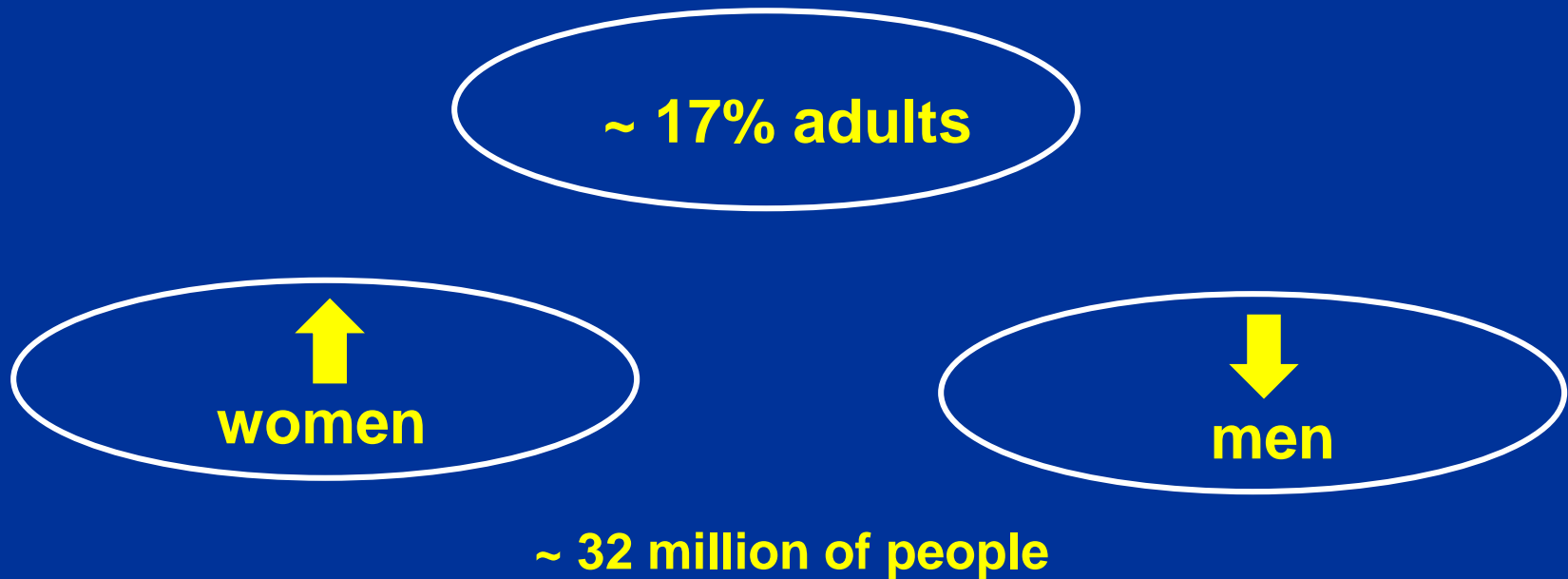
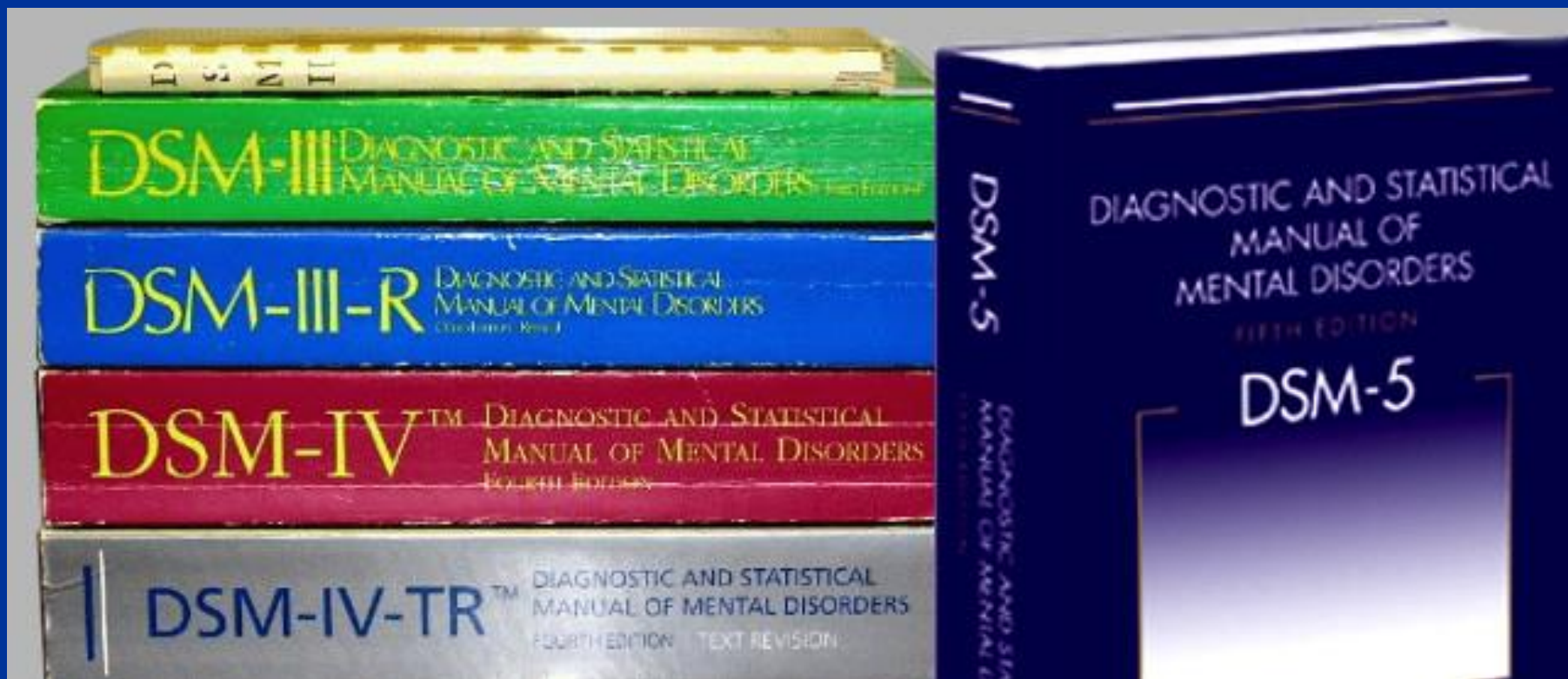


ANTIDEPRESSANT DRUGS

Incidence of the major depression in the U.S.



- Most common affective disorder
- Premature death
- Multifactorial etiology
- Environmental origin
- Heterogeneous disease



DSM II

DSM-III DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS

DSM-III-R DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS

DSM-IVTM DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS

DSM-IV-TRTM DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS

DSM-5

DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS

FIFTH EDITION

DSM-5

Major Depressive Disorder

Diagnostic Criteria

- A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

Note: Do not include symptoms that are clearly attributable to another medical condition.

1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful). (**Note:** In children and adolescents, can be irritable mood.)
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).
3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. (**Note:** In children, consider failure to make expected weight gain.)
4. Insomnia or hypersomnia nearly every day.
5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
6. Fatigue or loss of energy nearly every day.
7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).
8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).
9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

1951-52 Iproniazide (Delay; Zeller) MAO inhibitors

1949-52 Litium – bipolar disorder (Cade; Schou)

1955-57 Antidepressant (Crane et al.)

1957-58* Imipramine (dibenzazepina) (Kuhn et al.)

1970-75* 5-HT e NA reuptake inhibitors (Carlsson et al.) Zimelidina (fluoxetina, fluvoxamina)

* discovery

Theories of depression

Symptoms controlled by monoaminergic systems



Selectivity of antidepressants towards uptake transporters for

serotonin (5-HT)

noradrenaline (NA)

dopamine (DA)

Proposed origin of depression

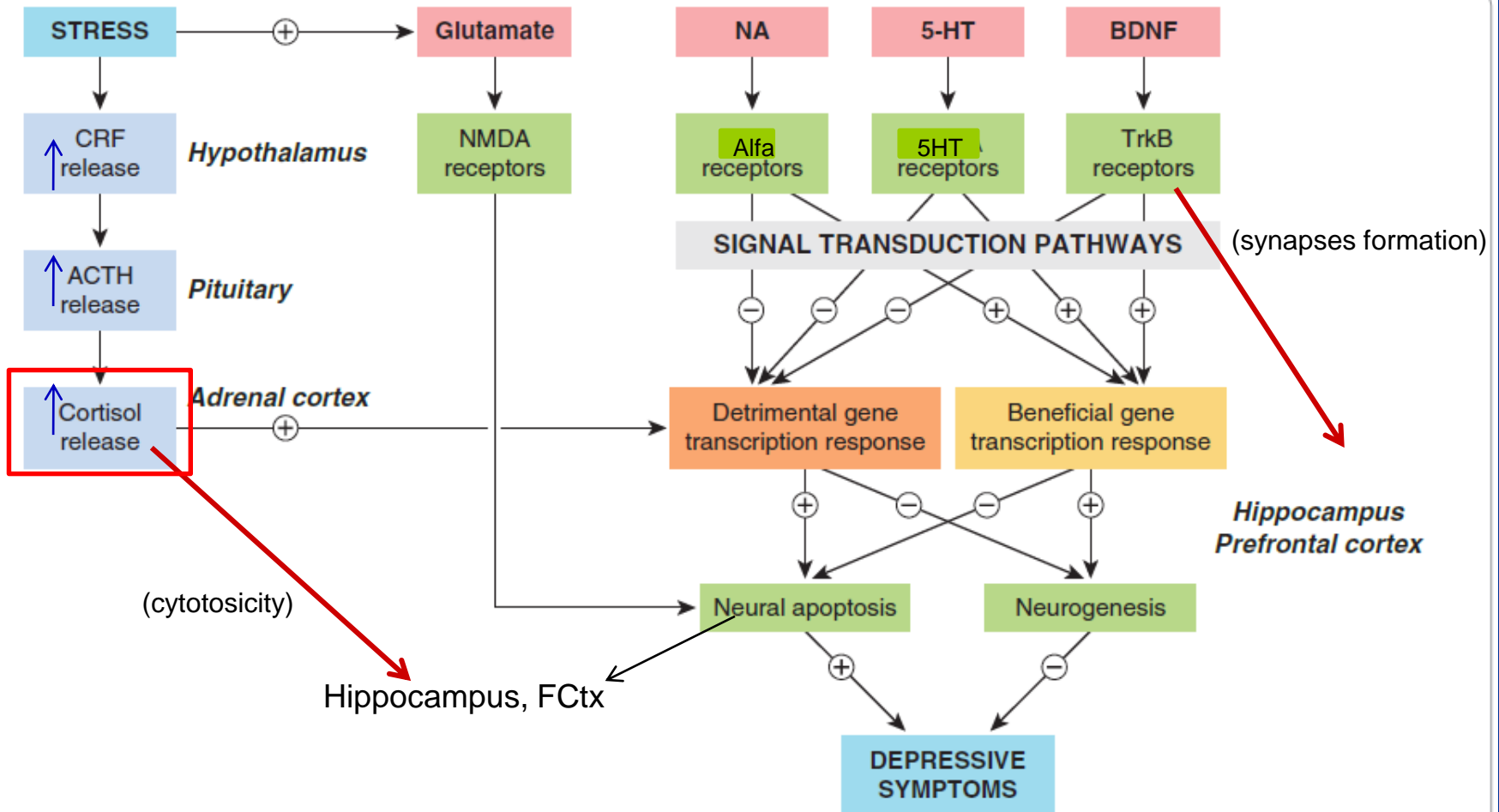
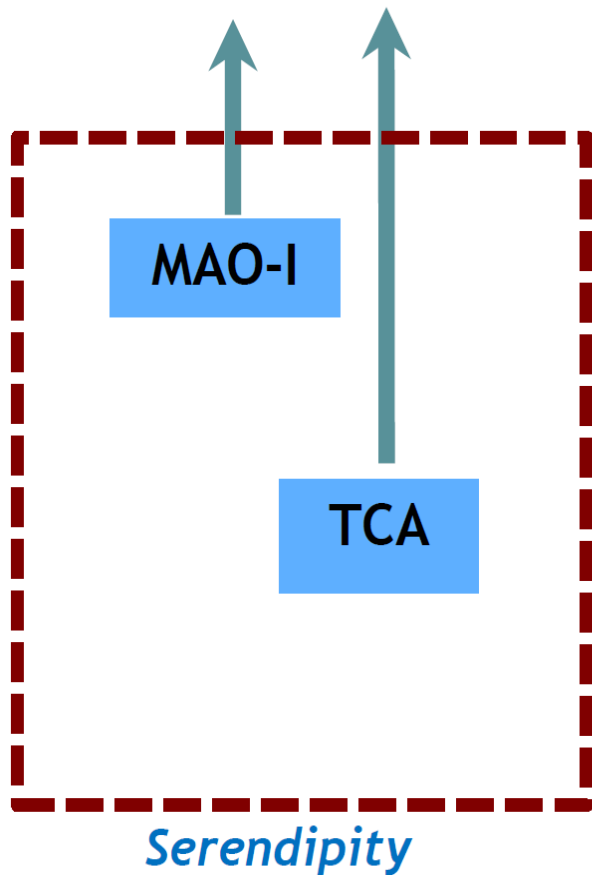
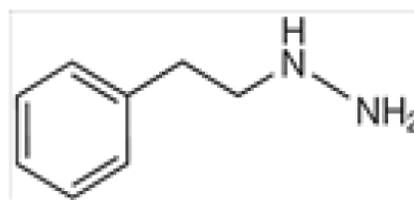


Fig. 47.1 Simplified diagram showing mechanisms believed to be involved in the pathophysiology of depression. The main prodepressive pathways involve the hypothalamic–pituitary–adrenal axis, which is activated by stress and in turn enhances the excitotoxic action of glutamate, mediated by NMDA receptors (see Ch. 38), and switches on the expression of genes that promote neural apoptosis in the hippocampus and prefrontal cortex. The antidepressive pathways involve the monoamines noradrenaline (NA) and 5-hydroxytryptamine (5-HT), which act on G protein-coupled receptors, and the brain-derived neurotrophic factor (BDNF), which acts on a kinase-linked receptor (TrkB), switching on genes that protect neurons against apoptosis and also promote neurogenesis. For further detail, see Charney & Manji (2004). ACTH, adrenocorticotrophic hormone; CRF, corticotrophin-releasing factor.

