

TRICYCLIC MEDICATIONS FOR DEPRESSION



Mechanism of action

Tricyclic antidepressants block the neuronal reuptake of norepinephrine and serotonin.

Indications for use

- Depression, including severe depression
- Chronic pain (fibromyalgia, migraine)

Contraindications

- Hx of heart disease
- Glaucoma
- Enlarged prostate
- Thyroid problems
- Urinary retention
- Liver issues

Medications and dosing

Medication	Starting dosage*	Titration
Amitriptyline	75 mg orally per day in divided doses or as a single dose at bedtime	Increase by 25–50 mg PRN up to 150 mg/day. Lower dose for geriatric and pediatric
Imipramine	75 mg orally once a day at bedtime	Increase by 25–50 mg PRN up to 150 mg/day
Clomipramine	25 mg orally once a day at bedtime	Increase by 25–50 mg PRN up to 250 mg/day
Nortriptyline	25 mg orally 3 to 4 times per day or as single dose at bedtime	Increase by 25–50 mg PRN up to 150 mg/day
Amoxapine	50 mg orally 2 to 3 times a day or as single dose at bedtime	Increase by 25–50 mg PRN up to 600 mg/day. Doses over 300 mg should be given in divided doses.

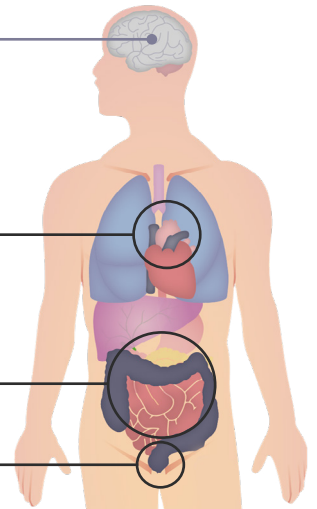
*Starting dosages above are for outpatient treatment. Dosages may be higher in inpatient settings. Dosages will be lower for geriatric/pediatric populations.

Client education

- Avoid alcohol with this medication.
- Drowsiness is common, especially when starting TCAs. Do not drive or operate machinery until you know how you are affected.
- Can interact with other drugs and supplements; talk to your provider before starting anything new.
- Medications take 2–3 weeks to see benefit, 6 weeks for maximum effect.
- Your provider will start with a low dose and increase it as needed.
- Do not abruptly stop medications; talk to provider about tapering.

Side effects

- Sedation
- Confusion (especially in geriatric clients)
- Orthostatic hypotension
- Arrhythmias, cardiac toxicity
- Weight gain
- Anticholinergic: dry mouth, constipation, blurred vision
- Urinary retention



NOTES

