

## Antidepressants – The Options

SSRIs	TRICYCLICS	MAOIs & RIMAs	SNRIs	NRIs
<b>Fluoxetine</b> (Prozac, Fluox) <b>Paroxetine</b> (Aropax, Loxamine) <b>Citalopram</b> (Cipramil, Celapram) <b>Escitalopram</b> <sup>1</sup> (Lexapro) <b>Sertraline</b> <sup>1</sup> (Zoloft) <b>Fluvoxamine</b> <sup>1</sup>  <i>These agents have fewer side-effects and are possibly more effective for women of childbearing age than the tricyclics. They are often considered first line treatment for depression</i>	<b>Nortriptyline</b> (Norpress) <b>Amitriptyline</b> (Amitrip) <b>Doxepin</b> (Anten) <b>Imipramine</b> (Tofranil) <b>Trimipramine</b> (Surmontil, Tripress) <b>Desipramine</b> (Pertofran) <b>Clomipramine</b> (Clopress) <b>Dothiepin</b> (Dopress)  <i>The tricyclics have been around for many years. They are effective but have more side effects than the SSRIs</i>	<b>Tranlycypromine</b> (Parnate) <b>Phenelzine</b> (Nardil)  <i>Note dietary restrictions with these agents. Avoid mature cheeses, yeast/meat extracts (marmite, vegemite), red wines, pickled meat/fish.</i>  <b>Moclobemide</b> (Apo-Moclobemide, Aurorix)  <i>Dietary restrictions not so important with normal dietary habits.</i>  <i>These agents are mostly used in atypical depression</i>	<b>Venlafaxine</b> <sup>2</sup> (Efexor, Efexor XR)          <b>NaSSAs</b>  <b>Mirtazapine</b> <sup>2</sup>	<b>Reboxetine</b> <sup>1</sup> (Edronax)          <b>OTHERS</b>  <b>Bupropion</b> <sup>1</sup> (Zyban) <b>Trazodone</b> <sup>1</sup> <b>Nefazodone</b> <sup>1</sup> <b>Duloxetine</b> <sup>1</sup> <b>Milnacipran</b> <sup>1</sup> <b>St Johns Wart</b>

<sup>1</sup> Not funded in New Zealand

<sup>2</sup> Only funded in New Zealand if two other antidepressants have been tried and were ineffective

NaSSA – NorAdrenergic and Specific Serotonergic Antidepressants

SSRI – Selective Serotonin Reuptake Inhibitors

SNRI – Serotonergic and Noradrenergic Reuptake Inhibitors

NRI – Noradrenergic Reuptake Inhibitors

RIMAs – Reversible Inhibitor of Monoamine-A