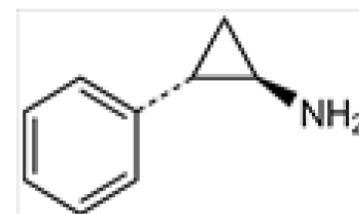
Evolution of antidepressant drugs



MAO inhibitors

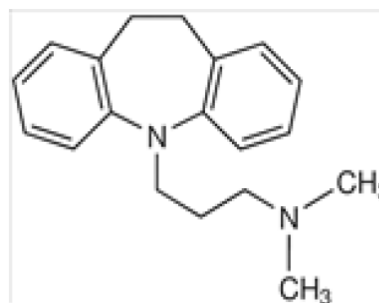


phenelzine

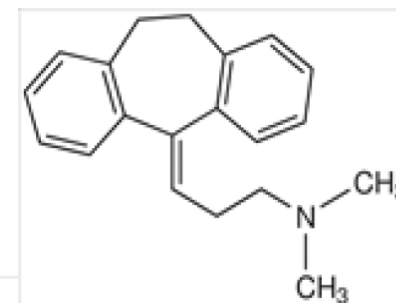


tranylcypromine

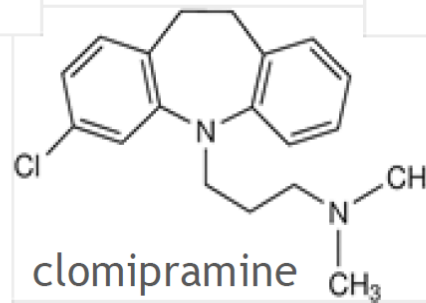
Tricyclic antidepressants



imipramine

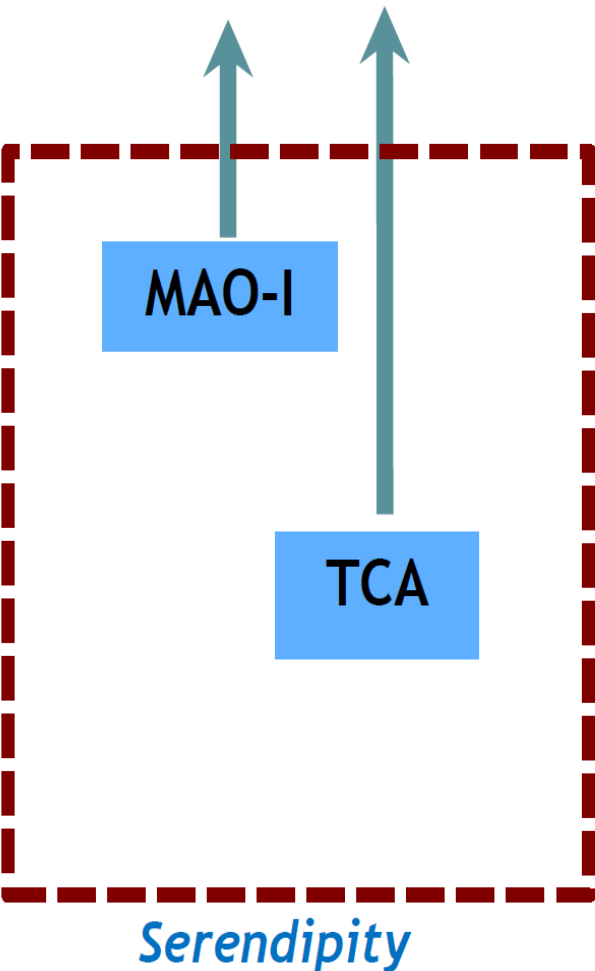
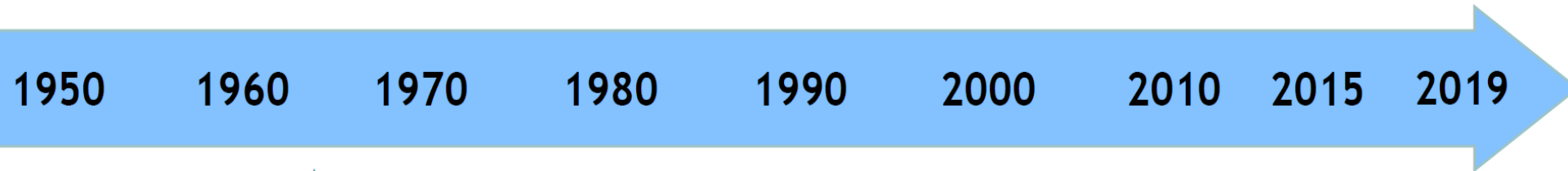


amitriptyline



clomipramine

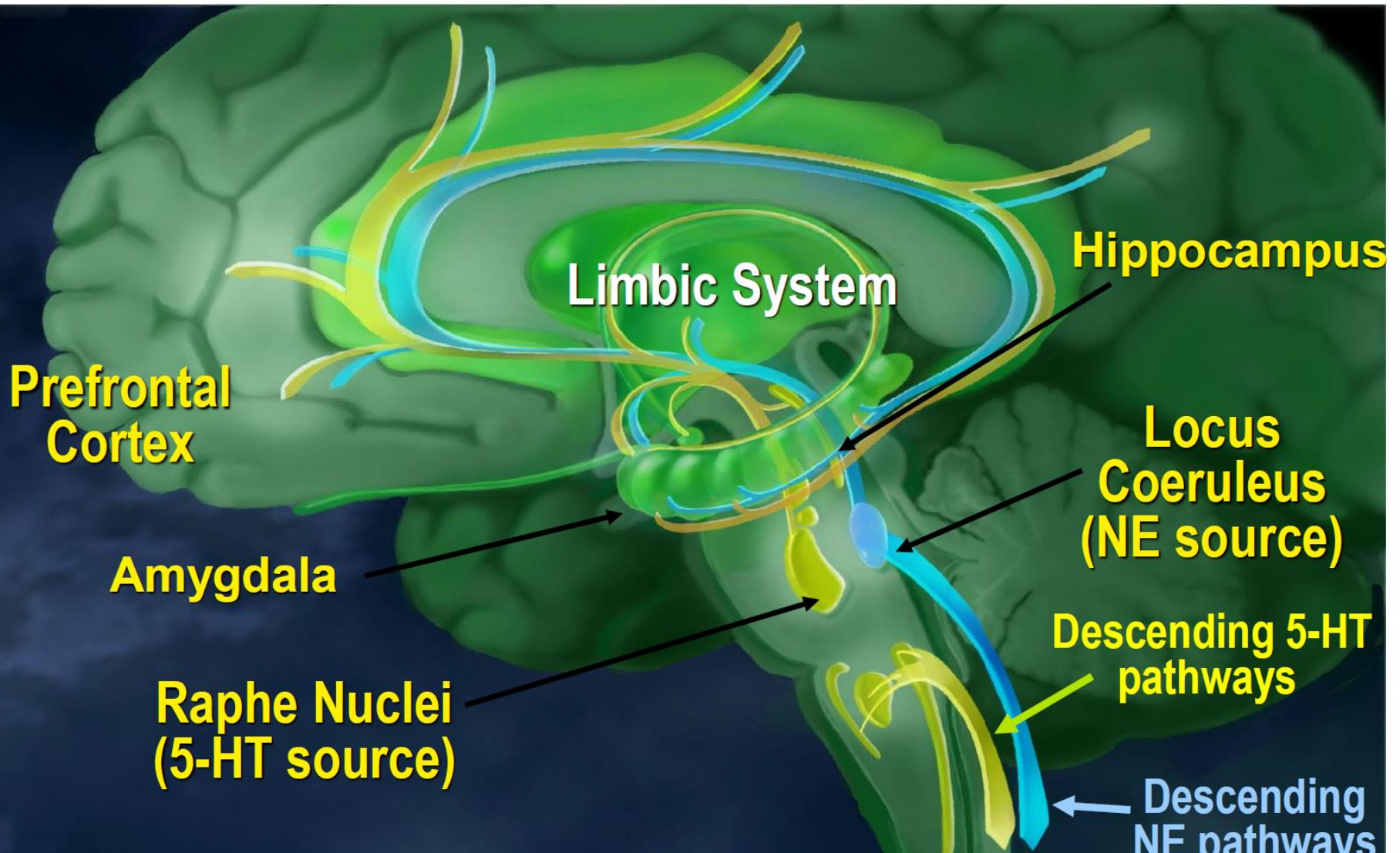
Evolution of antidepressant drugs



Monoamine hypothesis of depression

- Depletion of catecholamines results in induction of depression
- Inhibition of neurotransmitter reuptake or degradation improves symptoms of depression
- Depression might be caused by a deficiency of monoaminergic neurotransmitters
 - serotonin
 - noradrenaline
 - dopamine

Serotonin (5-HT) and Norepinephrine (NE) Pathways in the Human Brain



Antidepressant Drugs

INIBITORI SELETTIVI DELLA RICAPTAZIONE DELLA SEROTONINA

- *Citalopram*
- *Escitalopram*
- *Fluoxetina*
- *Fluvoxamina*
- *Paroxetina*
- *Sertralina*

INIBITORI DELLA RICAPTAZIONE DI SEROTONINA/NORADRENALINA

- *Venlafaxina*
- *Duloxetina*

- Milnacipran

ANTIDEPRESSIVI ATIPICI

- *Bupropione* (DAT)
- *Mirtazapina* (α_2 , 5HT_{2A})
- *Nefazodone* (reuptake, 5HT_{1/2A})
- *Trazodone* (5HT₁)

ANTIDEPRESSIVI TRICICLICI/POLICICLICI

- *Amitriptilina*
- *Amoxapina*
- *Clomipramina*
- *Desipramina*
- *Doxepina*
- *Imipramina*
- *Maprotilina*
- *Nortriptilina*
- *Protriptilina*
- *Trimipramina*

