

Prescribing Tips and Tools for Sertraline for the Treatment of Depression

SERTRALINE is the preferred selective serotonin reuptake inhibitor (SSRI) for the treatment of depression in adults.

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

Therapeutic Indications¹

Sertraline is licensed for the treatment of:

- Major depressive episodes (prevention of recurrence of major depressive episodes)
- Panic disorder, with or without agoraphobia
- Obsessive compulsive disorder in adults and paediatric patients aged 6-17 years
- Social anxiety disorder
- Post-traumatic stress disorder

Dosing in the Treatment of Depression¹

Dose	Prescribing notes
50 mg once daily (to a max. daily dose of 200mg)	<ul style="list-style-type: none">• Dosage should be kept at the lowest effective dose.• If required, dose changes should be made in steps of 50 mg and at intervals of <u>1 week or more</u>.• Sertraline can be taken with or without food.
<ul style="list-style-type: none">• Sertraline is available in a 50 mg and 100 mg tablet. Please refer to www.hpra.ie for a list of all available preparations.• No dose adjustment is necessary in patients with renal impairment. Please consult the SmPC for guidance on prescribing for other specialist populations.	

Counsel Individuals Initiating Treatment¹

To be aware:

- ✓ The onset of therapeutic effect may be seen within 7 days, however longer periods are usually necessary to demonstrate therapeutic response.
- ✓ Individuals with depression should be treated for at least 6 months.
- ✓ Sertraline may impair the ability to drive and operate hazardous machinery.
- ✓ Sertraline may cause sexual dysfunction which may persist despite discontinuation.
- ✓ Of the signs of hyponatraemia e.g. headache, difficulty concentrating, memory impairment, confusion, weakness and unsteadiness/falls.

Do not:

- ✓ Discontinue treatment abruptly.
- ✓ Consume grapefruit juice.

Special Warnings and Precautions*

Drug Interactions¹⁻²

Risk of serotonin syndrome, neuroleptic malignant syndrome, QT interval prolongation and/or abnormal bleeding when sertraline 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.

Exercise caution when prescribing for individuals with:¹

- Angle-closure glaucoma (*mydriasis may occur in association with sertraline*)
- Additional risk factors for QT prolongation
- Hepatic impairment
- When switching antidepressants
- Older people.

Monitor individuals with:¹

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

Monitor individuals for:¹

- Signs of hyponatraemia (*especially in older people or individuals taking a diuretic*)
- Withdrawal symptoms on discontinuation (*gradually reduce dose over 1-2 weeks*).

Contraindications¹

- Unstable epilepsy
- Manic phase of bipolar disorder
- Severe hepatic impairment
- Concomitant treatment with MAOIs
- Paediatric population < 18 years (except individuals 6-17 years with obsessive compulsive disorder).

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

Abbreviations: MAOI: Monoamine oxidase inhibitor; NSAID: Nonsteroidal anti-inflammatory drug; SmPC: Summary of product characteristics; SSRI: Selective serotonin reuptake inhibitor; TCA: Tricyclic antidepressant.