

Table 4.1 Medications Used to Treat Depression

Medication	Indications	Starting and maintenance dosing	Side effects affecting rehab	Other side effects or considerations
Tricyclic antidepressants: Enhance norepinephrine or serotonin.				
Amitriptyline (Elavil)	Depression, PTSD, neuropathic pain	Start at 50 mg/day and slowly titrate to 150 mg/day. Maximum dose of 300 mg/day. Elderly or adolescents may require lower doses (50 mg/day in divided doses). May be once-daily dose at bedtime to minimize sedative effects.	Cog: ++++ S: ++++ A: 0 Motor: ++ D: ++++ Com: ++++ F: ++++	Weight gain: +++ Seizure: +++ Cardiac: +++ Sexual: ++ Not recommended in elderly due to high sedative and anticholinergic effects that increase fall risk. Lower doses are effective when used for treatment of neuropathic pain.
Clomipramine (Anafranil)	OCD	Start with 25 mg daily and increase to 100 mg in divided doses with food during the first 2 wks. The maximum dosage is 250 mg daily. May be once-daily dose at bedtime.	Cog: ++++ S: ++++ A: 0 Motor: ++ D: ++ Com: ++++ F: ++	Weight gain: ++ Seizure: ++++ Cardiac: +++ Sexual: + Relatively selective for serotonin.
Doxepin (Sinequan)	Depression, neuropathic pain	Start at 25 mg 3 times/day and slowly titrate to 150 mg/day. Maximum dose of 300 mg/day. Doses up to 150 mg may be once-daily dose at bedtime to minimize sedative effects.	Cog: ++++ S: ++++ A: 0 Motor: ++ D: +++ Com: ++++ F: ++	Weight gain: ++ Seizure: +++ Cardiac: ++ Sexual: ++
Imipramine (Tofranil)	Depression, PTSD, neuropathic pain	Start at 25 mg 4 times/day and slowly titrate to 200 mg/day. Maximum dose of 300 mg/day. May be once-daily dose at bedtime.	Cog: +++ S: +++ A: + Motor: ++ D: +++ Com: +++ F: ++++	Weight gain: ++ Seizure: +++ Cardiac: +++ Sexual: ++ 25-75 mg dose used in children for nocturnal enuresis.
Amoxapine (Asendin)	Depression	Start at 50 mg 3 times/day and increase to 100 mg 3 times/day. Maximum dose of 300 mg/day. Start at 25 mg 3 times/day in elderly. May be once-daily dose at bedtime.	Cog: + S: + A: 0 Motor: +++ D: 0/+ Com: + F: +	Weight gain: + Seizure: ++ Cardiac: ++ Sexual: ++
Maprotiline (Ludiomil)	Depression	Start at 25 mg 3 times/day and increase to 150 mg/day. Maximum dose of 225 mg/day. Dose for elderly is 25-75 mg/day. May be once-daily dose at bedtime.	Cog: ++ S: ++ A: + Motor: ++ D: ++ Com: ++ F: ++	Weight gain: + Seizure: ++ Cardiac: ++ Sexual: ++
Trimipramine (Surmontil)	Depression	Start at 25 mg 3 times/day and slowly titrate to 150 mg/day. Maximum dose of 200 mg/day. May be once-	Cog: +++ S: +++ A: 0 Motor: ++	Weight gain: ++ Seizure: ++ Cardiac: +++ Sexual: ++

