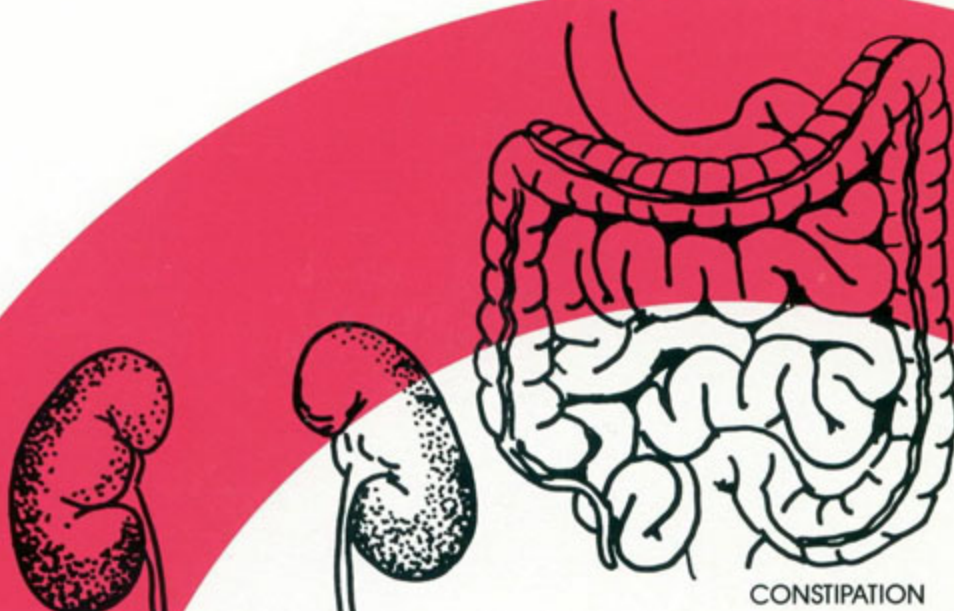


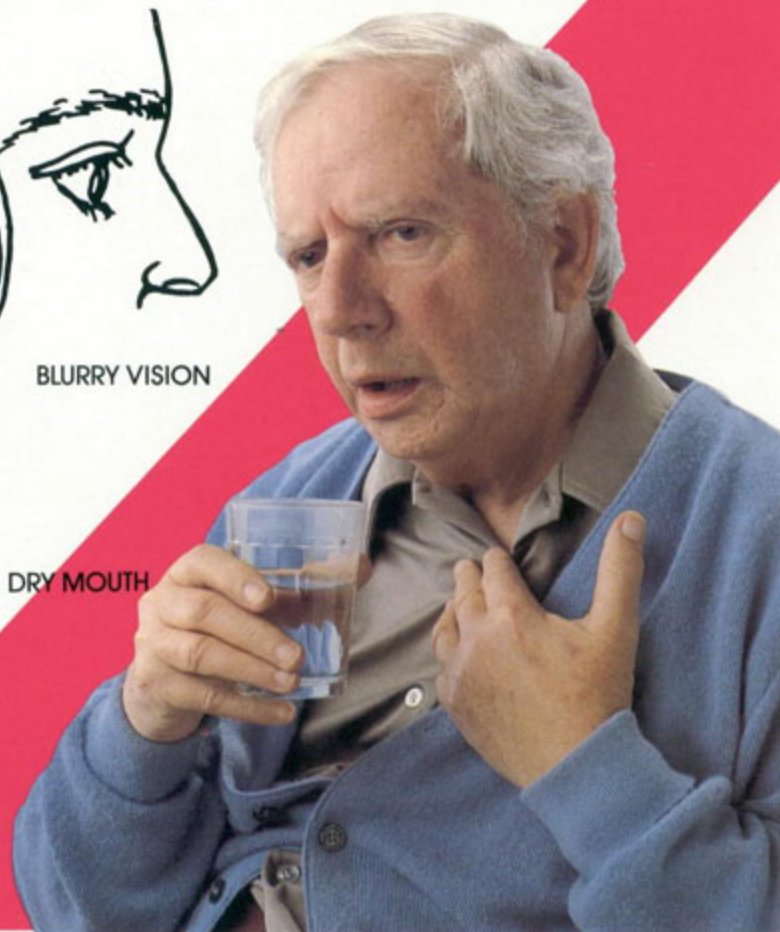
THE ELAVIL (amitriptyline) EXTRAS . . .

FOUR FOR THE PRICE OF ONE IS NO BARGAIN

The side-effects of amitriptyline (Elavil, Endep, and others) in older patients can be a burden for everyone – residents, staff, and physician. Other available antidepressants are safer in the elderly patient, and equally effective.



URINARY RETENTION



WHEN THE CURE CAN BE AS BAD AS THE DISEASE . . .

Some antidepressant medications can cause sedation, confusion, dizziness, postural hypotension, and anticholinergic effects such as retention of urine, constipation, incontinence, dry mouth, and blurry vision.^{1,2} Amitriptyline (Elavil, Endep, and others) is the most sedating, most anticholinergic of all antidepressants.¹ It is rarely the drug of choice in older patients.^{1,3}

IS AN ANTIDEPRESSANT INDICATED? Specific medical conditions (such as thyroid disease) or medications (such as tranquilizers or antihypertensives) can cause symptoms that mimic depression, and these causes must be ruled out first. Making the diagnosis of depression can be difficult, especially in the elderly, and sometimes a therapeutic trial of an antidepressant is used to make the diagnosis. But if clinical improvement is not clear, the drug should be discontinued. **EVEN IN A PATIENT WITH DEPRESSION** who has responded to medication, many geriatric psychiatrists recommend a trial off the drug after six months. **DEPRESSION IS OFTEN A SELF-LIMITED DISEASE,**⁴ and many patients will continue to do well off therapy. Some patients may do better if their medication is tapered to zero.

If an antidepressant is indicated in an older patient, experts in geriatric medicine and psychiatry recommend desipramine (Norpramin, Pertofrane) and nortriptyline (Aventyl, Pamelor).^{3,5} These have consistently lower anticholinergic side-effects. Doses are usually half that given to younger patients.^{1,4,6}



DRUG	SEDATIVE ACTIVITY	ANTICHOLINERGIC ACTIVITY	SUGGESTED DAILY STARTING DOSE	TYPICAL GERIATRIC MAINTENANCE DOSE RANGE (DAILY)
desipramine (Norpramin, Pertofrane)	lowest	lowest	25 mg	25-100 mg
nortriptyline (Aventyl, Pamelor)	moderate	low to moderate	10 mg	10-60 mg
imipramine (Tofranil)	moderate	moderate	25 mg	50-100 mg
doxepin (Adapin, Sinequan)	high	high	25 mg	50-100 mg
amitriptyline (Elavil, Endep)	very high	very high	not recommended	not recommended

SUMMARY OF RECOMMENDATIONS:

- When prescribing antidepressant therapy for your older patients . . .
- avoid anticholinergic medications
 - use smaller doses
 - monitor closely for side effects
 - consider a trial off drugs, for therapeutic failures *and* successes.

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