

## Summary of the Adverse Effects of Antidepressants

The side effects of antidepressants can often be experienced before the beneficial effects. This can lead to patients stopping the antidepressant before they can get any benefit. Warning patients about side effects is important so that they know what to expect to stick with the antidepressant.

Different side effects are generally caused by antidepressants interacting with different receptors. Please see the table below for a summary of the adverse effects for different antidepressants

**Table 7.** Prevalence of Adverse Events among Newer Antidepressants: Unadjusted Frequency (%) of Common Adverse Events as Reported in Product Monographs.

	Nausea	Constipation	Diarrhea	Dry Mouth	Headaches	Dizziness	Somnolence	Nervousness	Anxiety	Agitation	Insomnia	Fatigue	Sweating	Asthenia	Tremor	Anorexia	Increased Appetite	Weight Gain	Male Sexual Dysfunction
Citalopram	21		8	19				3	3	2		5	11		8	4			9
Escitalopram	15	4	8	7	3	6	4	2	2		8	5	3		2		2	2	10
Fluoxetine	21			10			13	14	12		16		8	9	10	11			2
Fluvoxamine	37	18	6	26	22	15	26	2	2	16	14		11	5	11	15			1
Paroxetine	26	14	11	18	18	13	23	5	5	2	13		11	15	8		1		16
Serrtraline <sup>a</sup>	26	8	18	16	20	12	13	3	3	6	16	11	8		11	3	1		16
Desvenlafaxine <sup>b</sup>	22	9		11			13	4	<1	3	9	7	10		2				6
Duloxetine	20	11	8	15		8	7		3		11	8	6		3				10
Levomilnacipran	17	9		10	17	8			2		6		9						11
Milnacipran	12	7		9	10			4			7	3	4		3				
Venlafaxine IR	37	15	8	22	25	19	23	13	6	2	18		12	12	5	11			18
Venlafaxine XR	31	8	8	12	26	20	17	10	2	3	17		14	8	5	8			16
Agomelatine <sup>c</sup>	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
Bupropion SR <sup>d</sup>	11	7	4	13	28	7	3	5	5	2	8		2	2	3				
Bupropion XL	13	9		26	34	6		5	5	2	16				3				
Mirtazapine		13		25		7	54							8	7		17	12	
Moclobemide	5	4	2	9	8	5	4	4	3	5	7	3	2	1	5				
Vilazodone <sup>e</sup>	24		29	7	14	8	5				6	3					3	2	5
Vortioxetine <sup>f</sup>	23	4	5	6		5	3				3	3	2						<1

When data from multiple doses were reported separately, the data from the minimum therapeutic dose were used (indicated by footnotes). Data sources and references are available in Supplemental Table S3. Clear cells represent 0% to 9%; shaded cells, 10% to 29%; and black cells, 30% and higher.

<sup>a</sup>Data from all indications.

<sup>b</sup>Data from 50-mg dose.

<sup>c</sup>C, common effects, ≥1% and <10%.

<sup>d</sup>Data from 100- to 150-mg dose.

<sup>e</sup>Data from 40-mg dose.

<sup>f</sup>Data from 10-mg dose.

To Manage:	Try: Reducing dosage or switching medications to another class (applicable to all adverse effects)
Dizziness	Taking medications at night or if due to orthostatic hypotension, get up slowly from sitting or lying position. Avoid driving or operating heavy machinery
Hyperthermia	Keeping well hydrated and avoiding physical activity during hot weather
Sleep Disturbance	Changing the timing of the medication. Should improve over 1-2 weeks
Serotonin Syndrome	Avoid by looking out for interactions, referral to emergency department and discontinuing offending medications
Blurred Vision	If caused by dry eyes, try eye drops. Consider referral to optometrist
Dry Mouth	Drinking more water, mouthwash, gels or sucking on ice or sour candies
QT Prolongation	Avoid by looking out for risk factors, recommending ECG and baseline electrolyte monitoring and initiating electrolyte supplement if warranted
Nausea/Diarrhea	Should improve over 1-2 weeks. Try taking pills with food or take at bedtime
Constipation	Drink more water, consuming more fibre, exercise or OTC product
Urinary Retention	Assess any other underlying causes of urinary retention (e.g., BPH)
Sexual Dysfunction	Try adding a PDE-inhibitor or switching to a class when less serotonin activity
Weight Gain	If bothersome try switching to a class with less histamine activity

In summary as pharmacists there are a number of interventions that we can provide to patients to help them manage their adverse effects from antidepressants.