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		daily dose at bedtime.	D: ++ Com: ++ F: +++	
Desipramine (Norpramin)	Depression, neuropathic pain	Start at 25-50 mg 4 times/day and increase to 200 mg/day. Maximum dose of 300 mg/day. Dose for elderly or adolescents is 25-100 mg/day. May be once-daily dose at bedtime.	Cog: ++ S: ++ A: + Motor: ++ D: ++ Com: ++ F: ++	Weight gain: + Seizure: ++ Cardiac: ++ Sexual: ++ Prolongs QT interval.
Nortriptyline (Pamelor)	Depression, neuropathic pain	Start at 25 mg/day and increase to 150 mg/day. Maximum dose of 150 mg/day. Dose for elderly or adolescents is 10-75 mg/day. May be once-daily dose at bedtime.	Cog: +++ S: ++ A: 0 Motor: ++ D: ++ Com: ++ F: +	Weight gain: + Seizure: ++ Cardiac: ++ Sexual: ++ Preferred tricyclic antidepressant in elderly due to low anticholinergic and sedative effects.
Protriptyline (Vivactil)	Depression	Start at 5 mg 3 times/day and increase to 40 mg/day. Maximum dose of 60 mg/day. Dose for elderly or adolescents is 5 mg 3 times/day.	Cog: + S: + A: ++ Motor: ++ D: + Com: + F: ++	Weight gain: + Seizure: ++ Cardiac: +++ Sexual: ++ Avoid doses >20 mg in elderly due to cardiac side effects.
Selective serotonin reuptake inhibitors: Enhance effects of serotonin.				
Citalopram (Celexa)	Depression, PTSD, OCD, panic disorder	Start at 20 mg/day; may increase to 40 mg/day. Maximum dose of 60 mg/day. Dose for elderly is 20 mg/day. May be taken once daily with food.	Cog: 0 S: + A: 0/+ Motor: 0 D: +++ Com: 0 F: 0	Weight gain: 0 Seizure: ++ Cardiac: 0 Sexual: +++ 20% incidence of dry mouth and nausea; take with food.
Escitalopram (Lexapro)	Depression, PTSD, OCD, anxiety disorder	Start at 10 mg/day; may increase to 20 mg/day after 3 wk. Maximum dose of 20 mg/day. May be taken once daily with or without food.	Cog: 0 S: 0/+ A: 0/+ Motor: 0 D: + Com: 0 F: 0	Weight gain: 0 Seizure: 0 Cardiac: 0 Sexual: +++ S-isomer of citalopram; less dry mouth and nausea than with citalopram.
Fluoxetine (Prozac)	Depression, PTSD, OCD, panic disorder	Start at 20 mg/day in the morning; may increase by 20 mg after several weeks to 40 mg/day and then again after several weeks to 60 mg/day. Start at 10 mg/day in elderly and adolescents.	Cog: 0/+ S: 0/+ A: + Motor: 0 D: 0/+ Com: 0/+ F: 0	Weight gain: 0/+ Seizure: ++ Cardiac: 0/+ Sexual: +++ 20% incidence of nausea; take with food. 20% incidence of insomnia; take in the morning.
Fluvoxamine (Luvox, Luvox CR sustained release)	Depression, PTSD, OCD, phobias	Start at 50 mg/day and increase by 50 mg every 4-6 days to 100-300 mg/day. Maximum dose of 300	Cog: 0/+ S: 0/+ A: + Motor: +	Weight gain: 0 Seizure: ++ Cardiac: 0 Sexual: +++

