SA Palliative Care
Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

Antidepressants can be helpful for a variety of indications in palliative care.

Principles guiding antidepressant choice in people with a life limiting illness are similar to that in the general population. Choosing the right antidepressant for a patient is an interplay between the person's symptoms, previous antidepressant use, adverse effect profile, patient preference, pharmacology (including receptor binding profile) and dosage form.

Common Indications

Depression: Psychological support should be used in conjunction with pharmacotherapy. Sertraline and escitalopram are recommended as first line in younger and older people as they are better tolerated and have fewer drug interactions. Mirtazapine is another first-line option often chosen in palliative care as the patient may also benefit from the 'positive' effects of mirtazapine on nausea, insomnia and reduced appetite in this context.

Anxiety and Panic disorders: SSRIs are the antidepressant of choice though may initially exacerbate anxiety; start low.

Pain: Amitriptyline and Duloxetine can be useful in neuropathic pain at lower doses than when prescribed for depression.

Excessive saliva (sialorrhoea): Low dose Amitriptyline can be used for drooling/ excessive saliva.

Pruritis: If cholestatic, trial sertraline. For non-specific itch, Doxepin (Potent histamine receptor antagonist), Mirtazapine, Paroxetine or Sertraline can be trialled.

Hot Flushes in breast or prostate Cancer: Venlafaxine.

Adverse Effects

Some general considerations include:

- A start low, go slow approach should be utilised to improve tolerability.
- Anticholinergic effects associated with TCA's.
- Reduction in serotonin uptake reduces platelet aggregation and increases bleeding risk.
- Hyponatremia as a result of SIADH
- CredibleMeds can be used to determine QT prolongation risk.
- Increased falls through orthostatic hypotension, sedation/ impaired attention, hyponatraemia, movement disorder and cardiac toxicity.
- Decreased seizure threshold.

Withdrawal of antidepressants should be planned whenever possible

- NSW deprescribing Guidelines
- Refer to the SA Health Guideline for symptom management associated if abrupt withdrawal can't be avoided
- The Maudsley Deprescribing Guidelines provides a contemporary evidence-based approach recommending a much slower taper than traditionally utilised particularly as the patient approaches lower end of dose reduction.

Part 2 will compare antidepressant MOA, adverse drug effects and pharmacokinetics.

Thank you to Sona Shaji for her contribution.

References

- Palliative Care Formulary (PCF), 2022
- Therapeutic Guidelines, Palliative Care, 2023
- AMH 2024

For more information

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