

APPENDIX 3. Second Generation Antidepressants: Common Side Effects And Strategies

If Patients Complain of:	Best Options*	Options to Avoid†
Drowsiness/Sedation	<ul style="list-style-type: none"> escitalopram, duloxetine, desvenlafaxine, bupropion, moclobemide 	<ul style="list-style-type: none"> mirtazapine, fluvoxamine
Sexual dysfunction	Try dose reduction, switch to or add: <ul style="list-style-type: none"> bupropion mirtazapine has sexual side effects at the same rate as placebo 	<ul style="list-style-type: none"> all SSRIs, especially paroxetine duloxetine, venlafaxine
Weight gain	Provide counseling re: nutrition and exercise. Consider switching to: <ul style="list-style-type: none"> bupropion, duloxetine, venlafaxine 	<ul style="list-style-type: none"> mirtazapine (leads to higher weight gain than other drugs – mean weight gain: 0.8 kg to 3 kg after 6-8 weeks of treatment) [High Evidence] paroxetine
Insomnia	Advise patient to take medication at bedtime or switch to: <ul style="list-style-type: none"> citalopram, escitalopram, moclobemide, mirtazapine 	<ul style="list-style-type: none"> fluoxetine, fluvoxamine, paroxetine, sertraline, bupropion, desvenlafaxine, duloxetine, venlafaxine‡
Anxiety	<ul style="list-style-type: none"> citalopram, escitalopram, paroxetine, bupropion, desvenlafaxine, duloxetine, mirtazapine, moclobemide 	<ul style="list-style-type: none"> fluvoxamine
Sweating	<ul style="list-style-type: none"> escitalopram, fluoxetine, sertraline, bupropion, duloxetine, mirtazapine, moclobemide 	<ul style="list-style-type: none"> citalopram, fluvoxamine, paroxetine, desvenlafaxine, venlafaxine
Nausea	<ul style="list-style-type: none"> mirtazapine, moclobemide <p>Note: All SSRIs and SNRIs are associated with transient GI discomfort upon initiation or dose increase.</p>	<ul style="list-style-type: none"> venlafaxine (52% higher incidence of nausea and vomiting than all other SSRIs [High Evidence]) fluvoxamine, sertraline, duloxetine,
Diarrhea	<ul style="list-style-type: none"> citalopram, escitalopram, fluoxetine, fluvoxamine, bupropion, duloxetine, mirtazapine, moclobemide, venlafaxine 	<ul style="list-style-type: none"> sertraline (leads to higher rates of diarrhea than other drugs [Moderate Evidence]), paroxetine, desvenlafaxine‡
Constipation	<ul style="list-style-type: none"> citalopram, escitalopram, fluoxetine, sertraline, desvenlafaxine, moclobemide 	<ul style="list-style-type: none"> fluvoxamine, paroxetine, bupropion, duloxetine, mirtazapine, venlafaxine‡
Headache	<ul style="list-style-type: none"> citalopram, fluoxetine, escitalopram, bupropion, duloxetine, mirtazapine, moclobemide 	<ul style="list-style-type: none"> fluvoxamine, sertraline
Dizziness	<ul style="list-style-type: none"> citalopram, escitalopram, fluoxetine, duloxetine, mirtazapine, moclobemide 	<ul style="list-style-type: none"> fluvoxamine, paroxetine, bupropion, duloxetine, mirtazapine, venlafaxine‡

* Medications with a side effect rate < 9%;

† Medications with a side effect rate > 30%;

‡ These drugs have a lower side effect rate of 10–29%

Sources: 1) Lam RW, Kennedy SH, Grigoriadis S, McIntyre RS, Milev R, Ramasubbu R et al. Canadian Network for Mood and Anxiety Treatments (CANMAT) clinical guidelines for the management of major depressive disorder in adults. III. Pharmacotherapy. *J Affect Disord* 2009; 117 Suppl 1:S26-S43.; **2)** Gartlehner G, Hansen RA, Morgan LC. Second-Generation Antidepressants in the Pharmacologic Treatment of Adult Depression: An Update of the 2007 Comparative Effectiveness Trial: Executive Summary. 2013.

