Antidepressant Use in Adults with Chronic Kidney Disease



Your patient has chronic kidney disease (CKD). This handout provides information about dosing adjustments if antidepressants are required. The information is provided as a guide. If you have a patient specific question, please contact your patient's nephrologist or care team. References can be found in the full guideline, "Depression and Anxiety: The Role of Kidney Care Clinics" at bcrenalagency.ca.

| | Dosing adjustment in renal failure | | | | |
|---|------------------------------------|--|-----------------------------|------------------------------------|---|
| Medications | eGFR 30-60 mL/min | eGFR 15-30 mL/min | eGFR less than 15 mL/min | Dialysis (PD or HD) | Comments |
| 1 st line therapies | | | | | |
| Selective Serotonin Reuptake Inhibitors (SSRI) | | | | | |
| Citalopram | No adjustment | No adjustment | No adjustment | No adjustment (HD: not removed) | Risk of QTc prolongation (max 40 mg/day of 20 mg/day with strong CYP2C19 inhibitors*) Half as potent as escitalopram, therefore NOT interchangeable |
| Escitalopram | No adjustment | SD: 10 mg/day | SD: 10 mg/day | SD: 10 mg/day | Risk of QTc prolongation Twice as potent as citalopram, therefore NOT interchangeable |
| Fluoxetine | No adjustment | No adjustment | No adjustment | No adjustment | Risk of QTc prolongation |
| Fluvoxamine | No adjustment | No adjustment | No adjustment | No adjustment | Many potential drug interactions Most nauseating/sedating SSRI |
| Paroxetine | SD: 10 mg/day | SD: 10 mg/day | SD: 10 mg/day | SD: 10 mg/day | Most anticholinergic activity(caution in elderly) Has been used for pruritus |
| Sertraline | No adjustment | SD: 50 mg/day | SD: 25 mg/day | SD: 25 mg/day | |
| | | | Non - 1st line therap | pies | |
| Serotonin/Norepinephrine Reuptake Inhibitors (SNRI) | | | | | |
| Desvenlafaxine | SD: 50 mg Q2days | Max: 50 mg Q2days | Max: 50 mg Q2days | Max: 50 mg Q2days | |
| Duloxetine | No adjustment | SD: 30 mg/day and increase carefully; max: 60 mg/day | SD: 30 mg/day | SD: 30 mg/day | Also Rx-peripheral neuropathy |
| Venlafaxine | No adjustment | 37.5-112.5 mg/day | 37.5-112.5 mg/day | 37.5-112.5 mg/day | Possibly more N/V than SSRIs Also Rx-peripheral neuropathy |
| | | Serotoni | n Antagonist/Reuptake | Inhibitor (SARI) | |
| Trazodone | No adjustment | No adjustment | SD: 150 mg/day | SD: 150 mg/day | Good choice for concomitant insomnia (usual dose for this indication: 25-50 mg) |
| | | | Other Antidepressa | ants | |
| Bupropion | Max: 150 mg/day | Max: 150 mg/day | Max: 150 mg/day | Max: 150 mg/day | Risk of accumulation of toxic metabolites causing dysrhythmia (wide QRS complex) Caution in seizure disorders |
| Mirtazapine | No adjustment | 15 mg/day | 15 mg/day | 15 mg/day | Also used for pruritus Good choice for concomitant insomnia (dose: 7.5-15 mg HS) |

Abbreviations: CV: cardiovascular; eGFR: estimated Glomerular Filtration Rate; HD: hemodialysis; HS: at bedtime; Max: maximum dose, N/V/D: nausea/vomiting/diarrhea; PD: peritoneal dialysis; SD: starting dose

















BC Renal • BCRenal.ca May 2015