

Fluoxetine

(SSRI-selective serotonin reuptake inhibitor):

- Start 10 mg daily for one week then 20 mg daily.
 - If no response in 6 weeks, increase to 40 mg
 - If no response in next 6 weeks, refer to the psychiatrist
 - Maximum is 80 mg
 - Weekly follow up for the first 4 weeks, to monitor thoughts or plans of suicide.
 - Don't use in pregnancy and lactating women, consult a specialist.
- Elderly/medically ill: preferred choice. Start 10 mg daily, then increase to 20 mg (maximum 40 mg).
- Adolescents: Start 10 mg daily. Increase to 20 mg daily if no response in 6 weeks (maximum 40 mg).

Side effects of Fluoxetine

Common: Sedation, insomnia, headache, dizziness, gastrointestinal disturbances, changes in appetite, and sexual dysfunction.

Serious: bleeding abnormalities in those who use Aspirin or other non-steroidal anti-inflammatory drugs, low sodium levels.

Cautions:

- If the person develops a manic episode, stop the antidepressant immediately; it may trigger a manic episode in untreated bipolar disorder.
- Do not combine with other antidepressants, as this may cause serotonin syndrome (ranging from mild symptoms (shivering and diarrhea) to severe (muscle rigidity, fever and seizure), severe serotonin syndrome can cause death if not treated).
- Antidepressants may increase suicidal ideation, especially in adolescents and young adults.

Drug-Drug interactions with fluoxetine

- Avoid combination with warfarin (may increase bleeding risk)

- May increase levels of Tricyclic Anti-depressant (TCAs), antipsychotics, and beta-blockers
- Caution in combination with tamoxifen, codeine, and tramadol (can reduce the effect of these drugs).

Follow up after management with Fluoxetine

- Schedule the second appointment within 1 week

