

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	<ul style="list-style-type: none"> - 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) 	<ul style="list-style-type: none"> ○ Long half-life (days) ○ Out of system 1 m after stopping ○ Strong P450 interaction (2D6, 2C19 inhibitor) 	<p>SAME FOR ALL SSRIs:</p> <p>COMMON:</p> <ul style="list-style-type: none"> • Nausea • Headaches • Dry mouth • Fatigue • Diarrhea • Constipation • Sweating • Sexual side effects • Activation/anxiety <p>RARE:</p> <ul style="list-style-type: none"> • Increase suicidal ideation (<u>not</u> completed suicide) • Hypo/mania <p>EXTREMELY RARE:</p> <ul style="list-style-type: none"> • Seizures (OD) • Serotonin syndrome 	<ul style="list-style-type: none"> • 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_{1/2} • Discontinuation symptoms less likely • More potential for drug-drug interactions
Sertraline (Zoloft)	OCD ≥ 6yo	Tabs: 25/50/100mg Sol: 20mg/mL	<ul style="list-style-type: none"> - Start 25mg QD; 12.5 mg for younger children - Initial target ~50mg QD - Monthly increments/decrements 25-50mg - FDA Max 200mg/day 	<ul style="list-style-type: none"> ○ Medium half-life (1 day) ○ Out of system 1 week after stopping ○ Weak P450 interaction 		<ul style="list-style-type: none"> • Unlikely to have drug-drug interactions • May have discontinuation symptoms; taper off
Escitalopram (Lexapro)	MDD ≥ 12yo GAD ≥ 7	Tabs: 5/10/20mg Sol: 5mg/5mL	<ul style="list-style-type: none"> - Start 5 mg QD, - Initial target ~10mg QD - Monthly increments/decrements 5-10mg - FDA Max 20mg/day 	<ul style="list-style-type: none"> ○ Medium half-life (1 day) ○ Out of system 1 week after stopping ○ No P450 interaction 		<ul style="list-style-type: none"> • Unlikely to have drug-drug 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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