TAILORING ANTIDEPRESSANT CHOICE TO PATIENT PROFILE		Eric Teboul M.D.			Jul-22			ericteboul@videotron.ca									
PATIENT PROFILE		Fluoxoring	Alunya ®	Curok ® no A Series	Sent in Sent i	a @ 140000	Escribo.	Rupopio,	Mirakin ®	Veneral ®	Dulotor to	Desvende ® v	Ouerion & Service	Conjoy As	Tintellix (Sering)	Vilezoopi Vilezoopi	References
DEPRESSION FEATURES	fatigue/ lack of energy or motivation		Χ		0		0	0	XX	0	0	0	<b>//</b> /	0	0		
	requires a sedative antidepressant		0			b		XX	00				00				2
	pt at high risk of attempting suicide by overdose	0		0	0	X		XX	XX	XX							3
PT PREFERENCES / LIFESTYLE	would not tolerate weight gain	0	0	XX	0		0	00	XX	0	0	0	XX	0	00	0	4
	would not tolerate sexual adverse effects	Х	0	XX	XX	Х	Х	00	00	Χ	Χ	0	0	0	0	0	5
	wants to quit smoking							0									6
	frequently forgets meds ( risk of withdrawal sx )	0	Χ	XX	Х	Χ	Χ		Χ	XX	Χ			0			7
	substantial alcohol consumption / binge drinker				Х		0		00		Χ						8
PSYCHIATRIC COMORBIDITIES	anxiety			0	0		0	Χ		0	0		0	Χ	0		9
	panic disorder, agoraphobia	0	0	0	0		0	Х	0	0		0					10
	social anxiety disorder	Х	00	00	00	0	00		Х	00							11
	obsessive-compulsive disorder	0	0	0	0		0	Х	0								12
	post-traumatic stress disorder	00		0	0			Х		0	0		0				13
	attention deficit / hyperactivity disorder			Х				00		00	0	0		Х			14
	binge-eating disorder (witout vomiting)	X			0	0		00			0						15
	bulimia	0	Х		0			Χ			0						16
	paraphilia or hypersexuality	0	0	0	0	0		Χ									17
MEDICATION INTERACTIONS	pt taking meds metabolised by CYP 2D6, like risperidone	XX	XX	XX	Χ	0	0	Х	0	0	Χ	00		Х			18
	patient is taking multiple meds	XX	XX	XX	Х	0	0	Х	00	0	Х	00	XX	Х			19
	pt is taking a 1A2 inhibitor ( Cipro, cimetidine, ticlopidine)		Х							0	0	00		0			20
CHRONIC PAIN SYNDROMES	fibromyalqia	0		0							00		0				21
	depression with pain of unknown origin			Ŭ							0		Ü				22
	diabetic neuropathic pain			0		0		0		00	00						23
MEDICAL COMORBIDITIES	irritable bowel syndrome			0		0			00	0							24
	vulnerable to nausea/vomiting	Х	Х	X	Х		Х	0	00	XX	Х	Х	Х	Х	Х	Х	25
	risk factors for QT prolongation including certain meds	0	0	00	0	X b	χb	0	0	X	0	00	^	0	0	0	26
	heart disease or uncontrolled hypertension	0	J	00	0	0	0	0	0	X	0	00		0	X	J	27
	liver disease or insufficency	J		Х	X	0	0	X	0	^	X	0	X	J	^		28
	severe renal insufficiency			_^		0		X		Х		X			Х		29
	Restless legs syndrome			Х	Х		Х	00	XX	,		,					30
	menopause-related hot flashes	0		0		0	0		0	0	0	0	0				31
SPECIAL SITUATIONS	age < 18 y.o. (caution re: risk of covert bipolarity)	00			0		0			XX	0						32
	pregnant or planning to be	Х	Х	XX	0	0	0	Χ		X	Х	Х		Х	Х	Х	33
	breastfeeding	X	0	00	00	X	0	0	0	X	0	-	0	,		,,	34
	Covered by provincial med insurance (Québec)	0	0	0	0	0	X	0	0	0	0	Х	0	0	Х	Х	
LEGEND:	23.5.50.5) p. 5					Ū		J								,,	

- O = use of this antidepressant is particularly advantageous for this patient or good evidence of efficacy in this situation
- X = use of this antidepressant is particularly disadvantageous or contraindicated for this patient
- a = should be taken with food (improves bioavailability of sertraline and vilazodone; reduces nausea with duloxetine)
- b = reflecting concerns of possible QT interval prolongation, Health Canada issued an advisory warning that citalopram and escitalopram are contraindicated for pts with congenital long QT syndrome or a known long QT interval (>500 msec) and recommending that doses not exceed Cit 40 mg, Escit 20 mg (or Cit 20, Escit 10 if hepatic insuff, in pts ≥ 65 y.o., and in pts taking CYP2C19 inhibitors like cimetidine or who are CYP2C19 slow metabolisers). However, a very large cohort study found no ↑ risks of ventric. arrhythmia or all-cause, cardiac, or noncardiac mortality with Cit doses > 40 mg/day, casting doubt on the merits of these warnings (Zivin K et al. Am J Psychiatry. 2013;170:642-650). The FDA notes that escit was NOT associated with a significantly ↑ QT interval (03/2012)
- c = at doses of 150 225 mg/day