INDIVIDUALISER LE TRAITEMENT PAR ANTIDÉPRESSEUR

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PROFIL DU PATIENT		Fluoxetine Prozac ®	Fluvoxamine Luvox ®	Paroxetine Paxil (CR)®	Sertraline Zoloft ® [a]	Citalopram Celexa ®	Escitalopram Cipralex ®	Bupropion (SR, XL) Wellbutrin ®	Mirtazapine Remeron ®	Venlafaxine Effexor XR ®	Duloxetine Cymbalta ® [a]	Desvenlafaxine Pristiq ®	Quetiapine XR Seroquel XR ®	Vortioxetine Trintellix ®	Levomilnacipran ER Fetzima ®
CARACTÉRISTIQUES DE LA DÉPRESSION	souffre d'asthénie, fatigue, manque d'énergie		X		O		O		XX	O	O	O	XX		O
	requiert un antidépresseur sédatif		O					XX	OO				OO		
	si pt à risque d'une tentative de suicide par surdose Rx	X				XX [b]			X	XX [c]					
PRÉFÉRENCES / STYLE DE VIE	ne tolérerait pas le gain pondéral	O	O	XX	O	X	O	OO	XX	O	O	O	XX	O	
	ne tolérerait pas des troubles sexuels	X	O	X	X	X	O	OO	O	X	O	O	O	O	O
	veut arrêter de fumer							O							
	oublie souvent des doses (risque symptômes de sevrage)	O		X						XX				O	
	consommation abusive d'alcool				X		O		OO		X				
COMORBIDITÉS PSYCHIATRIQUES	anxiété généralisée			OO	OO		OO	O		O			OO		
	trouble panique	OO	O	OO	O			X	O	OO		O			
	trouble d'anxiété sociale (phobie sociale)	O	O	O	O		OO		X	O					
	trouble obsessionnel compulsif	O	O	O	O	O	O	X	O	O					
	état de stress post-traumatique	O		O	O	O	O	X	O	O	O		O		
	déficit d'attention/hyperactivité							OO		O	O	O			
	boulimie	O			O			OO			O				
	paraphilie ou hypersexualité	O		O	O										
INTERACTIONS MÉDICAMENTEUSES	prend Risperidone	XX	XX	XX	X			X						X	
	prend plusieurs médicaments	XX	XX	XX	X	O	O	X	OO	O	X	OO	XX	X	
	prend un inhibiteur du 1A2 (Cipro, cimetidine, ticlopidine)		X								X				
SYNDROMES DOULOUREUX CHRONIQUES	céphalées chroniques	O	X		X	O			O	O	O				
	fibromyalgie	O		O							OO		O		
	douleurs sans cause décelée										O				
	douleurs neuropathiques diabétiques			O						O [d]	OO				
COMORBIDITÉ MÉDICALE	syndrome du côlon irritable	O				O			OO	O	OO				
	Nausée/vomissements		X	X	X				OO	X	X				X
	Diabète	O	X	X	X	O	O	O	X		O				
	tremblements	X	X	X	X		OO	X	OO	O	OO				
	Intervalle QT long; prend agents qui prolongent l'int. QT	X				X [b]	[b]				O	OO			
	maladie cardiovasculaire ou HTA non contrôlée	O			O	O		O	O	X	O	O		O	X
	Maladie du foie ou insuffisance hépatique			X	X	O	O	X			X	O	X		
	insuffisance rénale sévère			X	X	X	X		X		X				X
	bouffées de chaleur reliées à la ménopause	O		O		O	O		O	O	O	O	O		
SITUATIONS SPÉCIALES	âge<18 ans (surveiller: risque de bipolarité sous-jacente)	OO		O	OO		O		OO	O		O			
	enceinte ou planifie l'être	X	X	XX	O	O	O	X		X	X	X		X	
	allaite	X	O	OO	OO	X	O	O	O	X	O		O		
	Coût couvert par plan d'assurance-méd du Québec	O	O	O	O	O	X	O	O	O	X	X	O	X	X

LÉGENDE:

O = L'utilisation de cet antidépresseur est particulièrement avantageuse pour ce patient ou les données probantes démontrent une efficacité dans ce sous-groupe

X = L'utilisation de cet antidépresseur est désavantageuse ou contre-indiquée pour ce type de patient

a = prendre avec de la nourriture (cela améliore la biodisponibilité de sertraline et diminue les nausées avec duloxetine)

b = Vu la possibilité d'une prolongation de l'intervalle QT, Santé Canada a émis un avis que Citalopram et Escitalopram sont contre-indiqués avec le syndrome congénital du QT long ou un QTc long connu (>500 msec) recommandant de ne pas excéder les doses de Cit 40 mg, Escit 20 mg [ou Cit 20, Escit 10 si insuff. hépatique, chez pts de ≥ 65 ans, pts prenant un inhibiteur du CYP2C19 tel cimetidine ou chez les métaboliseurs lents du CYP2C19]. Par contre, une grande étude cohorte n'a trouvé aucune augmentation du risque d'arrythmie ventric. ni de mortalité cardiaque ou non-cardiaque avec Cit > 40 mg, remettant en question le bienfondé de ces avis (Zivin K et al. Am J Psychiatry. 2013;170:642-50). La FDA note que l'escit n'a pas été associé à une ↑ significative du QT (03/2012)

c = Santé Canada et les fabriquants de Venlafaxine à libération prolongée ont émis une alerte (23 oct 2008) re: rapports de cas de surdosages aigus mortels avec approx. 1000 mg de Venlafaxine seule

d = aux doses de 150 à 225 mg par jour

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