INIBITORI DELLA MONOAMINOSSIDASI

- *Fenelzina*
- *Tranilcipromina, Moclobemide*

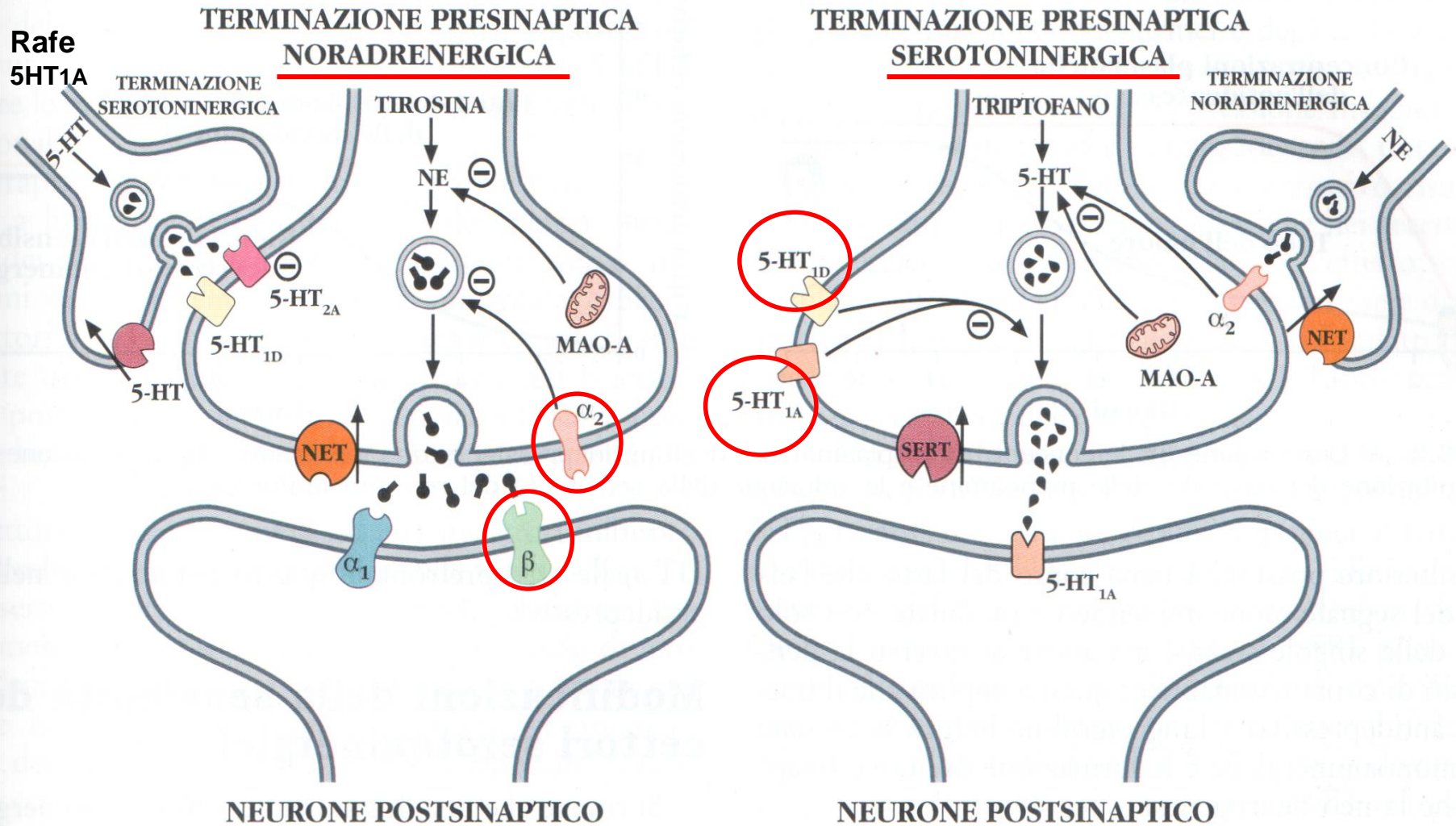
FARMACI USATI NELLA MANIA

- *Carbamazepina*
- *Sali di litio*
- *Acido valproico*

Inibitori selettivi della ricaptazione della NA

- Atomoxetina*
- Levoprotalina*
- Lofepramina*
- Maprotilina*
- Nisoxetina*
- Oxaprotilina*
- Reboxetina*
- Viloxazina*

Mechanisms of action of antidepressants: NA and 5-HT



Tricyclic Antidepressants

- *Amitriptilina*
- *Amoxapina*
- *Clomipramina*
- *Desipramina*
- *Doxepina*
- *Imipramina*
- *Maprotilina*
- *Nortriptilina*
- *Protriptilina*
- *Trimipramina*

Antidepressivo	Ki 5-HT uptake	Antidepressivo	Ki 5-HT uptake
	Ki NA uptake		Ki DA uptake
S-Citalopram	0,0001	R,S-Citalopram	0,00005
R,S-Citalopram	0,0003	S-Citalopram	0,00011
Sertralina	0,0007	Milnacipran	0,00013
Paroxetina	0,0031	Clomipramina	0,00013
Fluvoxamina	0,0017	● Imipramina	0,00017
Fluoxetina	0,0033	Fluoxetina	0,00023
● Clomipramina	0,0076	Paroxetina	0,00025
Venlafaxina	0,0086	Venlafaxina	0,0010
Nor1-Citalopram	0,0095	● Amitriptilina	0,0013
Nor2-Citalopram	0,0160	Dotiepina	0,0016
Zimelidina	0,0167	Fluvoxamina	0,0017
Trazodone	0,0193	Lofepamina	0,0038
● Imipramina	0,0381	Reboxetina	0,0051
Norfluoxetina	0,0609	Doxepina	0,0055
● Amitriptilina	0,1092	● Desipramina	0,0055
Milnacipran	0,1255	Protriptilina	0,0092
Duloxetina	0,1384	Sertralina	0,0120
Bupropione	0,1730	Zimelidina	0,0126
Norsertralina	0,1809	Amoxapina	0,0134
Dotiepina	0,1831	● Nortriptilina	0,0162
● Trimipramina	0,6250	Norfluoxetina	0,0227
● Doxepina	2,2687	Atomoxetina	0,0338
Nefazodone	3,3333	● Trimipramina	0,1500
Amoxapina	3,6335	Viloxazina	0,1700
● Nortriptilina	4,2528	Norsertralina	0,1727
Reboxetina	8,2353	Trazodone	0,2240
Atomoxetina	12,1519	Mianserina	0,4396
Lofepamina	13,4717	Nefazodone	0,5555
● Protriptilina	14,0000	Oxaprotilina	0,9195
Norclomipramina	16,4000	Mirtazapina	1,0000
Mirtazapina	21,0084	Maprotilina	5,9000
● Desipramina	21,0840	Bupropione	17,3003
Mianserina	56,0224	Nomifensina	17,9856
Nomifensina	64,1026		
Viloxazina	108,9743		
● Maprotilina	531,5315		
Oxaprotilina	800,0000		

Tricyclic (TCA)

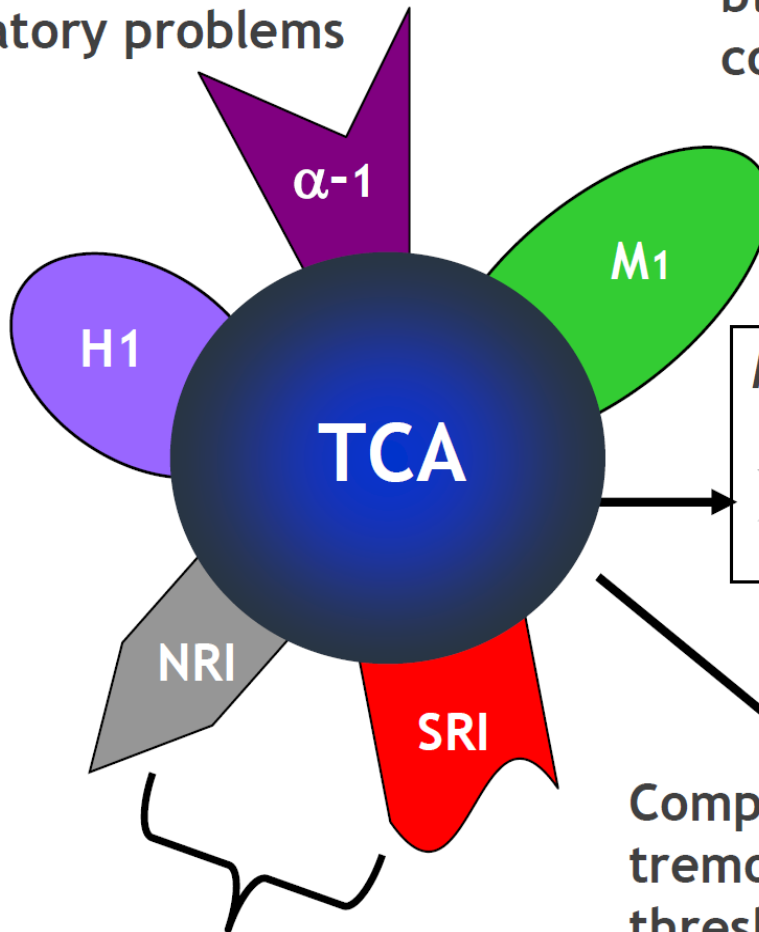
side effects

Tricyclic antidepressants

Dizziness
Orthostatic hypotension
Ejaculatory problems

Dry mouth, constipation
urinary retention
blurred vision, tachicardia,
cognitive disturbances

Weight gain
Drowsiness
Dizziness



Membrane stabilization:

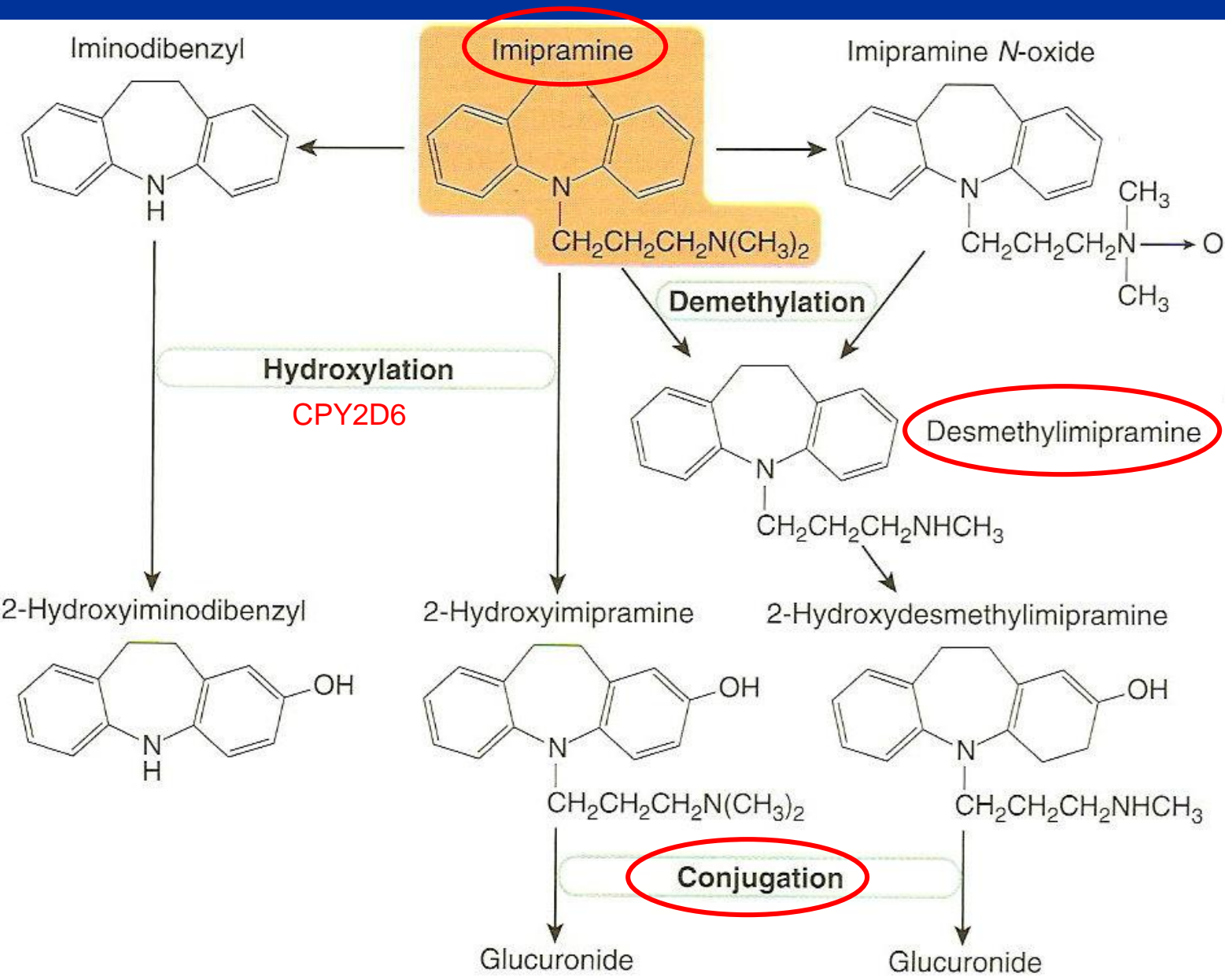
↓ A-V conduction

↑ ventricular arrhythmias

Complex effects:
tremor, reduction seizure
threshold, (mioclonus, epilepsy)
manic switch

