APPENDIX C: Adjunctive medications

## Second-line adjunctive therapy options

<table>
<thead>
<tr>
<th>Adjunctive Agent</th>
<th>Level of Evidence</th>
<th>Dosing</th>
<th>Adverse Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brexpiprazole*</td>
<td>• • • •</td>
<td>1-3 mg</td>
<td>Weight gain, hyperglycemia, elevated triglycerides, EPS (appears to be less common than with aripiprazole), headache, orthostatic hypotension (rare)19</td>
</tr>
<tr>
<td>Bupropion</td>
<td>• • • •</td>
<td>150-300 mg</td>
<td>Agitation, insomnia, anorexia. Contraindicated in anorexia or bulimia nervosa and seizure disorders20</td>
</tr>
<tr>
<td>Lithium</td>
<td>• • • •</td>
<td>600-1200 mg (therapeutic serum levels)</td>
<td>Gastrointestinal discomfort, nausea, vertigo, muscle weakness and a dazed feeling that frequently disappear after stabilization of therapy32</td>
</tr>
<tr>
<td>Mirtazapine/mianserin</td>
<td>• • • •</td>
<td>30-60 mg</td>
<td>Weight gain, sedation19</td>
</tr>
<tr>
<td>Modafinil</td>
<td>• • • •</td>
<td>100-400 mg</td>
<td>Headache, nausea, rhinitis, nervousness, diarrhea, back pain, anxiety, dizziness, dyspepsia, and insomnia33</td>
</tr>
<tr>
<td>Olanzapine</td>
<td>• • • •</td>
<td>2.5-10 mg</td>
<td>Weight gain, dizziness, sedation, anticholinergic effects, hepatic aminotransferase elevation, orthostatic hypotension, increased risk of diabetes and dyslipidemia, EPS (especially akathisia)19</td>
</tr>
<tr>
<td>Triiodothyronine</td>
<td>• • • •</td>
<td>25-50 mcg</td>
<td></td>
</tr>
</tbody>
</table>

*Newly approved since the 2009 Canadian Network for Mood and Anxiety Treatments (CANMAT) guidelines

**Level of evidence:**
- • • • • = Meta-analysis with narrow confidence intervals and/or 2 or more RCTs with adequate sample size, preferably placebo-controlled
- • • • = Meta-analysis with wide confidence intervals and/or 1 or more RCTs with adequate sample size,
- • • = Small-sample RCTs or nonrandomized, controlled prospective studies or case series or high-quality retrospective studies,
- • = Expert opinion/consensus

APPENDIX D: Special patient populations

## Second-line treatment options: antenatal MDD

**Mild to Moderate**
- SSRIs:
  - Citalopram
  - Escitalopram
  - Setraline

**Severe**
- All the remaining SSRIs (except paroxetine), newer generation antidepressants and TCAs21

## Second-line treatment options: postpartum MDD

**Mild to Moderate**
- Citalopram
- Escitalopram
- Setraline
- Combination SSRI + CBT or IPT

**Severe**
- After first-line citalopram, escitalopram, and sertraline, other antidepressants are second-choice treatments for women who are more severely depressed21

*Electroconvulsive therapy (ECT) can be an effective treatment for severe MDD in pregnant and postpartum patients who:
1) have psychotic features;
2) treatment-resistant patients; and,
3) who elect to use this modality as a matter of preference.14,21

Weigh the risks and benefits of ECT with pregnant patients before recommending treatment.

## Second-line treatment options: Older Adults

**Mild to Severe**
- Switch to:
  - Bupropion
  - Moclobemide
  - Phenelzine
  - Quetiapine
  - Trazodone
- Combine with:
  - Aripiprazole
  - Lithium
  - Methylphenidate

- Aripiprazole (Antipsychotics, second-generation) 2 mg daily PO19
- Lithium carbonate at a dose of 600-900 mg daily20
- Methylphenidate can enhance motivation and energy but cannot improve symptoms of depression19
- Phenelzine (MAOI) 30-90 mg daily20