

# Selective Serotonin Reuptake Inhibitor (SSRI) Dosing for Patients Over 65

Medication	Range	Starting Dose	Highest Dose	Dosing Increase	Renal Dosing	Hepatic Dosing	Cardiac
Prozac (Qam)	10-80 mg	10 mg	80 mg	10 mg	Same dosing; not removed by dialysis	Lower dose by half or give less often	Some patients tolerate lower doses better
Paxil (Qhs)	10-40 mg	10 mg	40 mg	10 mg	Same dosing	Same dosing	Discontinuation syndrome
Paxil CR (Qhs)	12.5-50 mg	12.5 mg	50 mg	12.5 mg	Same dosing	Same dosing	Discontinuation syndrome
Zoloft (Qam)	25-200 mg	25 mg	200 mg	25 mg	Same dosing; not removed by dialysis	Lower dose by half or give less often	Patients tolerate lower initial doses or slow titration; Proven safety with angina and post-MI
Celexa (Qhs)	5-20 mg	5-10 mg	20 mg in age 60+	5-10 mg	No adjustment mild/mod Caution in severe impairment	Start at 5 mg dose cautiously	Surprisingly well-tolerated in elderly; highest risk for QT prolongation
Lexapro (Qhs)	5-10 mg	5 mg	10 mg	5 mg	No adjustment mild/mod Caution in severe impairment	10 mg max	Higher risk for QT prolongation



## SSRI Risk and Benefits

### Benefits

- Reduces risk of suicide in ages 65+
- Treating depression with SSRIs in patients with acute angina or post-MI may reduce cardiac events and improve survival/mood

### Risks

- Risk of SIADH is high in elderly
- QT prolongation (highest risk with Celexa/citalopram)

### Common Side Effects

- Weight gain (1/3 of patients)
- GI upset (mostly nausea)
- Headache
- Sedation or activation
- Dry mouth
- EPS (abnormal involuntary movements)

### Notes:

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