ANTIDEPRESSIVE
EFFECT

Metabolism of imipramine



lipophilicity
SNC

Liver

Kidney

Drug interactions

Antidepressivo	Interazioni pericolose	Interazioni di modesta rilevanza
IMAO	amfetamine, TCA, atomoxetina, β_2 -agonisti, brimonidina, bupropione, buspirone, carbamazepina, ciproeptadina, cocaina, destrometorfano, dopamina e dopaminomimetici, droperidolo, efedrina, entacapone, fenfluramina, iperico, levodopa, litio, mazindol, meperidina, metildopa, metilfenidato, morfina, nefazodone, nefopam, sibutramina, SSRI, tolcapone, tramadolo, triptani	antidiabetici, barbiturici
TCA	analgesici oppiacei, anestetici generali alogenati, antiaritmici di classe I e III, SSRI, antiipertensivi, antimicotici imidazolici, antipsicotici, antivirali, chinolonici, antibiotici macrolidici, cotrimossazolo, IMAO, linezolid, octreotide, primidone, rifampicina, simpaticomimetici, triptani, alcool	clonidina, alfametildopa, ansiolitici, ipnotici, β_2 -agonisti, anticoagulanti orali, antiepilettici, antimuscarinici, primidone, β -bloccanti, calcio-antagonisti, cannabinoidi, carbamazepina, cimetidina, iperico, miorilassanti, nitroderivati
SSRI	analgesici oppiacei, desfenfluramina, destrometorfano, droperidolo, IMAO, iperico, sibutramina, tramadolo, trazodone, triptofano, triptani	alcool, anestetici, antiaritmici, anticoagulanti orali, antiepilettici, antipsicotici (escluso il droperidolo), anti-H ₂ , barbiturici, β -bloccanti, bupropione, buspirone, cannabinoidi, ciproeptadina, clozapina, litio, teofillina, TCA

CYP 3A4, 2D6, 2C19

Hydroxylation

Methylation

Inhibitors:

Itraconazolo

Eritromicina

Fluoxetina

Inductors:

Rifampicina

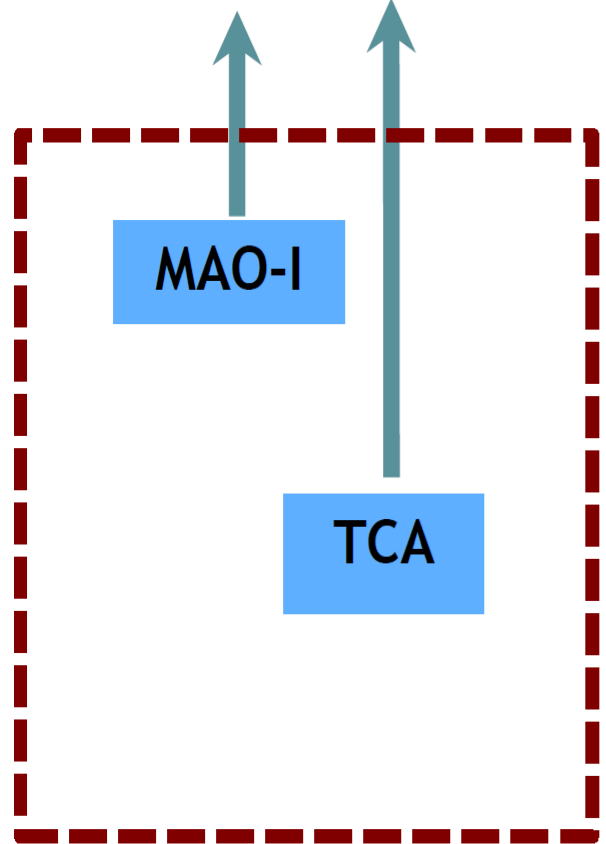
Fenitoina

Carbamazepina

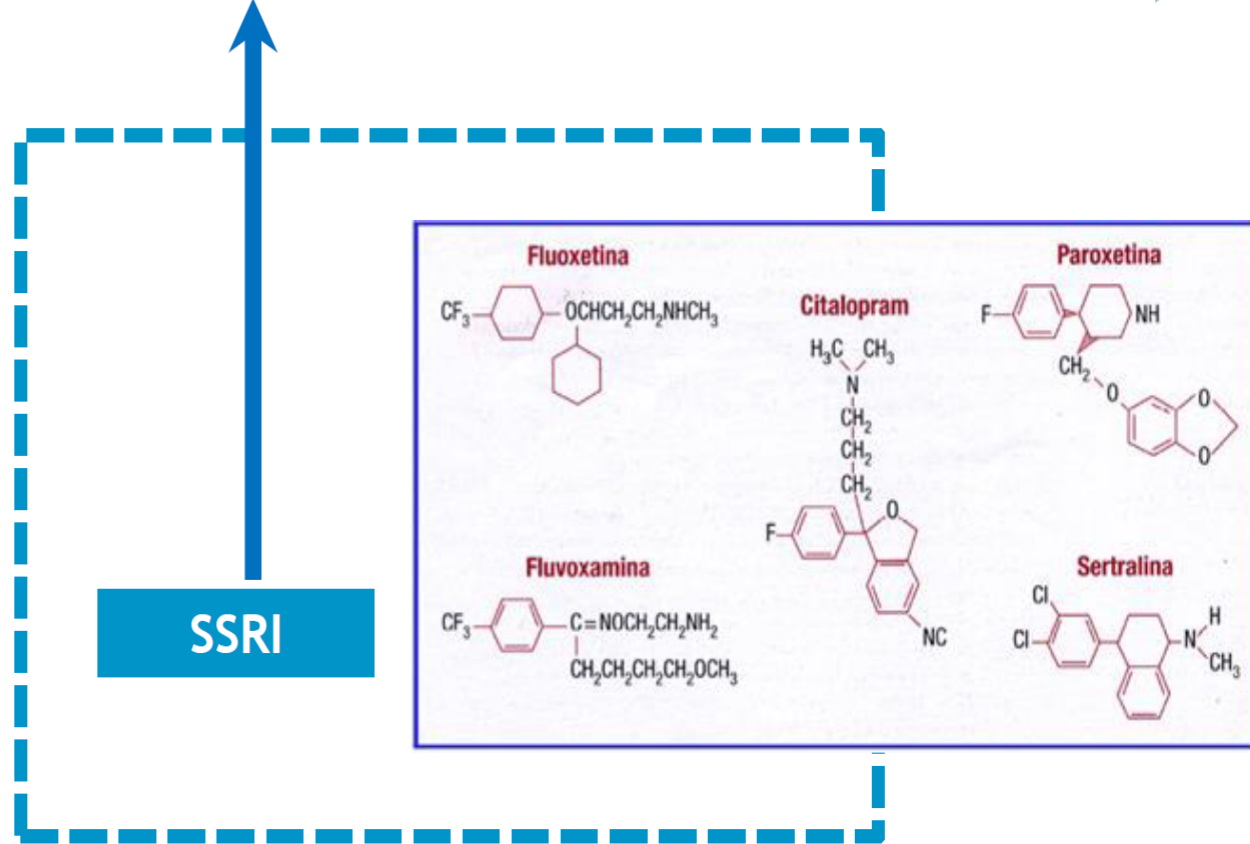
Alcool

Inhibitors of the reuptake of 5HT/NA

Evolution of antidepressant drugs



Serendipity



Refinement

Selective inhibitors for the reuptake of serotonin (SSRI)



Better Than Ever!

NEW IMPROVED LIFE!

#1
America's Selling Drug!

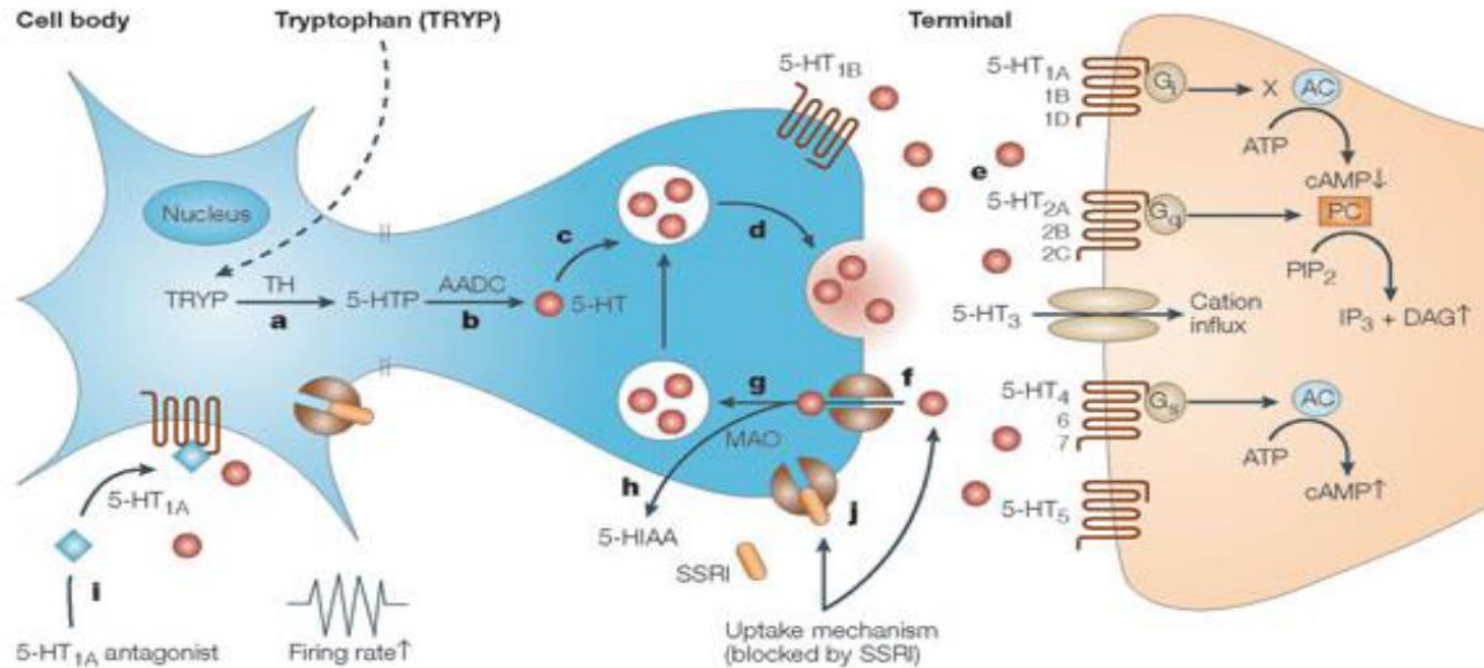
Prozac
MOOD BRIGHTENER

*Fresher!
Cleaner!*

Wash Your Blues Away!

	Antidepressivo	Ki 5-HT uptake	Antidepressivo	Ki 5-HT uptake
		Ki NA uptake		Ki DA uptake
Escitalopram ←	S-Citalopram	0,0001	R,S-Citalopram	0,00005
	R,S-Citalopram	0,0003	S-Citalopram	0,00011
	Sertralina	0,0007	Milnacipran	0,00013
	Paroxetina	0,0031	Clomipramina	0,00013
	Fluvoxamina	0,0017	Imipramina	0,00017
	Fluoxetina	0,0033	Fluoxetina	0,00023
	Clomipramina	0,0076	Paroxetina	0,00025
	Venlafaxina	0,0086	Venlafaxina	0,0010
	Nor1-Citalopram	0,0095	Amitriptilina	0,0013
	Nor2-Citalopram	0,0160	Dotiepina	0,0016
	Zimelidina	0,0167	Fluvoxamina	0,0017
	Trazodone	0,0193	Lofepramina	0,0038
	Imipramina	0,0381	Reboxetina	0,0051
	Norfluoxetina	0,0609	Doxepina	0,0055
	Amitriptilina	0,1092	Desipramina	0,0055
	Milnacipran	0,1255	Protriptilina	0,0092
	Duloxetina	0,1384	Sertralina	0,0120
	Bupropione	0,1730	Zimelidina	0,0126
	Norsertralina	0,1809	Amoxapina	0,0134
	Dotiepina	0,1831	Nortriptilina	0,0162
	Trimipramina	0,6250	Norfluoxetina	0,0227
	Doxepina	2,2687	Atomoxetina	0,0338
	Nefazodone	3,3333	Trimipramina	0,1500
	Amoxapina	3,6335	Viloxazina	0,1700
	Nortriptilina	4,2528	Norsertralina	0,1727
	Reboxetina	8,2353	Trazodone	0,2240
	Atomoxetina	12,1519	Mianserina	0,4396
	Lofepramina	13,4717	Nefazodone	0,5555
	Protriptilina	14,0000	Oxaprotilina	0,9195
	Norclomipramina	16,4000	Mirtazapina	1,0000
Mirtazapina	21,0084	Maprotilina	5,9000	
Desipramina	21,0840	Bupropione	17,3003	
Mianserina	56,0224	Nomifensina	17,9856	
Nomifensina	64,1026			
Viloxazina	108,9743			
Maprotilina	531,5315			
Oxaprotilina	800,0000			

