FLUVOXAMINE:

Class: Antidepressant, Selective Serotonin Reuptake Inhibitor

Indications: Treatment of obsessive-compulsive disorder (OCD), major depression; panic disorder; anxiety disorders in children; mild dementia-associated agitation in nonpsychotic patients; post-traumatic stress disorder (PTSD); social anxiety disorder (SAD); patients; treatment of paraphilia/hypersexuality

Available dosage form in the hospital: TAB (50MG,100MG)

Trade Names:

Dosage:

-Obsessive-compulsive disorder: Oral:

-Immediate release: Initial: 50 mg once daily at bedtime; may be increased in 50 mg increments at 4- to 7-day intervals, as tolerated; usual dose range: 100-300 mg/day; maximum dose: 300 mg/day. **Note:** When total daily dose exceeds 100 mg, the dose should be given in 2 divided doses with larger portion administered at bedtime.

-Extended release: Initial: 100 mg once daily at bedtime; may be increased in 50 mg increments at intervals of at least 1 week; usual dosage range: 100-300 mg/day; maximum dose: 300 mg/day

-Social anxiety disorder (unlabeled use): Oral: Extended release: Initial: 100 mg once daily at bedtime; may be increased in 50 mg increments at intervals of at least 1 week; usual dosage range: 100-300 mg/day; maximum dose: 300 mg/day (Davidson, 2004; Stein, 2003; Westenberg, 2004)

-Post-traumatic stress disorder (PTSD) (unlabeled use): Immediate release: Oral: 75 mg twice daily (Spivak, 2006).

-MAO inhibitor recommendations:

-Switching to or from an MAO inhibitor intended to treat psychiatric disorders:

- Allow 14 days to elapse between discontinuing an MAO inhibitor intended to treat psychiatric disorders and initiation of fluvoxamine.
- Allow 14 days to elapse between discontinuing fluvoxamine and initiation of an MAO inhibitor intended to treat psychiatric disorders.

-Use with other MAO inhibitors (linezolid or I.V. methylene blue):

- Do not initiate fluvoxamine in patients receiving linezolid or I.V. methylene blue; consider other interventions for psychiatric condition.
- If urgent treatment with linezolid or I.V. methylene blue is required in a patient already receiving fluvoxamine and potential benefits outweigh potential risks, discontinue fluvoxamine promptly and administer linezolid or I.V. methylene blue. Monitor for serotonin syndrome for 2 weeks or until 24 hours after the last dose of linezolid or I.V. methylene blue, whichever comes first. May resume fluvoxamine 24 hours after the last dose of linezolid or I.V. methylene blue.

Geriatric

Refer to adult dosing. Reduce dose; titrate slowly.

Renal Impairment:

No dosage adjustment provided in manufacturer's labeling. Limited data suggest fluvoxamine does not accumulate in patients with renal impairment.

Hepatic Impairment:

No dosage adjustment provided in manufacturer's labeling. Limited data suggest fluvoxamine clearance is reduced in patients with hepatic impairment. Reduced initial dose and slow titration may be required.

Common side effect:

Central nervous system: Headache (22% to 35%), insomnia (21% to 35%), somnolence (22% to 27%), dizziness (11% to 15%), nervousness (10% to 12%)

Gastrointestinal: Nausea (34% to 40%), diarrhea (11% to 18%), xerostomia (10% to 14%), anorexia (6% to 14%)
Genitourinary: Ejaculation abnormal (8% to 11%)
Neuromuscular & skeletal: Weakness (14% to 26%)

Pregnancy Risk Factor C