

Prescribing Tips and Tools for Venlafaxine for the Treatment of Depression

VENLAFAXINE is the preferred serotonin noradrenaline reuptake inhibitor (SNRI) for the treatment of depression in adults.

This recommendation is based on a number of factors including cost, efficacy, tolerability and national prescribing trends. A full evaluation report is available at www.hse.ie/yourmedicines.

Therapeutic Indications¹⁻²

Venlafaxine (prolonged-release) is licensed for the treatment of:

- Major depressive episodes (prevention of recurrence of major depressive episodes) †
- Generalised anxiety disorder
- Social anxiety disorder
- Panic disorder, with or without agoraphobia

† An immediate-release tablet is also licensed in this indication

Special Warnings and Precautions*

Drug Interactions¹⁻³

Risk of serotonin syndrome, QT interval prolongation and/or abnormal bleeding when venlafaxine is co-prescribed with the following medicines: amphetamines, antiarrhythmics, some antibiotics, some anticancer agents, anticoagulants, other antidepressants (including TCAs and MAOIs), antifungals, antimotility (e.g. domperidone) and antiemetic agents, antimalarials, antipsychotics, aspirin, dopamine antagonists, lithium, NSAIDs, opioids, St. John's wort, and triptans. *Please consult the SmPC for more detailed drug interaction information.*

Dosing in the Treatment of Depression¹⁻²

Starting dose	Prescribing notes
Prolonged-release: 75 mg once daily	<ul style="list-style-type: none">• Dosage should be kept at the lowest effective dose.• If required, dosage increases can be made at intervals of <u>2 weeks or more</u>. <i>(If clinically warranted, dose increases can be made at more frequent intervals, but not less than 4 days).</i>
Immediate-release: 75 mg per day (in two divided doses)	<ul style="list-style-type: none">• Take with food.

- Venlafaxine is available in a range of strengths (37.5mg, 75mg and 150mg) and formulations (prolonged-release capsule or immediate-release tablet). Please refer to www.hpra.ie for a list of all available preparations.
- Please consult the SmPC for guidance on prescribing for specialist populations.

Exercise caution when prescribing for individuals¹⁻²

- With underlying conditions which might be compromised by ↑ blood pressure or ↑ heart rate (*screen blood pressure before initiation*)
- With additional risk factors for QT prolongation
- Who have had a recent history of myocardial infarction or unstable heart disease
- With angle-closure glaucoma (*mydriasis may occur in association with venlafaxine*)
- With hepatic impairment
- With renal impairment
- Predisposed to bleeding
- When switching antidepressants
- With a history of aggression
- Older people.

Monitor individuals with¹⁻²

- A known risk of suicide/suicidal thoughts
- A history of hypomania/mania
- Diabetes (*venlafaxine may alter glycaemic control*)
- Epilepsy (*discontinue if seizures develop*).

Monitor individuals for¹⁻²

- Signs of hyponatraemia (*especially in older people or individuals taking a diuretic*)
- Increases in serum cholesterol
- Dose-related increases in blood pressure
- Withdrawal symptoms on discontinuation (*gradually reduce dose over 1-2 weeks or longer*).

Counsel Individuals Initiating Treatment¹⁻²

- ✓ Not to discontinue treatment abruptly.
- ✓ To report side-effects to their prescriber.
- To be aware that:**
- ✓ Individuals with depression should be treated for at least 6 months following remission.
- ✓ Venlafaxine may impair the ability to drive and operate hazardous machinery.
- ✓ Venlafaxine may cause sexual dysfunction which may persist despite discontinuation.

Contraindications¹⁻²

- Concomitant treatment with MAOIs
- Adolescents and paediatrics (< 18 years).

*List not exhaustive, refer to SmPC for further information.

Abbreviations: MAOI: Monoamine oxidase inhibitor; NSAID: Nonsteroidal anti-inflammatory drug; SmPC: Summary of product characteristics; SNRI: Serotonin noradrenaline reuptake inhibitor; TCA: Tricyclic antidepressant.