3-61 Antidepressants and dose

TIPS Question:

A female resident has been on Effexor for more than 5 years. While apparently effective, the dosage has gradually increased related to exacerbations of depressed episodes. She currently receives Effexor 337.5 mg OD at breakfast.

What criteria would lead to considering a change to a different anti-depressant? If such is planned, must she be fully weaned off Effexor before introducing an alternate anti-depressant? (ECT was previously considered for this lady due to seemingly intractable symptoms)

What are the significant factors you have learned as a result of working through the six-question template?

- That P.I.E.C.E.S. enables me to take a truly holistic approach to assessment & problem-solving
- To rule out delirium as a first step when behaviour changes
- The benefit of working collaboratively with the partners in care – in this case especially with the family

Response:

Effexor at a dose over 300 mg daily is considered a relatively high for the geriatric population and if it is not effective one has to consider alternatives. If indeed it was partly helpful I consider combining antidepressants or augmentation. The combination strategy is becoming very popular and adding another antidepressant such as Remeron 15-30 mg daily or SSRI to the Effexor or Lithium is quite reasonable in today's practice while monitoring for side effects vs. benefits.

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*