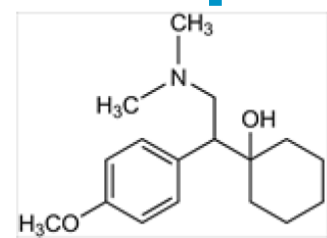
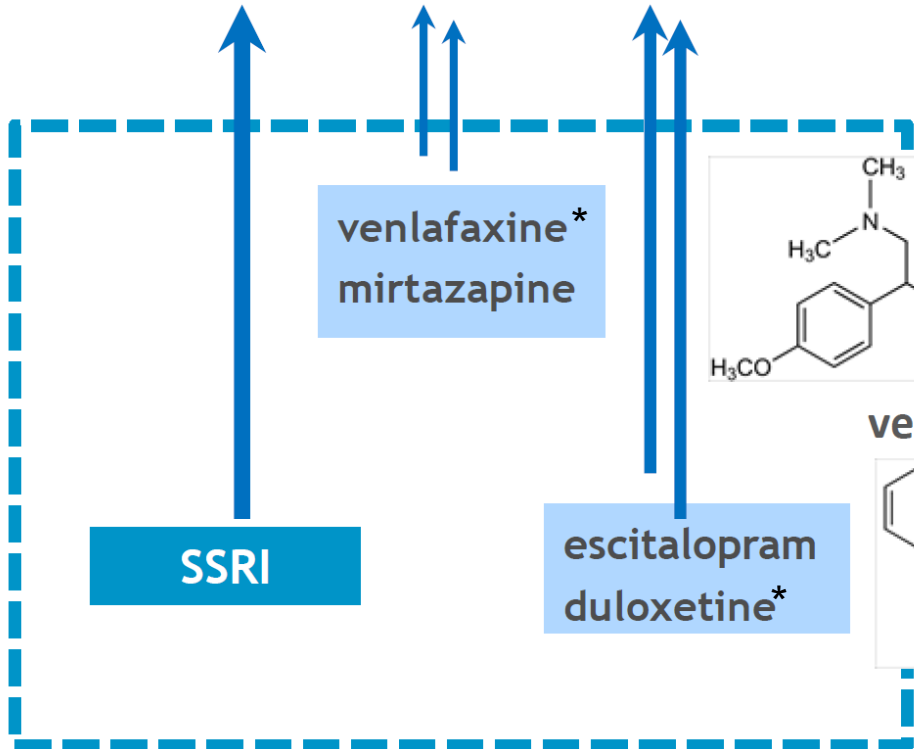
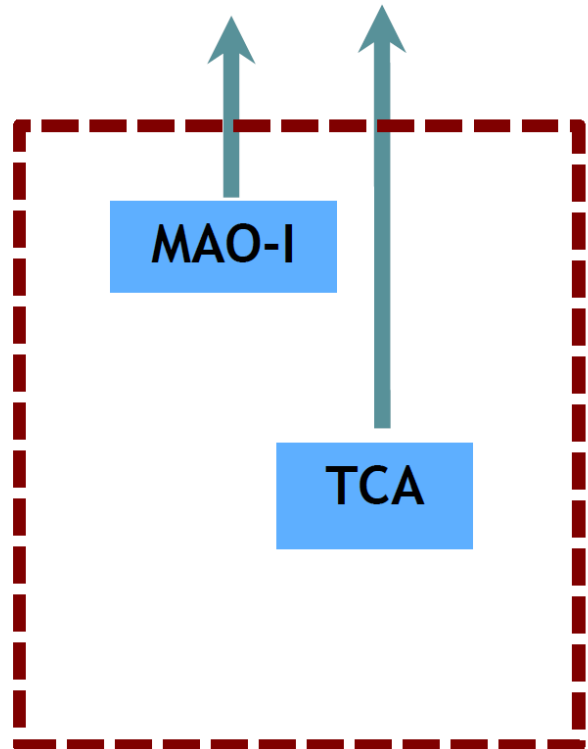
Mechanism of action of SSRI



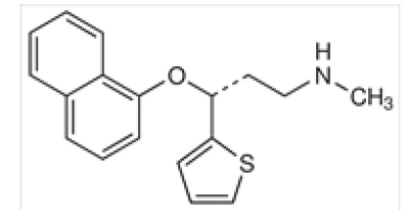
Advantages of SSRI

- low acute toxicity
- no reaction with diet component
- lack of collateral cardiovascular effect

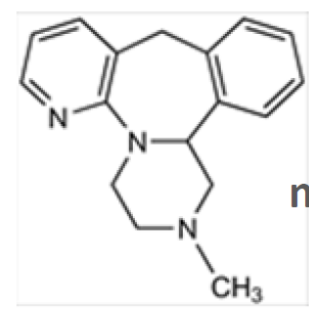
Evolution of antidepressant drugs



venlafaxine



duloxetine



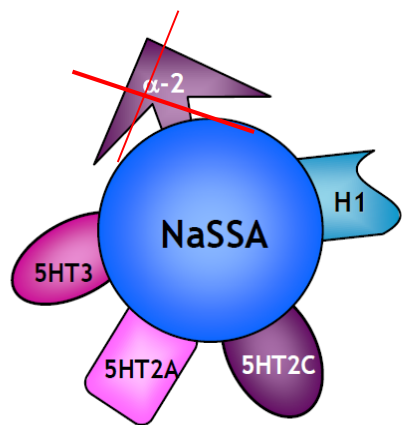
mirtazapine

Serendipity

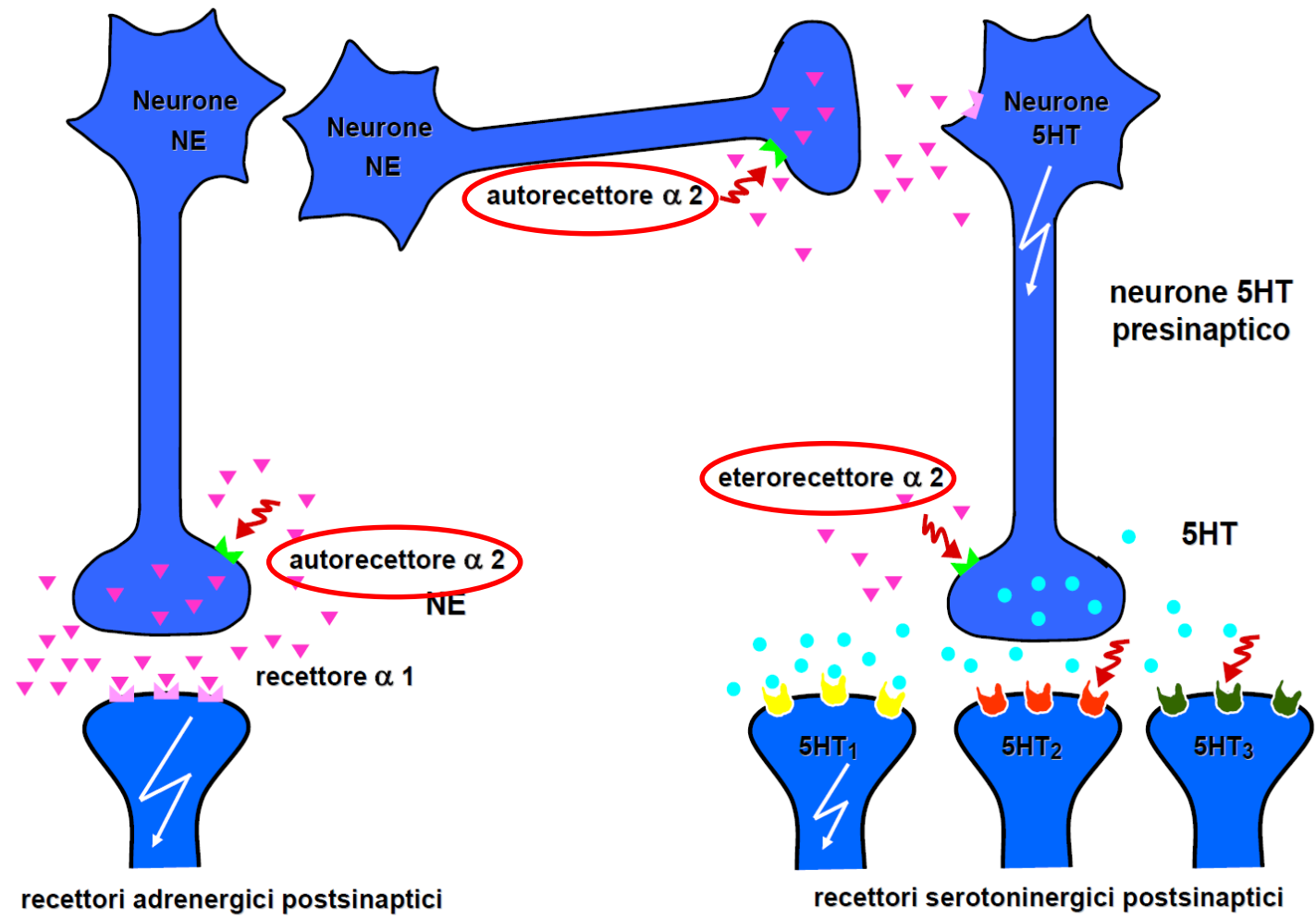
Refinement

	Antidepressivo	<u>Ki 5-HT uptake</u>	Antidepressivo	<u>Ki 5-HT uptake</u>
		Ki NA uptake		Ki DA uptake
	S-Citalopram	0,0001	R,S-Citalopram	0,00005
	R,S-Citalopram	0,0003	S-Citalopram	0,00011
	Sertralina	0,0007	● Milnacipran	0,00013
	Paroxetina	0,0031	Clomipramina	0,00013
	Fluvoxamina	0,0017	Imipramina	0,00017
	Fluoxetina	0,0033	Fluoxetina	0,00023
	Clomipramina	0,0076	Paroxetina	0,00025
●	Venlafaxina	0,0086	● Venlafaxina	0,0010
	Nor1-Citalopram	0,0095	Amitriptilina	0,0013
	Nor2-Citalopram	0,0160	Dotiepina	0,0016
	Zimelidina	0,0167	Fluvoxamina	0,0017
	Trazodone	0,0193	Lofepamina	0,0038
	Imipramina	0,0381	Reboxetina	0,0051
	Norfluoxetina	0,0609	Doxepina	0,0055
	Amitriptilina	0,1092	Desipramina	0,0055
●	Milnacipran	0,1255	Protriptilina	0,0092
●	Duloxetina	0,1384	Sertralina	0,0120
	Bupropione	0,1730	Zimelidina	0,0126
	Norsertralina	0,1809	Amoxapina	0,0134
	Dotiepina	0,1831	Nortriptilina	0,0162
	Trimipramina	0,6250	Norfluoxetina	0,0227
	Doxepina	2,2687	Atomoxetina	0,0338
	Nefazodone	3,3333	Trimipramina	0,1500
	Amoxapina	3,6335	Viloxazina	0,1700
	Nortriptilina	4,2528	Norsertralina	0,1727
●	Reboxetina	8,2353	Trazodone	0,2240
●	Atomoxetina	12,1519	Mianserina	0,4396
	Lofepamina	13,4717	Nefazodone	0,5555
	Protriptilina	14,0000	Oxaprotilina	0,9195
	Norclomipramina	16,4000	Mirtazapina	1,0000
●	Mirtazapina	21,0084	Maprotilina	5,9000
	Desipramina	21,0840	Bupropione	17,3003
	Mianserina	56,0224	Nomifensina	17,9856
	Nomifensina	64,1026		
	Viloxazina	108,9743		
	Maprotilina	531,5315		
	Oxaprotilina	800,0000		

Noradrenergic and Specific Serotonergic Antidepressant



mirtazapine



5HT_{2A} antagonism = no sexual disturbances

5HT₃ antagonism = antiemetic effect

5HT_{2C} + H1 antagonism = sedation and weight gain

Other therapeutic applications

Obsessive-compulsive disorders

Premenstrual dysphoric disorder

Panic

Post traumatic stress

Neuropathies
(tricyclics)

