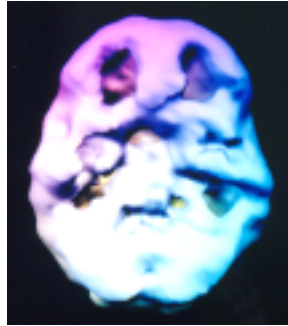


# COREPSYCH RADIO #19 JULY 9, '09

THURSDAYS 4 EST, 3 CST, 2MST, 1PST



DR CHARLES PARKER

757.473.3770 EXT 203

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Last weeks program: The Impulsive Brain: Overview and Comments

## Program 19: Pristiq For Major Depression: Overview and Applications

Disclosure: I currently speak for Wyeth and Pristiq, Shire, and in the past for Pfizer – this presentation is not a Wyeth sponsored event.

1. Depression Overview
  - a. Incidence of MDD, Major Depressive Disorder
  - b. Consequences of poor treatment
  - c. Comorbid conditions
  - d. Asking the depression questions
  - e. Asking the suicide question
    - i. Active thinking
    - ii. Passive thinking
    - iii. Self injurious behavior SIB
  - f. Suicide and antidepressants
    - i. Prevention
      1. Dosing
      2. Drug interactions
      3. Metabolic issues
      4. Neurotransmitter precursors
      5. Breakfast
2. History of Antidepressants
  - a. Summary - evolution
  - b. Recent advances
  - c. Focus on synapse
  - d. Pharmaceutical challenges

- i. Incorrect dosing strategies – weight as a variable
    - ii. Incorrect dosing strategies – not using a measurement
    - iii. Who is writing for antidepressants
      - 1. Using science as a grid
      - 2. Specific parameters
  - e. Side effects
    - i. Discontinuation syndrome – up regulation
    - ii. Therapeutic window
    - iii. Drug interactions
- 3. Comorbid Conditions
  - a. Must be considered
    - i. Bipolar
    - ii. ADHD
    - iii. Brain Injury
    - iv. Addictions
- 4. SSRI or SNRI?
  - a. Reuptake vs. Dual Reuptake
  - b. Efficacy
  - c. Protein binding
  - d. Drug interactions
- 5. Pristiq is Different than Effexor
  - a. Not a feminine market name: Pristine and Unique
  - b. Effexor 60% thru 2D6, 40% thru 3A4
  - c. 2D6 is polymorphic, changes into minimum of 4 metabolic subsets
  - d. Side effects
  - e. Specific changes to Pristiq
  - f. Research with dosing Pristiq
    - i. Dosing strategy
    - ii. Expectations of time for improvement
  - g. Research with discontinuation
  - h. Protein binding
  - i. Advanced dosing strategies
  - j. Multiple neurotransmitter sites
    - i. Augmentation with Wellbutrin
    - ii. Top dosage in practice
  - k. Using the Kelsey scale: 1= depression, 10=feeling wonderful
    - i. Statistically correlates with Hamilton Depression inventory
    - ii. 7 or more = remission
    - iii. 6 consider a change
    - iv. 5 increase the dose
  - l. Diminished drug interactions