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		mg/day. Doses >100 mg should be in 2 divided doses. Start at 25 mg/day in elderly and adolescents; doses >50 mg should be in 2 divided doses.	D: 0/+ Com: 0/+ F: 0	40% incidence of nausea, 20% incidence of dry mouth, 20% incidence of somnolence, and 20% incidence of insomnia; take with food. May be associated with tremor and hyperkinesia.
Sertraline (Zoloft)	Depression, PTSD, OCD, panic disorder, anxiety disorder	Start at 50 mg/day and increase by 50 mg weekly to maximum dose of 200 mg/day. Start at 25 mg/day for treatment of anxiety disorder.	Cog: + S: + A: + Motor: 0 D: + Com: + F: +	Weight gain: 0 Seizure: ++ Cardiac: 0 Sexual: +++
Paroxetine (Paxil)	Depression, PTSD, OCD, panic disorder	Start at 20 mg/day and increase by 10 mg every 7 days to 40 mg/day. Maximum dose of 60 mg/day. Start at 10 mg/day in elderly and adolescents. Sustained-release product may be taken once daily with food.	Cog: 0/+ S: + A: + Motor: 0 D: + Com: +++ F: 0/+	Weight gain: 0 Seizure: 0 Cardiac: 0 Sexual: +++ Indicated for panic disorder, anxiety disorder, PTSD, OCD, and major depression.
Vilazodone (Viibryd)	Depression	Start at 10 mg/day for 7 days; then increase to 20 mg for 7 days; then increase to recommended dose of 40 mg/day.	Cog: 0/+ S: 0/+ A: + Motor: 0 D: +++ Com: + F: 0	Weight gain: 0 Seizure: ++ Cardiac: 0 Sexual: 0
Selective serotonin and norepinephrine reuptake inhibitors: Enhance effects of norepinephrine and serotonin.				
Venlafaxine (Effexor, Effexor XR)	OCD, social phobias, PTSD, panic disorder, anxiety disorder, depression, neuropathic pain	Start at 75 mg/day in 2-3 divided doses taken with food; may increase to 150 mg in 4 days and then to 225 mg in 4 days. Maximum dose is 375 mg/day in 3 divided doses.	Cog: + S: + A: 0/+ Motor: 0 D: + Com: + F: +	Weight gain: 0 Seizure: ++ Cardiac: + Sexual: +++
Desvenlafaxine (Pristiq)	OCD, social phobias, panic disorder, depression	50 mg once/day with or without food.	Cog: + S: + A: 0/+ Motor: 0 D: + Com: + F: +	Weight gain: 0 Seizure: ++ Cardiac: + Sexual: +++ Major metabolite of venlafaxine.
Bupropion (Wellbutrin SR and XR, Zyban)	Depression, smoking cessation	Start at 100 mg twice/day and increase to 100 mg 3 times/day after 3 days. Maximum dose of 500 mg/day. For patients with hepatic disease: Start at 75 mg/day and maximum is 250 mg/day. Wellbutrin SR can be	Cog: 0 S: ++ A: ++ Motor: 0 D: ++ Com: 0 F: 0	Weight gain: 0 Seizure: ++++ Cardiac: 0 Sexual: 0 Contraindicated in seizure disorder. 23% incidence of gastrointestinal upset, 28%

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Medication	Indications	Starting and maintenance dosing	Side effects affecting rehab	Other side effects or considerations
		taken twice daily with food. Wellbutrin XR can be taken once daily in the morning with food.		incidence of dry mouth, 28% incidence of anorexia, 22% incidence of insomnia, 22% incidence of agitation, and 20% incidence of tremor and sedation; take with food.
Duloxetine (Cymbalta)	Depression, anxiety disorder, diabetic peripheral pain, neuropathic pain, chronic skeletal muscle pain, fibromyalgia	Start at 20 mg twice/day or 30 mg once/day and increase after 1 wk to 60 mg/day in 1-2 divided doses. Maximum dose of 60 mg/day.	Cog: + S: 0 A: + Motor: 0 D: ++ Com: 0 F: +	Weight gain: 0/+ Seizure: 0 Cardiac: 0 Sexual: + Metabolized by CYP1A2 and CYP2D6. Should not be used in hepatic disease or in patients with creatinine clearance <30 ml/min.
Mirtazapine (Remeron)	Depression, PTSD	Start at 15 mg/day and increase every 2 wk to maximum dose of 45 mg/day. May be single dose at bedtime.	Cog: ++ S: ++ A: 0 Motor: 0 D: 0/+ Com: ++ F: +	Weight gain: ++ Seizure: 0 Cardiac: + Sexual: 0 Useful in patient with weight loss associated with depression. Take at bedtime to minimize effects of sedation.
Nefazodone (Serzone)*	Depression	Start at 200 mg/day in 2 divided doses and increase weekly in increments of 100 mg to maximum dose of 600 mg. Start at 100 mg/day in elderly.	Cog: +++ S: +++ A: 0 Motor: ++ D: ++ Com: +++ F: +++	Weight gain: 0/+ Seizure: ++ Cardiac: + Sexual: 0/+ FDA warning regarding hepatotoxicity. Only generic is now available.
Trazodone (Desyrel)	Depression	Start at 150 mg/day in 2 divided doses and increase by 50 mg every 3-4 days to 400 mg/day. Maximum dose of 600 mg/day in severe depression.	Cog: ++++ S: ++++ A: 0 Motor: ++ D: ++ Com: +++ F: +++	Weight gain: + Seizure: ++ Cardiac: + Sexual: +
Monoamine oxidase inhibitors: Enhance effects of norepinephrine, dopamine, and serotonin.				
Phenelzine (Nardil)	Depression not responsive to other classes of antidepressants, PTSD	Start at 15 mg 3 times/day and increase at a fairly rapid pace based on patient tolerance to a response dose of 60-90 mg/day. Response dose should be continued for a minimum of 4 wk and then decreased slowly over several weeks to minimum effective dose.	Cog: ++ S: ++ A: 0/+ Motor: 0 D: + Com: ++ F: +	Weight gain: + Seizure: + Cardiac: + Sexual: +++ Tyramine-rich foods and beverages should be avoided starting on day 1 and for 2 wk after discontinuance (see table 4.4). See table 4.3 for

