FLUOXETINE:

Class: Antidepressant, Selective Serotonin Reuptake Inhibitor

Indications: Treatment of major depressive disorder; treatment of binge-eating and vomiting in patients with moderate-to-severe bulimia nervosa; obsessive-compulsive disorder (OCD); premenstrual dysphoric disorder (PMDD); panic disorder with or without agoraphobia; in combination with olanzapine for treatment-resistant or bipolar I depression.

Available dosage form in the hospital: 20MG CAP

Trade Names:

Dosage:

-Depression, obsessive-compulsive disorder, premenstrual dysphoric disorder, bulimia: Oral: 20 mg/day in the morning; may increase after several weeks by 20 mg/day increments; maximum: 80 mg/day; doses >20 mg may be given once daily or divided twice daily. **Note:** Lower doses of 5-10 mg/day have been used for initial treatment.

-Usual dosage range:

-Bulimia nervosa: Oral: 60 mg/day

-Depression: Oral: Initial: 20 mg/day; may increase after several weeks if inadequate response (maximum: 80 mg/day). Patients maintained on Prozac® 20 mg/day may be changed to Prozac® Weekly™ 90 mg/week, starting dose 7 days after the last 20 mg/day dose

-Depression associated with bipolar disorder (in combination with olanzapine): Oral: Initial: 20 mg in the evening; adjust as tolerated to usual range of 20-50 mg/day. See **"Note"** below.

-Fibromyalgia (unlabeled use): Oral: Range: 20-80 mg/day (Arnold, 2002)

-Obsessive-compulsive disorder: Oral: Initial: 20 mg/day; may increase after several weeks if inadequate response; recommended range: 20-60 mg/day (maximum: 80 mg/day)

-Panic disorder: Oral: Initial: 10 mg/day; after 1 week, increase to 20 mg/day; may increase after several weeks; doses >60 mg/day have not been evaluated

-Post-traumatic stress disorder (PTSD) (unlabeled use): Oral: 20-40 mg/day

-Premenstrual dysphoric disorder (Sarafem®): Oral: 20 mg/day continuously, **or** 20 mg/day starting 14 days prior to menstruation and through first full day of menses (repeat with each cycle)

-Raynaud's phenomena (unlabeled use): Oral: 20 mg/day (Coleiro, 2001)

-Social anxiety disorder (unlabeled use): Oral: Target dose: 40 mg/day; range 30-60 mg/day (Davidson, 2004)

-Treatment-resistant depression (in combination with olanzapine): Oral: Initial: 20 mg in the evening; adjust as tolerated to usual range of 20-50 mg/day. See **"Note."**

Note: When using individual components of fluoxetine with olanzapine rather than fixed dose combination product (Symbyax®), approximate dosage correspondence is as follows:

-Olanzapine 2.5 mg + fluoxetine 20 mg = Symbyax® 3/25

-Olanzapine 5 mg + fluoxetine 20 mg = Symbyax® 6/25

-Olanzapine 12.5 mg + fluoxetine 20 mg = Symbyax® 12/25

-Olanzapine 5 mg + fluoxetine 50 mg = Symbyax® 6/50

-Olanzapine 12.5 mg + fluoxetine 50 mg = Symbyax® 12/50

Note: Upon discontinuation of fluoxetine therapy, gradually taper dose. If intolerable symptoms occur following a dose reduction, consider resuming the previously prescribed dose and/or decrease dose at a more gradual rate.

-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 fluoxetine.
- Allow 5 weeks to elapse between discontinuing fluoxetine 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 fluoxetine 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 fluoxetine and potential benefits outweigh potential risks, discontinue fluoxetine promptly and administer linezolid or I.V. methylene blue. Monitor for serotonin syndrome for 5 weeks or until 24 hours after the last dose of linezolid or I.V. methylene blue, whichever comes first. May resume fluoxetine 24 hours after the last dose of linezolid or I.V. methylene blue.

Geriatric
Depression: Oral: Some patients may require an initial dose of 10 mg/day with dosage increases of 10 mg and 20 mg every several weeks as tolerated; should not be taken at night unless patient experiences sedation.
Refer to adult dosing.

Renal Impairment:
Single dose studies: Pharmacokinetics of fluoxetine and norfluoxetine were similar among subjects with all levels of impaired renal function, including anephric patients on chronic hemodialysis.
Chronic administration: Additional accumulation of fluoxetine or norfluoxetine may occur in patients with severely impaired renal function.
Not removed by hemodialysis; use of lower dose or less frequent dosing is not usually necessary.

Hepatic Impairment:
Elimination half-life of fluoxetine is prolonged in patients with hepatic impairment. A lower dose or less frequent dosing of fluoxetine should be used in these patients.
Cirrhosis patient: Administer a lower dose or less frequent dosing interval.
Compensated cirrhosis without ascites: Administer 50% of normal dose

Common side effect:
Central nervous system: Insomnia (10% to 33%), headache (21%), somnolence (5% to 17%), anxiety (6% to 15%), nervousness (8% to 14%)
Endocrine & metabolic: Libido decreased (1% to 11%)
Gastrointestinal: Nausea (12% to 29%), diarrhea (8% to 18%), anorexia (4% to 17%), xerostomia (4% to 12%)
Neuromuscular & skeletal: Weakness (7% to 21%), tremor (3% to 13%)
Respiratory: Pharyngitis (3% to 11%), yawn (≤11%)

Pregnancy Risk Factor: C