Patient Factors to Consider:

### 👤 Demographics:

- **Age:** Elderly = lower doses, avoid TCAs
- **Gender:** Women may prefer weight-neutral options
- **Pregnancy:** Sertraline often preferred

### 🏥 Medical Comorbidities:

- **Heart disease:** Sertraline, escitalopram
- **Diabetes:** Duloxetine for neuropathy
- **Chronic pain:** Duloxetine, amitriptyline
- **Insomnia:** Trazodone, mirtazapine

### 🧠 Psychiatric Comorbidities:

- **Anxiety:** SSRIs, especially escitalopram
- **ADHD:** Bupropion
- **Bipolar:** Mood stabilizer first!

### ⚠️ Side Effect Concerns:

- **Sexual dysfunction:** Bupropion, mirtazapine
- **Weight gain:** Bupropion, fluoxetine
- **Sedation:** Bupropion, fluoxetine
- **Activation:** Mirtazapine, trazodone

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## PRESCRIBING PEARLS

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### Starting Treatment:

- **Start low, go slow** (except fluoxetine)
- **Set realistic expectations** (4-6 weeks)
- **Monitor closely first month**
- **Don't switch too quickly**

### Switching Strategies:

- **Cross-taper when possible**
- **Watch for discontinuation syndrome**
- **Fluoxetine needs longer washout**
- **Consider half-life differences**

### Patient Education:

- *"Takes 4-6 weeks to work fully"*
- *"Don't stop suddenly"*
- *"Call if mood worsens"*
- *"Sexual side effects often improve"*

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### The Bottom Line!

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Antidepressants are your mood-boosting dream team - each with unique superpowers for different situations! Master their personalities, watch for their quirks, and you'll be able to match the perfect antidepressant to every patient!

 **Remember: Safety first, patience second, and personalization always!** 

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## References

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