

# 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 >40ms
  - 🎯 **Best for:** Elderly (lower doses)
  - 💡 **Pro tip:** Max 20mg if >60 years old
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## ⚡ SNRIs: The Dual-Action Dynamos

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*"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

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### 😴 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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