

## SSRIs: First Line Medications for Pediatric Anxiety and Depression

Drug (Brand)	FDA Approval	Formulations	Dosing	Pharm. Props.	Side Effects	Comments
<b>Fluoxetine</b> (Prozac)	MDD ≥ 8yo, OCD ≥ 7yo	Capsules: 10/20/40mg Tabs: 10/20/60mg Sol: 20mg/5mL	- Start 10mg QD (5mg/day for younger) - Initial target 20mg QD - Monthly increments/decrements 10-20mg - FDA Max 60mg/day (20-30mg/day for younger children)	○ Long half-life (days) ○ Out of system 1 m after stopping ○ Strong P450 interaction (2D6, 2C19 inhibitor)	<b>SAME FOR ALL SSRIs:</b>  <b>COMMON:</b> <ul style="list-style-type: none"> <li>● Nausea</li> <li>● Headaches</li> <li>● Dry mouth</li> <li>● Fatigue</li> <li>● Diarrhea</li> <li>● Constipation</li> <li>● Sweating</li> <li>● Sexual side effects</li> <li>● Activation/anxiety</li> </ul> <b>RARE:</b> <ul style="list-style-type: none"> <li>● Increase suicidal ideation (<u>not</u> completed suicide)</li> <li>● Hypo/mania</li> </ul> <b>EXTREMELY RARE:</b> <ul style="list-style-type: none"> <li>● Seizures (OD)</li> <li>● Serotonin syndrome</li> </ul>	<ul style="list-style-type: none"> <li>• ALL SSRIs: Usually takes 2-4 weeks to see effects; 4-8 weeks to see full effects</li> <li>• Good for nonadh. pts due to long T ½</li> <li>• Discontinuation symptoms less likely</li> <li>• More potential for drug-drug interactions</li> </ul>
<b>Sertraline</b> (Zoloft)	OCD ≥ 6yo	Tabs: 25/50/100mg Sol: 20mg/mL	- Start 25mg QD; 12.5 mg for younger children - Initial target ~50mg QD - Monthly increments/decrements 25-50 mg - FDA Max 200mg/day	○ Medium half-life (1 day) ○ Out of system 1 week after stopping ○ Weak P450 interaction		<ul style="list-style-type: none"> <li>• Unlikely to have drug-drug interactions</li> <li>• May have discontinuation symptoms; taper off</li> </ul>
<b>Escitalopram</b> (Lexapro)	MDD ≥ 12yo GAD ≥ 7	Tabs: 5/10/20mg Sol: 5mg/5mL	- Start 5 mg QD, - Initial target ~10mg QD - Monthly increments/decrements 5-10mg - FDA Max 20mg/day	○ Medium half-life (1 day) ○ Out of system 1 week after stopping ○ No P450 interaction		<ul style="list-style-type: none"> <li>• Unlikely to have drug-drug interactions</li> <li>• May have discontinuation symptoms; taper off</li> </ul>

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## Other Medications Used for Pediatric Anxiety and Depression

Drug (Brand)	Class	FDA approval	Formulations	Dosing	Pharm Properties	Side effects	Comments
<b>Citalopram</b> (Celexa)	SSRI	None in child/adols.	Tabs: 10/20/40mg Sol: 10mg/5mL	- Start 10mg QD, initial target 20mg QD - Monthly in/decrements 10-20mg - Max 40mg/day	o Medium half-life (>1d) o P450 interaction weak	Same as SSRIs • <b>PLUS:</b> QT prolongation	<ul style="list-style-type: none"> <li>• Rarely used in children due to QT prolongation</li> <li>• Unlikely to have drug-drug interactions</li> <li>• May have discontinuation symptoms; taper off</li> </ul>
<b>Fluvoxamine</b> (Luvox)	SSRI	OCD ≥ 8yo	Tabs: 25/50/100mg	- Start 25mg QHS, initial target 50mg/day; BID dosing - 25-50mg in/decrement - Max 200mg/day up to 11yo, 300mg/day 11+yo	o Short half-life (15h) o P450 interaction Strong	Same as SSRIs	<ul style="list-style-type: none"> <li>• Used only for OCD</li> <li>• BID dosing</li> <li>• More likely to have drug-drug interactions</li> <li>• Likely to have discontinuation symptoms; taper slower</li> </ul>
<b>Venlafaxine</b> (Effexor)	SNRI	None in child/adols.	Tabs: 25/37.5/50/75/100mg ER Caps: 37.5/75/150mg ER Tabs: 37.5/75/150/225mg	- Use ER formulations - Start 37.5mg QD, initial target 75mg/day - 37.5-75mg in/decrements - FDA Max 225mg/day	o Short half life (5 h parent, 11h active metab) o Weak P450 interaction	Same as SSRIs • Increase diastolic BP at higher doses	<ul style="list-style-type: none"> <li>• IR needs BID dosing and is difficult to discontinue; taper very slowly</li> <li>• ER formulations recommended</li> <li>• Less likely to have drug-drug interactions</li> </ul>
<b>Duloxetine</b> (Cymbalta)	SNRI	GAD ≥ 7yo	Caps: 20/30/40/60mg	- Start 30mg QD, initial target 30 mg - 30mg in/decrements - Usually given as BID - FDA Max 120mg/day	o Medium half-life (12 hours) o Moderate P450 interaction	Same as SSRIs	<ul style="list-style-type: none"> <li>• QD-BID dosing</li> <li>• May be more difficult to wean off</li> <li>• Do not open cap</li> <li>• More likely to have drug-drug interactions</li> <li>• Analgesic effect in adults</li> </ul>
<b>Bupropion</b> (Wellbutrin)	DNRI	None in child/adols.	Tabs: 75/100mg (TID) ER Tabs (12h): 100/150/200/ 300mg (BID) XL tabs (24h): 150/300 (QD)	- Start 150mg XL daily, increase after 1-2 weeks to 300 mg XL - FDA Max 450mg/day	o Medium half-life (21 hours) o Strong P450 interaction	Same as SSRIs <b>PLUS</b> 1. Lowers seizure threshold 2. Lower likelihood of sexual side effects	<ul style="list-style-type: none"> <li>• XL form preferred as QD</li> <li>• Relative contraindication eating disorders, ETOH abuse</li> <li>• Used for smoking cessation, 4<sup>th</sup> line ADHD (12+)</li> <li>• Not effective for anxiety; may worsen</li> <li>• More likely to have drug-drug interactions</li> </ul>