Major Anxia

Bulimia
nervosa

Anorexia

Pharmacokinetic of antidepressants

Farmaco	Dose (mg/die)	Biodisponibilità	Tmax (min)	Emivita di eliminazione (ore)		Latenza della risposta clinica (giorni)
				Farmaco	Metaboliti attivi	
Amineptina	100-200		60	0,8	2,5	Entro 7 gg
Amitriptilina	100-200	48%	240	15 (range 9-25)	16 (range 15-39) (Protriptilina)	20-30
Amoxapina	100-300	35% (range 18-54%)	60-120	8	4-6,5 (7-OH-amoxapina) 30 (8-OH-amoxapina)	Entro 14 gg (nell'80% dei casi)
Atomoxetina	40-80	EM: 63% PM: 94%	120 120	EM: 5.3 PM: 20		
Bupropione	200-300	80%	90	14-21	20-37	24
Citalopram	20-40	80-95%	120-240	33-37		14
Clomipramina	100-200	20-78%	280	32 (range 19-37)	69 69 (range 54-77) (Desmetilclomipramina)	14
Desipramina	100-200			17 (range 14-25)	22 (2-OH-desipramina)	21
Dibenzepina	240-280			4	4	7
Dotiepina	75-150	30%	120-240	14-45	19-33	7
Doxepina	100-200	30%	30-60	17 (range 8-25)	51 (range 33-80) (Desmetildoxepina)	14-21
Duloxetina	40-60	70%	360-600	11-16		21
Escitalopram	20-40	80%	180-360	22-32	59 (desmetilcitalopram)	7-14
Fenelzina	30-60		120-240	2-4		14
Fluoxetina	20-40	80-100%	360-480	24-96	168-380 (norfluoxetina)	7-14
Fluvoxamina	100-300	53%	300-360	16 (range 9-28)		4-7
Imipramina	100-200	42%	60	6-18	12-36 (desipramina)	7-21
Isocarbossazide	30-60			12		7-42
Lofepramina	140-210	7%	60	2	12-24 (desipramina)	7-21
Maprotilina	100-150	100%	720	43 (range 27-58)		3-7
Mianserina	30-90	20-30%	60-180	1,4 (fase iniz. rapida) 10-41 (fase tard. lenta)		1-14
Mirtazapina	15-45	50%	60-120	20-40	25 (demetilmirtazapina)	7
Moclobemide	150-300	55-95%	60-120	2		7-21

Farmaco	Dose (mg/die)	Biodisponibilità	Tmax (min)	Emivita di eliminazione (ore)		Latenza della risposta clinica (giorni)
				Farmaco	Metaboliti attivi	
Nefazodone	200-400	20%	30-120	2-5	2,4 (OH-nefazodone) 18-33 (desetil-OH-n.) 4-9 (clorofenilpiperazina)	7
Nortriptilina	75-150	60% (55-80%)	60	15-39		14
Opipramolo	50-300			6-9		14
Paroxetina	20-40	65%	180-480	15-22		14
Protriptilina	15-40		480-720	54-198		7
Reboxetina	8-10	95%	120-240	12		
Sertralina	50-150	44-100%	360-480	24	62-104 (desmetilsertralina)	14
Tianeptina	25-37.5	99%	60	3	7-8 (MC 5)	7-14
Tranilcipromina	20-30		38-210	1,5-3,5		10
Trazodone	150-200	81%	30-120	7	(clorofenilpiperazina)	7
Trimipramina	75-200		120	23		
Venlafaxina	75-225	10-45%	120	5	10 (O-demetilvenlafaxina)	

Pharmacokinetic parameters

	FLUOXETINA	SERTRALINA *	PAROXETINA	FLUVOXAMINA	CITALOPRAM
Plasma half-lives	fluoxetina 6 gg norfluoxetina 19 gg	26 hours	21 hours	16 hours	33 hours
Washout periods	5 weeks	2 weeks	2 weeks	2 weeks	2 weeks

Peak concentration 5 hours.

*** First-pass metabolism**

Renal excretion (paroxetina and sertralina faeces)

SSRI: SIDE EFFECTS

Side effects	Fluvoxamine (%)	Fluoxetine (%)	Sertraline (%)	Paroxetine (%)	Citalopram (%)	Escitalopram (%)
Nausea	26	11	14.3	16.4	10	5
Dry mouth	4	3.5	7	6	8	1
Diarrhoea	4	5.3	8.4	4	4	3
Anejaculation	7	1.9	13.3	12.9	6	8
Drowsiness	14	5.9	7.5	14.3	9	1
Weight gain	< 1	7	5	25	< 5	< 1

Major interactions with other drugs

Antidepressivo	Interazioni pericolose	Interazioni di modesta rilevanza
IMAO	amfetamine, TCA, atomoxetina, β_2 -agonisti, brimonidina, bupropione, buspirone, carbamazepina, ciproeptadina, cocaina, destrometorfano, dopamina e dopaminomimetici, droperidolo, efedrina, entacapone, fenfluramina, iperico, levodopa, litio, mazindol, meperidina, metildopa, metilfenidato, morfina, nefazodone, nefopam, sibutramina, SSRI, tolcapone, tramadolo, triptani	antidiabetici, barbiturici
TCA	analgesici oppiacei, anestetici generali alogenati, antiaritmici di classe I e III, SSRI, antiipertensivi, antimicotici imidazolici, antipsicotici, antivirali, chinolonici, antibiotici macrolidici, cotrimossazolo, IMAO, linezolid, octreotide, primidone, rifampicina, simpaticomimetici, triptani, alcool	clonidina, alfametildopa, ansiolitici, ipnotici, β_2 -agonisti, anticoagulanti orali, antiepilettici, antimuscarinici, primidone, β -bloccanti, calcio-antagonisti, cannabinoidi, carbamazepina, cimetidina, iperico, miorilassanti, nitroderivati
SSRI	analgesici oppiacei, desfenfluramina, destrometorfano, droperidolo, IMAO, iperico, sibutramina, tramadolo, trazodone, triptofano, triptani	alcool, anestetici, antiaritmici, anticoagulanti orali, antiepilettici, antipsicotici (escluso il droperidolo), anti-H ₂ , barbiturici, β -bloccanti, bupropione, buspirone, cannabinoidi, ciproeptadina, clozapina, litio, teofillina, TCA

Drug-drug interactions through CYP 450 inhibition

		Venlafaxine	Fluoxetine	Sertraline	Paroxetine	Citalopram	Escitalopram
CYP 1A2	Caffeina, teofillina, aminofillina, paracetamolo, fenacetina, clozapina, propranololo, R-warfarin, imipramina, triciclici	0	+	++	++	0	0
CYP 2C9	Ibuprofene, naprossene, fenitoina, S-warfarin, tolbutamide	0	++	++	++	0	0
CYP 2C19	S- mefenitoina, omeprazolo, propranololo, diazepam, citalopram, triciclici	0	++	++	++	0	0
CYP 2D6	Codeina, destrometorfano, triciclici, captopril, flecainide, encainide, tioridazina, perfenazina, clozapina, risperidone, aloperidolo, propranololo, timololo, metoprololo, paroxetina, fluoxetina	+ / ++	++++	++	++++	+	0 / +
CYP 3A4	Cisapride, terfenadina, astemizolo, pimozide, loratadina, ciclosporina, triciclici, nefazodone, sertralina, zolpidem, corticosteroidi, eritromicina, carbamazepina, lidocaina, chinidina, triazolam, midazolam, alprazolam	+	+	+	++	0	0

0= absent

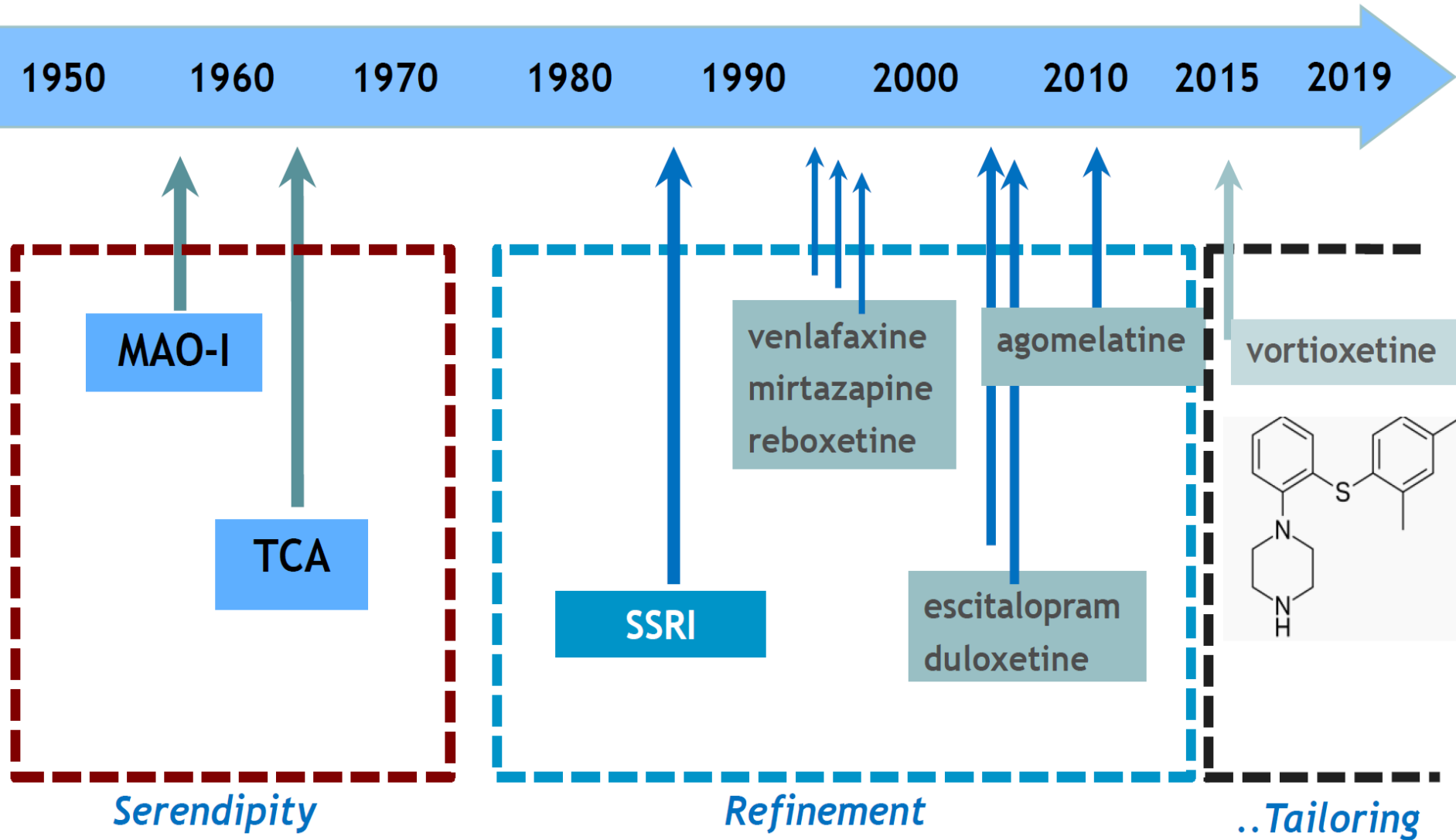
+= weak

++= mild

+++= moderate

++++= high

Evolution of antidepressant drugs



Other antidepressants

CYP 3A4, 2D6

Inibitori:

Itraconazolo

Eritromicina

Fluoxetina

Induttori:

Rifampicina

Fenitoina

Carbamazepina

Alcol

ANTIDEPRESSIVI ATIPICI	
—	<i>Bupropione</i> (DAT)
—	<i>Mirtazapina</i> (α_2 , 5HT _{2A-C})
—	<i>Nefazodone</i> (SERT, NET 5HT ₂)
—	<i>Trazodone</i> (5HT _{2A,C} ; SERT)

