

# ANTIDEPRESSANT USE IN CHILDREN & ADOLESCENTS 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.

Medications	Dosing adjustment in renal failure				Comments
	eGFR 30-60 mL/min	eGFR 15-30 mL/min	eGFR less than 15 mL/min	Dialysis (PD or HD)	
<b>1<sup>st</sup> line therapies</b>					
<b>Selective Serotonin Reuptake Inhibitors (SSRI)</b>					
Citalopram	No adjustment	No adjustment	No adjustment	No adjustment (HD: not removed)	<ul style="list-style-type: none"> <li>Safe in CV disease but risk of QTc prolongation (Max 40 mg/d or 20 mg/d w/ strong CYP2C19 inhibitors)</li> <li>Half as potent as escitalopram, therefore NOT interchangeable</li> </ul>
Escitalopram	No adjustment	SD: 10 mg/day, ↑ carefully	SD: 10 mg/day, ↑ carefully	SD: 10 mg/day, ↑ carefully (HD: not removed)	<ul style="list-style-type: none"> <li>Safe in CV disease but risk of QTc prolongation (Max 20 mg/d)</li> <li>Twice as potent as citalopram, therefore NOT interchangeable</li> </ul>
Fluoxetine	No adjustment	No adjustment	No adjustment	No adjustment (HD: not removed)	<ul style="list-style-type: none"> <li>Risk of QTc prolongation</li> </ul>
Fluvoxamine	No adjustment	No adjustment	No adjustment	No adjustment (HD: partially removed)	<ul style="list-style-type: none"> <li>Children: Max 200 mg/d</li> <li>Adolescents: Max 300 mg/d</li> </ul>
Sertraline	No adjustment	SD: 50 mg/day ↑ carefully	SD: 25 mg/day consider ↓ max	SD: 25 mg/day consider ↓ max (HD: not removed)	<ul style="list-style-type: none"> <li>Safe in pts with CV disease</li> </ul>
<b>Non - 1<sup>st</sup> line therapies</b>					
<b>Serotonin/Norepinephrine Reuptake Inhibitors (SNRI)</b>					
Duloxetine	No adjustment	SD: 30 mg/day, ↑ carefully	SD: 30 mg/day, ↑ carefully	SD: 30 mg/day, ↑ carefully	<ul style="list-style-type: none"> <li>Consider for concomitant peripheral neuropathy (no data in C&amp;A)</li> </ul>
Venlafaxine	No adjustment	37.5-112.5 mg/day	37.5-112.5 mg/day	37.5-112.5 mg/day	<ul style="list-style-type: none"> <li>Consider for concomitant peripheral neuropathy (no data in C&amp;A)</li> </ul>
<b>Serotonin Antagonist/Reuptake Inhibitor (SARI)</b>					
Trazodone	Dose adjustment not required when dosed at 25-50 mg HS for insomnia; higher doses (150-600 mg) <b>virtually never</b> prescribed for depression in C&A				<ul style="list-style-type: none"> <li>Theoretical risk for serotonin syndrome when combined with SSRI/SNRIs but clinically of little concern at dose of 25-50 mg HS</li> </ul>
<b>Other Antidepressants</b>					
Bupropion <sup>®</sup>	Max: 150 mg/day	Max: 150 mg/day	Max: 150 mg/day	Max: 150 mg/day every third day (HD: not removed)	<ul style="list-style-type: none"> <li>Non-sedating, may cause insomnia, not associated with weight gain</li> <li>Risk of accumulation of toxic metabolites causing dysrhythmia (wide QRS complex) in renal failure</li> </ul>
Mirtazapine	No adjustment	15 mg/day, ↑ carefully	15 mg/day, ↑ carefully	15 mg/day, ↑ carefully (HD: partially removed)	<ul style="list-style-type: none"> <li>Has been used for pruritus management (adults)</li> <li>A choice for concomitant insomnia (dose: 7.5-15 mg HS)</li> </ul>

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; ↑ increase; ↓ decrease



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