

Depression and Its Impact in Hepatitis C Infection

Managing Antidepressant Side Effects

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Side Effect	Response
Risk of Seizure	<ul style="list-style-type: none">• Use SSRI or bupropion cautiously in patients at risk for seizures.• Avoid concomitant medications that lower the seizure threshold while patient is on bupropion.• Do not exceed bupropion 150 mg as a single dose.• Do not exceed bupropion 400 mg per day.• Use gradual dose titration when using bupropion.
Headache, nervousness, agitation	<ul style="list-style-type: none">• Associated with SSRI use.• Subsides after 1 – 2 weeks in most cases.• Advise to call if they do not subside, then adjust dose or change therapy.
Nausea	<ul style="list-style-type: none">• Subsides after 1 – 2 weeks in most cases.• Advise to take after meals.• Adjust dose.
Sexual side effects	<ul style="list-style-type: none">• Switch medications from one SSRI to another, or to another antidepressant from a different class, such as bupropion.
Insomnia	<ul style="list-style-type: none">• Advise patient to take the medication once daily in the morning if on an SSRI.• Consider switching to venlafaxine or mirtazipine since they have sedating effects.• Investigate other possible causes, such as pain, sleep apnea, restless leg syndrome, interferon, or poor sleep hygiene.• Consider treating insomnia with medication, for example trazodone, temazepam, and zolpidem.
Sedation	<ul style="list-style-type: none">• Advise taking mirtazipine or venlafaxine at bedtime.• Advise taking at bedtime if the SSRI is causing sedation.