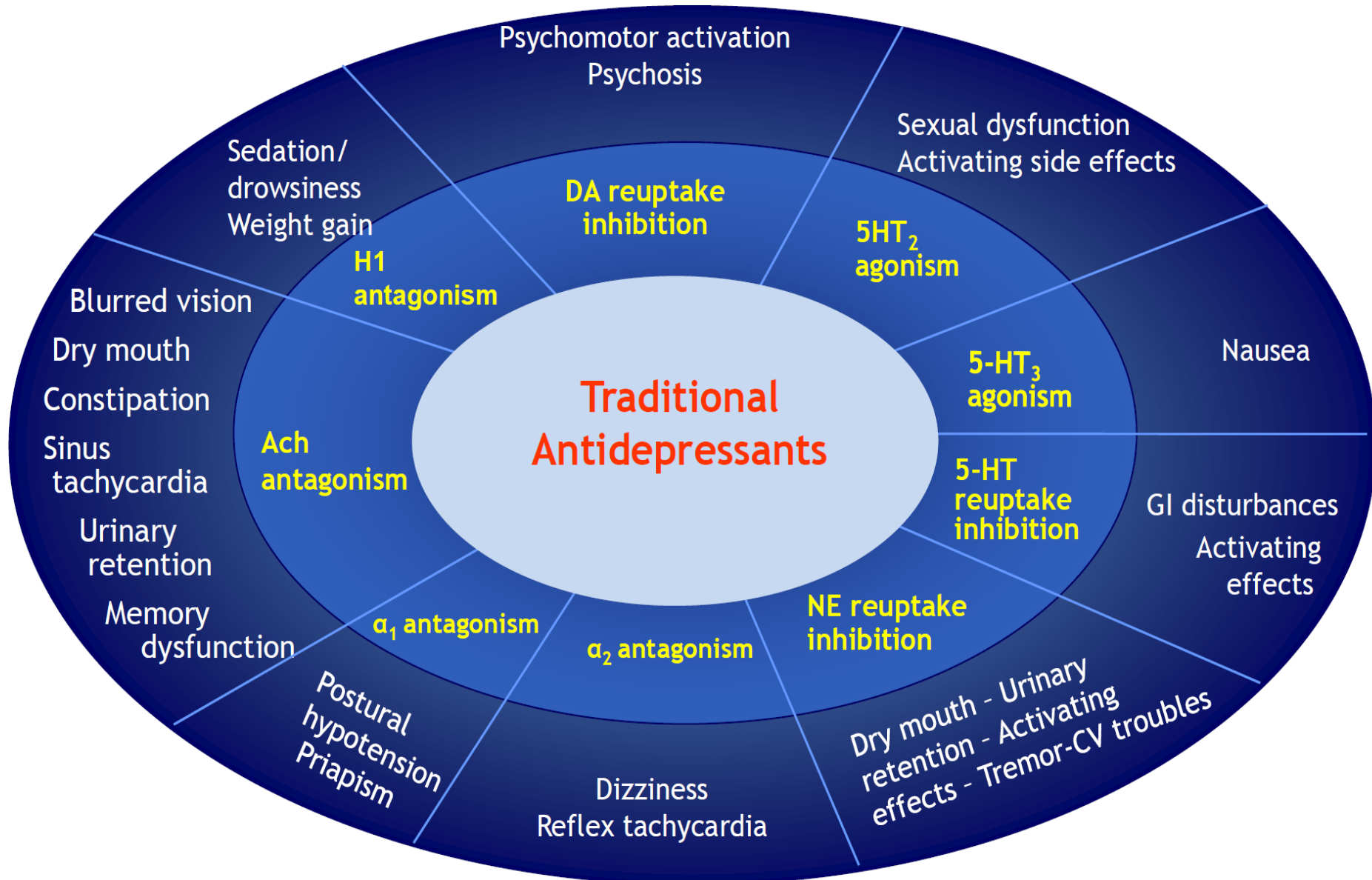
Hydroxy-bupropione

	Antidepressivo	Ki 5-HT uptake	Antidepressivo	Ki 5-HT uptake
		Ki NA uptake		Ki DA uptake
	S-Citalopram	0,0001	R,S-Citalopram	0,00005
	R,S-Citalopram	0,0003	S-Citalopram	0,00011
	Sertralina	0,0007	Milnacipran	0,00013
	Paroxetina	0,0031	Clomipramina	0,00013
	Fluvoxamina	0,0017	Imipramina	0,00017
	Fluoxetina	0,0033	Fluoxetina	0,00023
	Clomipramina	0,0076	Paroxetina	0,00025
	Venlafaxina	0,0086	Venlafaxina	0,0010
	Nor1-Citalopram	0,0095	Amitriptilina	0,0013
	Nor2-Citalopram	0,0160	Dotiepina	0,0016
	Zimelidina	0,0167	Fluvoxamina	0,0017
●	Trazodone	0,0193	Lofepramina	0,0038
	Imipramina	0,0381	Reboxetina	0,0051
	Norfluoxetina	0,0609	Doxepina	0,0055
	Amitriptilina	0,1092	Desipramina	0,0055
	Milnacipran	0,1255	Protriptilina	0,0092
	Duloxetina	0,1384	Sertralina	0,0120
●	Bupropione	0,1730	Zimelidina	0,0126
	Norsertralina	0,1809	Amoxapina	0,0134
	Dotiepina	0,1831	Nortriptilina	0,0162
	Trimipramina	0,6250	Norfluoxetina	0,0227
	Doxepina	2,2687	Atomoxetina	0,0338
●	Nefazodone	3,3333	Trimipramina	0,1500
	Amoxapina	3,6335	Viloxazina	0,1700
	Nortriptilina	4,2528	Norsertralina	0,1727
	Reboxetina	8,2353	Trazodone	0,2240
	Atomoxetina	12,1519	Mianserina	0,4396
	Lofepramina	13,4717	Nefazodone	0,5555
	Protriptilina	14,0000	Oxaprotilina	0,9195
	Norclomipramina	16,4000	Mirtazapina	1,0000
●	Mirtazapina	21,0084	Maprotilina	5,9000
	Desipramina	21,0840	● Bupropione	17,3003
	Mianserina	56,0224	Nomifensina	17,9856
	Nomifensina	64,1026		
	Viloxazina	108,9743		
	Maprotilina	531,5315		
	Oxaprotilina	800,0000		

Major interactions with other drugs

Antidepressivo	Interazioni pericolose	Interazioni di modesta rilevanza
IMAO	amfetamine, TCA, atomoxetina, β_2 -agonisti, brimonidina, bupropione, buspirone, carbamazepina, ciproptadina, cocaina, destrometorfano, dopamina e dopaminomimetici, droperidolo, efedrina, entacapone, fenfluramina, iperico, levodopa, litio, mazindol, meperidina, metildopa, metilfenidato, morfina, nefazodone, nefopam, sibutramina, SSRI, tolcapone, tramadolo, triptani	antidiabetici, barbiturici
TCA	analgesici oppiacei, anestetici generali alogenati, antiaritmici di classe I e III, SSRI, antiipertensivi, antimicotici imidazolici, antipsicotici, antivirali, chinolonici, antibiotici macrolidici, cotrimossazolo, IMAO, linezolid, octreotide, primidone, rifampicina, simpaticomimetici, triptani, alcool	clonidina, alfametildopa, ansiolitici, ipnotici, β_2 -agonisti, anticoagulanti orali, antiepilettici, antimuscarinici, primidone, β -bloccanti, calcio-antagonisti, cannabinoidi, carbamazepina, cimetidina, iperico, miorilassanti, nitroderivati
SSRI	analgesici oppiacei, desfenfluramina, destrometorfano, droperidolo, IMAO, iperico, sibutramina, tramadolo, trazodone, triptofano, triptani	alcool, anestetici, antiaritmici, anticoagulanti orali, antiepilettici, antipsicotici (escluso il droperidolo), anti-H ₂ , barbiturici, β -bloccanti, bupropione, buspirone, cannabinoidi, ciproptadina, clozapina, litio, teofillina, TCA
SNaRI	antiaritmici di classe I e III, antibiotici macrolidici, antipsicotici, astemizolo, bepredil, chinolonici, cisapride, cotrimossazolo, droperidolo e aloperidolo, enflurano, fenfluramina, fluconazolo, foscarnet, IMAO, mesoridazina, pimozide, probucolo, sibutramina, terfenadina, tramadolo	cannabinoidi, cimetidina, metoclopramide, zolpidem
NaRI	IMAO, TCA, antimicotici azolici, antipsicotici, ciclosporina, ergotamina, macrolidi, sibutramina	
Bupropione	antipsicotici, corticosteroidi, teofillina, tramadolo, meperidina	antiepilettici, antivirali, dopaminergici, alcool
Nefazodone-trazodone	antiipertensivi, droperidolo, terfenadina	alcool, antimicotici imidazolici, carbamazepina, digitalici, fenitoina, benzodiazepine

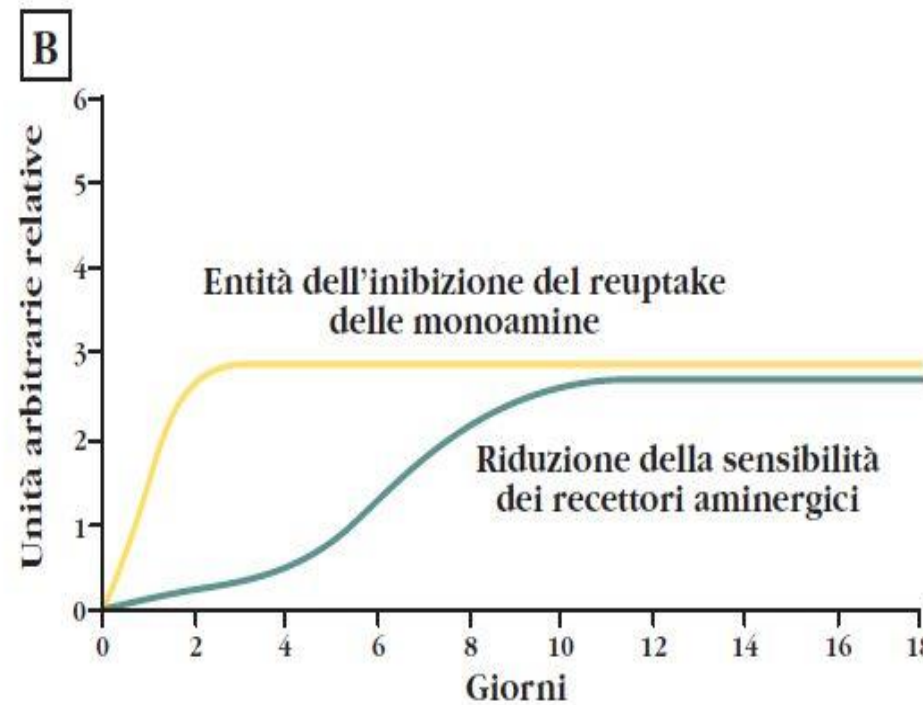
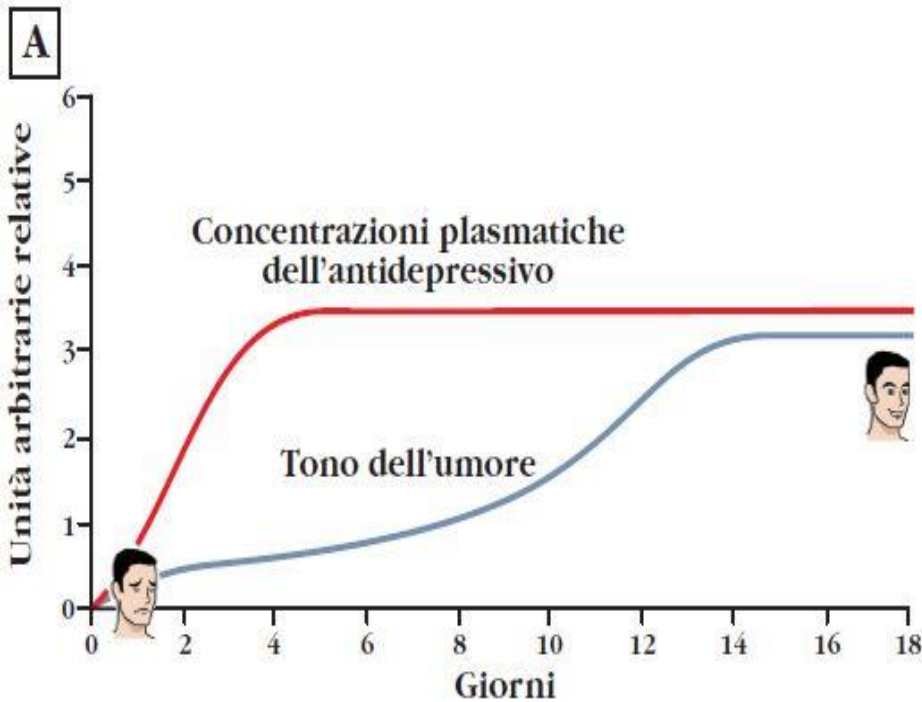
ADVERSE EFFECTS LINKED WITH PHARMACOLOGICAL PROFILE



