

Dr. Kara Schick-Makaroff: Implementing a pathway for mental health care for Albertans receiving dialysis care

1. Suggested pharmacological treatment

More information related to the suggested pharmacological treatment of depression and anxiety can be found in this scoping review:

[Pharmacological treatment for mental health illnesses in adults receiving dialysis: A scoping review - Wichart - 2024 - Fundamental & Clinical Pharmacology - Wiley Online Library](#)

Wichart J, Yoeun P, Chin T, et al. Pharmacological treatment for mental health illnesses in adults receiving dialysis: A scoping review. *Fundam Clin Pharmacol.* 2024;38(5):862-882. doi:10.1111/fcp.13022

Suggested Antidepressant Therapy for Patients Receiving Dialysis with Major Depressive Disorder (MDD)

Note: For people with symptoms that may look like depression, comorbid conditions are common. Consider assessment of comorbidities prior to choosing therapy for MDD.

Note: Monitor and titrate dose gradually every 1-2 weeks based on efficacy and tolerability. Adverse effects usually occur before treatment effect. Initial symptom relief is typically seen within 2-4 weeks with full response after 8 weeks at therapeutic dose. If no improvement after 8 weeks, consider another agent. Duration of therapy is a minimum of 6-12 months after remission achieved.

Medication	Dosing in Dialysis (HD or PD)	Comments
First line: Preferentially use sertraline unless compelling reason to avoid (significant drug interactions, avoidance of adverse effects, history of lack of efficacy)		
Sertraline	Starting dose: 25 mg daily Maximum dose: 200 mg daily	<ul style="list-style-type: none"> Nausea common. Take with food.
Non-first line: If sertraline is to be avoided, consider the following depression guideline directed therapy (not rank ordered). Guidance of choice can be assisted by patient factors (avoidance of side effects or history of lack of efficacy), non-dialysis disease factors, or significant drug interactions.		
Selective Serotonin Reuptake Inhibitors (SSRI)		
Citalopram	Starting dose: 10 mg daily Maximum dose: 40 mg daily or 20 mg daily if age > 60	<ul style="list-style-type: none"> Monitoring for prolongation of QT interval recommended
Escitalopram	Starting dose: 5 mg daily Maximum dose: 20 mg daily or 10 mg daily if age > 65	<ul style="list-style-type: none"> Monitoring for prolongation of QT interval recommended
Fluoxetine	Starting dose: 20 mg daily Maximum dose: 60 mg daily	<ul style="list-style-type: none"> High number of drug interactions
Fluvoxamine	Starting dose: 50 mg daily Maximum dose: 150 mg twice daily	<ul style="list-style-type: none"> High number of drug interactions High rate of sedation
Paroxetine	Starting dose: 5-10 mg daily Maximum dose: 40 mg daily	<ul style="list-style-type: none"> High number of drug interactions Nausea common
Serotonin/Norepinephrine Reuptake Inhibitors (SNRI)		
Desvenlafaxine	Starting dose: 50 mg every 2 days Maximum dose: 50 mg every 2 days	<ul style="list-style-type: none"> Can also be used for neuropathic pain Nausea common
Duloxetine	Starting dose: 30 mg daily Maximum dose: 60 mg daily	<ul style="list-style-type: none"> Can also be used for neuropathic pain Note limited dosing information with CrCl < 30 ml/min
Venlafaxine XR	Starting dose: 37.5 mg daily Maximum dose: 112.5 mg daily	<ul style="list-style-type: none"> Can also be used for neuropathic pain Nausea common
Other Antidepressants		
Bupropion XL	Starting dose: 150 mg XL every 3 days Maximum dose: 150 mg XL daily	<ul style="list-style-type: none"> Caution in patients with seizure disorder Can also be used for fatigue
Mirtazapine	Starting dose: 7.5-15 mg at bedtime Maximum dose: 45 mg at bedtime	<ul style="list-style-type: none"> Can also be used for patients with sleep disturbance or decreased appetite

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Vilazodone	Starting dose: 10 mg daily Maximum dose: 40 mg daily	<ul style="list-style-type: none">• Nausea and diarrhea are common
Vortioxetine	Starting dose: 5 mg daily Maximum dose: 20 mg daily	<ul style="list-style-type: none">• May be helpful in patients with cognitive dysfunction

Note: Any medication above can also be used for patients with Major Depressive Disorder with anxious distress.

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Suggested Therapy for Patients Receiving Dialysis with Generalized Anxiety Disorder (GAD)

Note: For people with symptoms that may look like anxiety, comorbid conditions are common. Consider assessment of comorbidities prior to choosing therapy for GAD.

Note: Monitor and titrate dose gradually every 1-2 weeks based on efficacy and tolerability. Adverse effects usually occur before efficacy. Initial symptom relief is typically seen within 2-8 weeks with full response after 12 or more weeks at therapeutic dose. Duration of therapy is 1-2 years for most patients.

Medication	Dosing in Dialysis (HD or PD)	Comments
Guidance of choice can be assisted by patient factors (avoidance of side effects or history of lack of efficacy), non-dialysis disease factors, or significant drug interactions.		
Selective Serotonin Reuptake Inhibitors (SSRI)		
Sertraline	Starting dose: 25 mg daily Maximum dose: 200 mg daily	<ul style="list-style-type: none">Nausea common. Take with food.
Escitalopram	Starting dose: 5 mg daily Maximum dose: 20 mg daily or 10 mg daily if age > 65	<ul style="list-style-type: none">Monitoring for prolongation of QT interval recommended
Paroxetine	Starting dose: 5-10 mg daily Maximum dose: 40 mg daily	<ul style="list-style-type: none">High number of drug interactionsNausea common
Serotonin/Norepinephrine Reuptake Inhibitors (SNRI)		
Duloxetine	Starting dose: 30 mg daily Maximum dose: 60 mg daily	<ul style="list-style-type: none">Can also be used for neuropathic painNote limited dosing information with CrCl < 30 ml/min
Venlafaxine XR	Starting dose: 37.5 mg daily Maximum dose: 112.5 mg daily	<ul style="list-style-type: none">Can also be used for neuropathic painNausea common

Short term benzodiazepines may be considered as adjunctive therapy for acute transient anxiety, or to bridge therapy while primary therapy (SSRI or SNRI) takes full effect.