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Medication	Indications	Starting and maintenance dosing	Side effects affecting rehab	Other side effects or considerations
				monoamine oxidase inhibitor drug interactions.
Tranylcypromine (Parnate)	Depression not responsive to other classes of antidepressants, PTSD	Start at 30 mg/day in 2 divided doses; after 2 wk may increase dose in 10 mg increments every 1-3 wk to a maximum dose of 60 mg/day.	Cog: + S: + A: ++ Motor: 0 D: + Com: + F: ++	Weight gain: + Seizure: + Cardiac: + Sexual: ++ Tyramine-rich foods and beverages should be avoided starting on day 1 and for 2 wk after discontinuance (see table 4.4). See table 4.3 for monoamine oxidase inhibitor drug interactions.
Isocarboxazid (Marplan)	Depression not responsive to other classes of antidepressants, PTSD	Start at 20 mg/day in 2 divided doses; after 2 wk may increase dose in 10 mg increments every 1-3 wk to a maximum dose of 60 mg/day.	Cog: + S: + A: ++ Motor: 0 D: + Com: + F: ++	Weight gain: + Seizure: + Cardiac: + Sexual: ++ Tyramine-rich foods and beverages should be avoided starting on day 1 and for 2 wk after discontinuance (see table 4.4). See table 4.3 for monoamine oxidase inhibitor drug interactions.
Selegiline (Emsam) transdermal patch	Depression not responsive to other classes of antidepressants, PTSD	Start at 6 mg/day patch and increase in increments of 3 mg/day every 2 wk to a maximum dose of 12 mg/day. Apply to clean, dry site and rotate site daily.	Cog: + S: + A: ++ Motor: +++ D: 0 Com: + F: ++	Weight gain: 0 Seizure: 0 Cardiac: 0 Sexual: + Irritation at site occurs in 24%. Tyramine-rich foods and beverages should be avoided starting on day 1 and for 2 wk after discontinuance (see table 4.4). See table 4.3 for monoamine oxidase inhibitor drug interactions.

*Serzone is no longer available; generic form is available.

Cog = cognition; S = sedation; A = agitation or mania; Motor = discoordination; D = dysphagia; Com = communication; F = falls; OCD = obsessive-compulsive disorder; PTSD = posttraumatic stress disorder.

Sexual side effects are associated with gynecomastia and other sexual dysfunction.

The likelihood rating scale for encountering the side effects is as follows: 0 = Almost no probability of encountering side effects. 0/+ = Slight probability of encountering side effects with higher doses. + = Little likelihood of encountering side effects. +/++ = Low probability of encountering side effects; however, probability increases with increased dosage. ++ = Medium likelihood of encountering side effects. +++ = High likelihood of encountering side effects, particularly with high doses. ++++ = Highest likelihood of encountering side effects; best to avoid in at-risk patients.