Delayed therapeutic Effects

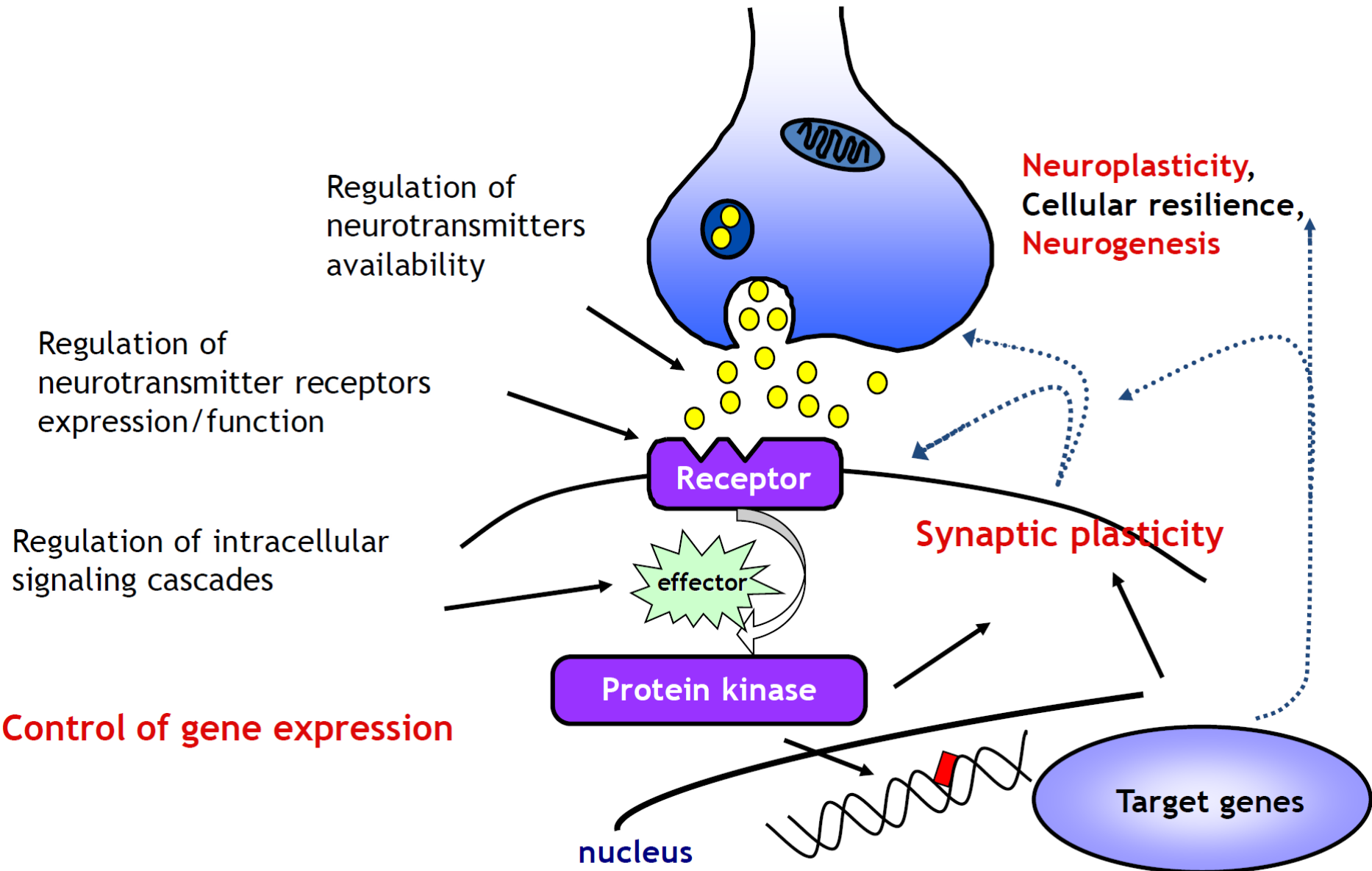
(Mechanism of action)

Therapeutic effects

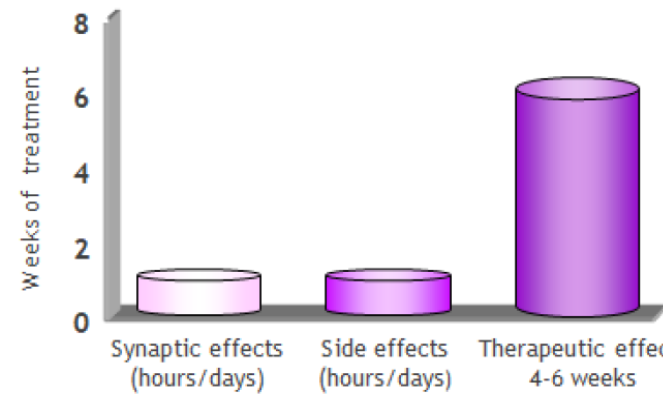


Antidepressant mechanism

A cascade of neuroplasticity events



Evolution of hypotheses on pathophysiology/ pharmacotherapy of mood disorders



- ***Monoaminergic hypothesis (1960-70s)***

Depression is caused by a decreased availability of monoaminergic neurotransmitters. Antidepressants boost monoamine levels.

- ***Monoaminergic receptor hypothesis (1980s)***

Depression is caused by abnormalities in monoamines receptors. Chronic antidepressants alter sensitization state of receptors.

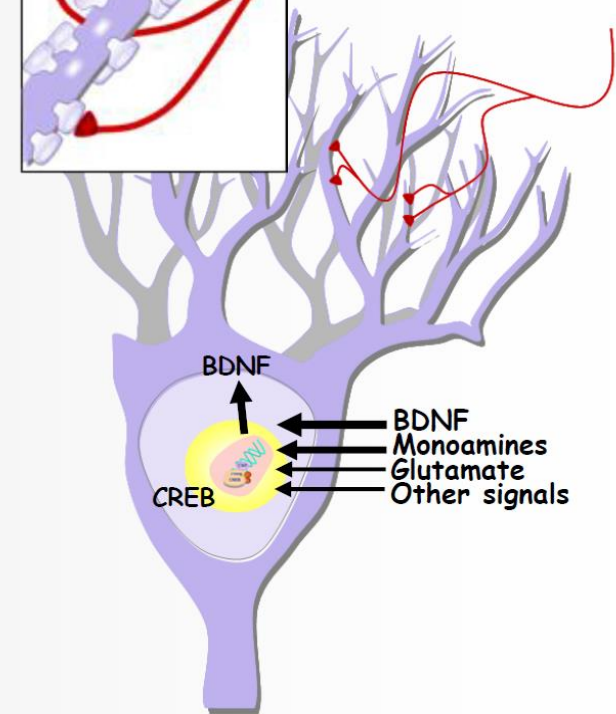
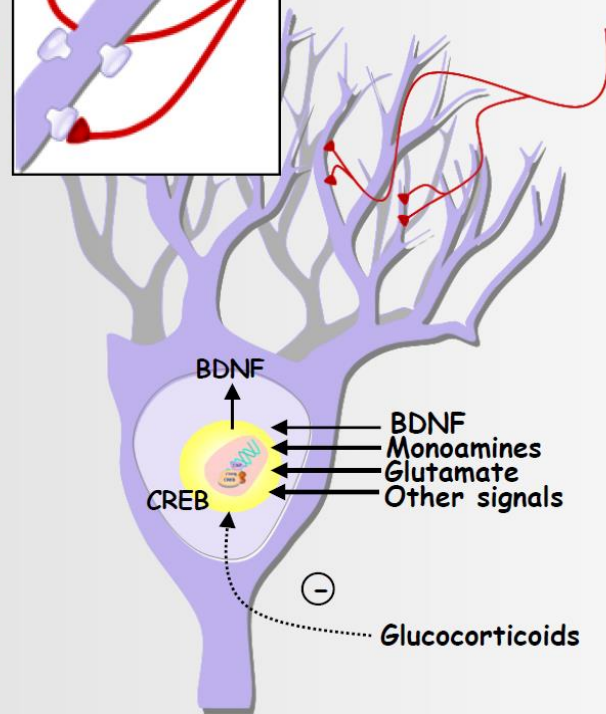
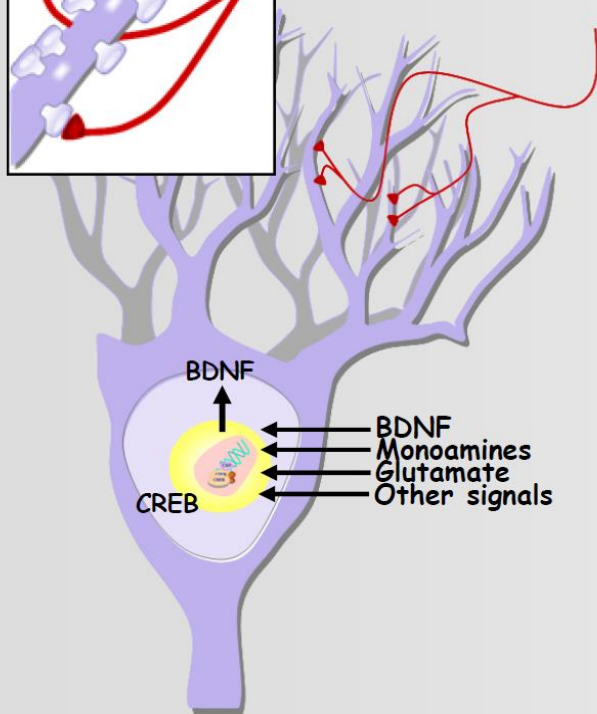
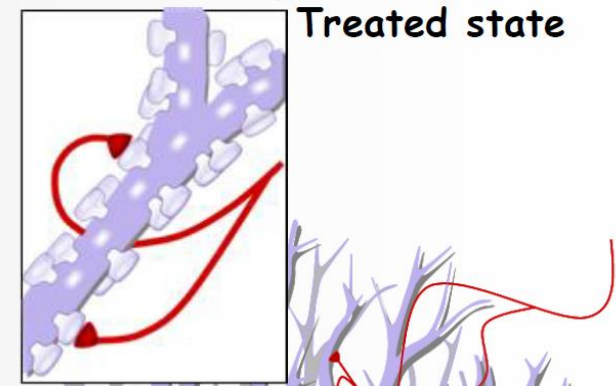
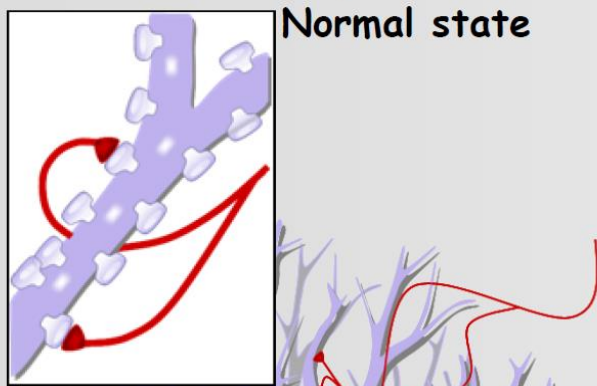
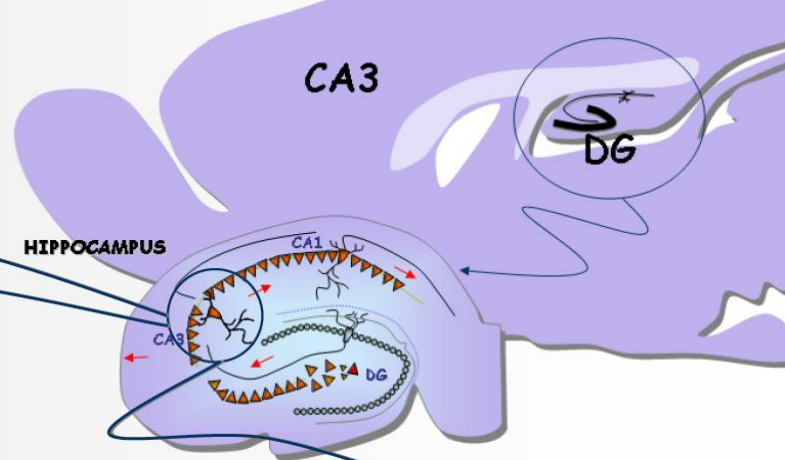
- ***Hypothesis of signaling adaptation (1990s)***

Chronic antidepressants induce adaptive changes in post-receptor signaling cascades, and in gene expression.

- ***Hypothesis of neuroplasticity (2000s)***

Chronic antidepressants change neuroplasticity, cellular resilience and synaptic plasticity.

NEUROTROPHIC HYPOTHESIS OF DEPRESSION



Neurotrophic hypothesis of depression

- ★ Atrophy of selected brain structures can be associated with depression.
- ★ These changes may represent the consequence of genetic dysfunction and/or the result of adverse life experiences (stress).
- ★ Structural and functional impairment is the consequence of altered expression and function of proteins involved in synaptic plasticity and cellular resiliency.
- ★ Chronic administration of antidepressants induces \uparrow BDNF in hippocampus.
- ★ Time course of response for antidepressants corresponds to delay of trophic factor synthesis (much more than to receptor modifications).
- ★ The neurotrophin BDNF appears to be a key element in this context and a potential target for long-term pharmacological intervention.

Evolution of antidepressant drugs

