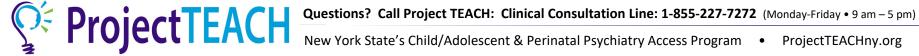
SSRIs: First Line Medications for Pediatric Anxiety and Depression

Drug (Brand)	FDA Approval	Formulations	Dosing	Pharm. Props.	Side Effects	Comments
Fluoxetine (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) 	SAME FOR ALL SSRIs: COMMON: Nausea Headaches Dry mouth Fatigue Diarrhea Constipation Sweating Sexual side effects Activation/anxiety RARE: Increase suicidal ideation (not completed suicide) Hypo/mania	 ALL SSRIs: Usually takes 2-4 weeks to see effects; 4-8 weeks to see full effects Good for nonadh. pts due to long T ½ Discontinuation symptoms less likely More potential for drug-drug interactions
Sertraline (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 		Unlikely to have drug- drug interactions May have discontinuation symptoms; taper off
Escitalopram (Lexapro)	MDD ≥ 12yo GAD <u>></u> 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 week after stopping No P450 interaction 	EXTREMELY RARE: • Seizures (OD) • Serotonin syndrome	 Unlikely to have drugdrug interactions May have discontinuation symptoms; taper off

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Other Medications Used for Pediatric Anxiety and Depression

Drug (Brand)	Class	FDA approval	Formulations	Dosing	Pharm Properties	Side effects	Comments
Citalopram (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	Medium half-life (>1d) P450 interaction weak	Same as SSRIs • PLUS: QT prolongation	 Rarely used in children due to QT prolongation Unlikely to have drug-drug interactions May have discontinuation symptoms; taper off
Fluvoxamine (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 	Short half-life (15h)P450 interaction Strong	Same as SSRIs	 Used only for OCD BID dosing More likely to have drug-drug interactions Likely to have discontinuation symptoms; taper slower
Venlafaxine (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 	 Short half life (5 h parent, 11h active metab) Weak P450 interaction 	Same as SSRIs Increase diastolic BP at higher doses	 IR needs BID dosing and is difficult to discontinue; taper very slowly ER formulations recommended Less likely to have drug-drug interactions
Duloxetine (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 	Medium half-life (12 hours) Moderate P450 interaction	Same as SSRIs	 QD-BID dosing May be more difficult to wean off Do not open cap More likely to have drug-drug interactions Analgesic effect in adults
Bupropion (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	Medium half-life (21 hours) Strong P450 interaction	Same as SSRIs PLUS 1.Lowers seizure threshold 2.Lower likelihood of sexual side effects	 XL form preferred as QD Relative contraindication eating disorders, ETOH abuse Used for smoking cessation, 4th line ADHD (12+) Not effective for anxiety; may worsen More likely to have drug-drug interactions

