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Wolters Kluwer

Unipolar depression in adults: Antidepressant doses*

Drug	Usual total starting dose per day (mg) [¶]	Usual total dose per day (mg)	Extreme daily dose range (mg) [¶]
Selective serotonin reuptake inhibitors			
Citalopram	20	20 to 40 ^Δ	10 to 40 ^Δ
Escitalopram	10	10 to 20	5 to 30
Fluoxetine	20	20 to 60	10 to 80
Fluvoxamine	50	50 to 200	25 to 300
Fluvoxamine CR	100	100 to 200	100 to 300
Paroxetine	20	20 to 40	10 to 50
Paroxetine CR	25	25 to 50	12.5 to 62.5
Sertraline	50	50 to 200	25 to 300
Serotonin-norepinephrine reuptake inhibitors			
Desvenlafaxine	25 to 50	50 to 100	50 to 400 [◇]
Duloxetine	30 to 60	60	30 to 120 [§]
Levomilnacipran	20	40 to 80	20 to 120
Milnacipran	12.5	100 to 200	50 to 300
Venlafaxine	37.5 to 75	75 to 375	75 to 375
Venlafaxine XR	37.5 to 75	75 to 225	75 to 375
Atypical agents			
	25	25 to 50	25 to 50

Agomelatine [§] (not available in United States)			
Bupropion	200	300 (maximum single dose 150 mg)	100 to 450
Bupropion SR 12 hour	150	300 (maximum single dose 200 mg)	150 to 400
Bupropion XL 24 hour	150	300	150 to 450 (United States) 150 to 300 (Europe)
Bupropion hydrobromide 24 hour	174	348	174 to 522
Mirtazapine	15	15 to 45	7.5 to 60
Serotonin modulators			
Nefazodone [‡]	200	300 to 600	50 to 600
Trazodone	100	200 to 400	100 to 600
Vilazodone	10	40	10 to 40
Vortioxetine	10	20	5 to 20
Tricyclics and tetracyclics[†]			
Amitriptyline	25	150 to 300	10 to 300
Amoxapine	25	200 to 300	25 to 400
Clomipramine	25	100 to 250	25 to 300
Desipramine	25	150 to 300	25 to 300
Doxepin	25	100 to 300	10 to 300
Imipramine	25	150 to 300	10 to 300
Maprotiline	25	100 to 225	25 to 225
Nortriptyline	25	50 to 150	10 to 150
Protriptyline	10	15 to 60	5 to 60
Trimipramine	25	150 to 300	25 to 300
Monoamine oxidase inhibitors[†]			
Isocarboxazid	10	10 to 40	10 to 60

Phenelzine	15	15 to 90	7.5 to 90
Selegiline transdermal	6 mg/24 hour patch	6 to 12 mg/24 hour patch	6 to 12 mg/24 hour patch
Tranylcypromine	10	30 to 60	10 to 60

* Total daily oral doses shown in table may need to be given as two or three equally divided doses per day, depending on specific antidepressant and other factors. For additional detail, refer to individual Lexicomp drug monographs included with UpToDate.

¶ Lower doses may be useful for initiating or maintaining patients who are older or medically compromised (eg, renal or hepatic illness), or drug-sensitive patients, as well as patients with a low body mass index. High doses may be used for medications that are well tolerated but ineffective at lower doses.

Δ Maximum recommended dose of citalopram is 20 mg for patients >60 years of age, with significant hepatic insufficiency, or taking interacting medications that can increase citalopram levels. For more information refer to the UpToDate topic on unipolar depression in adults and selective serotonin reuptake inhibitors.

◇ Although desvenlafaxine doses up to 400 mg per day have been studied, there is no evidence that doses >50 mg per day provide any additional benefit.

§ Although doses >60 mg/day did not confer additional benefit in clinical trials, individual patients may benefit from dose escalation up to a maximum of 120 mg/day.

¥ Agomelatine may be hepatotoxic and is contraindicated with any degree of liver impairment. Transaminase monitoring is required according to the product information.

‡ Caution: can cause liver failure. Not available in Europe, Canada, and several other countries.

† Conservative starting doses shown in table are lower than starting doses shown in some other references. For additional information, refer to UpToDate topics on unipolar depression in adults and cyclic antidepressants and monoamine oxidase inhibitors for treatment of adults with depression.

Data from:

1. *The American Psychiatric Publishing Textbook of Psychopharmacology, 4th edition.* Schatzberg AF, Nemeroff CB (eds); American Psychiatric Publishing, Inc. Washington, D.C. (2009).
 2. Labbate LA, Fava M, Rosenbaum JF, Arana GW. *Drugs for the treatment of depression.* In: *Handbook of Psychiatric Drug Therapy, 6th ed,* Lippincott Williams and Wilkins, Philadelphia 2010. p.54.
 3. Gartlehner G, Thaler K, Hill S, Hansen RA. *How should primary care doctors select which antidepressants to administer?* *Curr Psychiatry Rep* 2012; 14:360.
 4. Lexicomp Online. Copyright © 1978-2022 Lexicomp, Inc. All Rights Reserved.
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