

Table 11 -- Categories of Antidepressant Agents

Agent	Adverse Effects	Advantages
Short-acting SSRIs (paroxetine, sertraline, citalopram)	<ul style="list-style-type: none"> • Insomnia • Agitation • Somnolence • Decreased appetite • Initial weight loss --Specific agents have potential for interaction with components of cytochrome system 	No significant effects on cardiovascular systems
Tricyclic antidepressants	<ul style="list-style-type: none"> • Dry mouth • Blurred vision • Constipation • Urinary retention • Inhibition of sweating • Cognitive dysfunction 	Secondary amines may result in fewer adverse effects such as postural hypotension, sedation, falls, cognitive dysfunction, acute confusion, and weight gain
Bupropion	<ul style="list-style-type: none"> • Seizures (in at-risk patients) • Little activity on serotonin or norepinephrine axes 	No effect on weight Minimal interaction with cytochrome pathways
Venlafaxine	<ul style="list-style-type: none"> • Same as short-acting SSRIs • Risk of blood pressure elevation at higher doses (>150-225 mg/day) 	Dual action on serotonin and norepinephrine axes
Methylphenidate	<ul style="list-style-type: none"> • Anxiety • Cardiac arrhythmia • Insomnia • Anorexia • Weight loss • Elevated blood pressure 	Quick response (within hours or days)
Trazodone, nefazodone (direct serotonin agents)	<ul style="list-style-type: none"> • Sedation • Postural hypotension (at high doses) • Priapism (rare) 	Additive effect when used with SSRI
Mirtazapine	<ul style="list-style-type: none"> • Increased appetite • Weight gain • Sedation • Somnolence • Interaction with certain cytochrome pathways 	Combination SSRI and noradrenergic agent

Adapted from Alexopoulos et al, 2001⁵