

SNRI Antidepressants

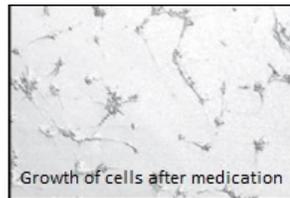
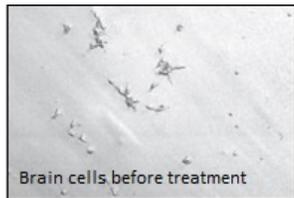
SNRIs are antidepressants which impact both serotonin and norepinephrine. They include venlafaxine (effexor), desvenlafaxine (pristiq), duloxetine (cymbalta), milnacipran (savella) and levomilnacipran (fetzima). These dual action antidepressants may work faster and produce a fuller response than other antidepressants.

These antidepressants help in the same ways as the serotonergic antidepressants (such as help depression, irritability and anxiety). They have additional benefits in treating chronic pain and, in the case of duloxetine, urinary incontinence.

Like other antidepressants, SNRIs takes 3-6 weeks to work (although some people respond earlier). They do not change who you are, although it may allow you freedom to develop in ways that depression had prevented. Some people say that they feel more like their usual self, or are better able to deal with stress, after taking them.

How they work

SNRIs enhance the transmission of serotonin and norepinephrine in the brain. Both of these neurotransmitters are involved in depression. Serotonin also relieves anxiety, and norepinephrine can improve energy and reduce physical pain. These medicines also enhance brain growth in the hippocampus and amygdala, which are involved in mood and memory.



How to take them

SNRIs can be taken once per day, or divided twice per day if that helps side effects (milnacipran is often divided twice daily). They can be taken morning or night. Taking it after a meal may reduce nausea if you experience this side effect.

If you miss a dose, ask yourself if you are closer to the dose you missed or to your next dose. If you are closer to your next dose, just wait and take it then, otherwise it's ok to take the dose you missed.

How long do I need to take it?

In general, the medicine should be taken at least 6-12 months after the symptoms resolve in order to prevent the problem from returning. That gives the brain time to build up habits of stability. Some people may need to take the medication longer to prevent the return of depression, especially if they have had 3 or more episodes of depression in their life.

What happens if I stop it?

SNRIs need to be stopped gradually to prevent withdrawal symptoms. These are flu-like symptoms that are unpleasant but not dangerous; examples include:

> Dizziness, nausea, lethargy, sensory changes (numbness, tingling, shock-like feelings), blurred vision, headache, vivid dreams, anxiety.

You cannot become addicted to SNRIs. In other words, if you stop the medicine, you will not crave it or be more likely to have depression or anxiety than before. In fact, treatment, either with psychotherapy or medication, allows the brain to reorganize itself in ways that help prevent future symptoms.

Can they cause harm?

SNRIs may worsen certain psychiatric conditions, such as bipolar disorder (manic-depression). If you notice these signs while taking them, call me:

> Feeling hyper, irritable, speeded up, giddy or “too happy”; decreased need for sleep, paranoid feelings, racing thoughts, high anxiety, talking fast.

People may also feel worse on these medications because of side effects (see below). For example, although they usually relieve anxiety, anxiety is also a rare side effect.

What side effects can I expect?

The following side effects are usually mild and often improve over time:

Nausea, vomiting, dry mouth, constipation, diarrhea, decreased appetite, stomach distress, dizziness, fatigue, insomnia, and headache, tingling or numbness, sweating, vivid dreams, yawning.

The following side effects may persist and can be treated or will go away if the medicine is stopped:

Decreased sex drive, delayed orgasm. Usually there is no weight gain but some individuals may rarely have weight gain on SNRIs. If this occurs, it may be reduced by switching to a different SNRI.

Difficulty urinating, blurred vision, excessive sweating.

Mild elevations of blood pressure.

SNRIs may decrease bone strength in post-menopausal women.

Elevations of liver enzymes: this occurred only with duloxetine, which raised liver enzymes in about 5 in 1,000 people.

The following side effects indicate that the medicine may need to be stopped; call me if they occur:

Agitation, intense mood swings, racing thoughts, insomnia, restless feelings like you can't stop moving.

Serotonin Syndrome: this condition is very rare with SNRIs but can be more common if it is taken with other antidepressants or with lithium,

tryptophan, buspar, or St. John's Wort. It is caused by too much serotonin in the brain. Symptoms include fever, muscle jerks, diarrhea, sweats, racing heart, stomach pain, confusion and mood swings. If this occurs, stop the medication and call me or go to your local emergency room.

An allergic reaction is possible with any medication. Symptoms include the following; stop the medication and call me if these occur:

Pounding heartbeat; swelling of the face, throat, tongue, lips, eyes, hands, feet, ankles, or lower legs; hoarseness; difficulty swallowing or breathing; hives; rash.

How to store and dispose of medication

- Keep out of the reach of children.
- Store away from heat, direct light and damp places.
- To safely dispose of unwanted pills: Do not pour in the toilet or sink (it will enter the water supply). To prevent children or pets from eating it, mix unwanted pills in a bag with a little water and inedible trash (such as coffee grounds or kitty litter) and throw in the trash.

Quick facts

| Generic (brand) | Sizes | FDA Approval, Typical doses |
|---|--|---|
| venlafaxine (effexor) Released 12./28/1993 | > Instant release: 25, 37.5, 50, 75, 100mg > XR: 37.5, 75, 150mg; also ER 225mg | Depression (75-300mg/d) Generalized anxiety Social anxiety disorder Panic disorder |
| desvenlafaxine (pristiq) | > Tabs: 50, 100mg (brand only) | Depression (50mg/d) |

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| Released 2/29/2008 | | |
| duloxetine (cymbalta) Released 8/3/2004 | > Caps: 20, 30, 60mg | Depression (60-120mg/d) Generalized anxiety (60- 120mg/d) Chronic pain (musculoskeletal, arthritic, fibromyalgia, diabetic peripheral neuropathic) (60- 120mg/d) |
| milnacipran (savella) Released 1/14/2009 | Tabs: 12.5, 25, 50, 100mg | Fibromyalgia (100-200mg/d) (Approved for depression in other countries) |
| levomilnacipran (fetzima) Released 3/25/2013 | XR Caps: 40,80,120mg (do not crush, break or chew caps) | Depression |