

# DRUG CARDS | DAILY



**NAME(S):** **Generic:** paroxetine (pa ROX a teen) | **Brand:** Paxil

**PHARMACOLOGIC & THERAPEUTIC CLASS:** Selective Serotonin-Reuptake Inhibitor (SSRI)

**DOSAGE FORM & STRENGTH:** **Susp:** 10 mg/5mL | **Tab ER:** 12.5 mg, 25 mg, 37.5 mg | **Tab:** 10 mg, 20 mg, 30 mg, 40 mg  
| **Caps:** 10 mg, 20 mg, 30 mg, 40 mg

**INDICATION(S) & DOSING(S): ADULTS**

**\* GENERAL NOTES:**

- Never crush or chew ER formulation.
  - When d/c'ing always taper the dose gradually.
1. **Major Depressive Disorder:**
    - **IR Tabs or Susp** - Tx Range b/t 20-50 mg PO qam. Initiate at 20 mg PO qam. May increase in increments of 10 mg/day every week up to a max of 50 mg/day.
      - **Elderly** - when starting consider initiating at 12.5 mg with the ER formulation (instead of at 20 mg) with a max of 40 mg/day.
    - **ER Tabs** - Tx Range b/t 25 - 62.5 mg ER PO qam. Initiate at 25 mg PO qam for the ER formulation. May dose inc by 12.5 mg/ day every week up to a max of 62.5 mg/day for the ER form.
      - **Elderly** - when starting consider initiating at 12.5 mg ER PO qam up to a max of 50 mg/day ER.
  2. **Obsessive Compulsive Disorder:** Tx Dose of 40 mg PO qam. Initiate at 20 mg PO qam. Dose increases are done in increments of 10 mg/day every week up to a max dose of 60 mg/day.
    - **Elderly** - when initiating consider 10 mg PO qam up to a max of 40 mg/day.
  3. **Panic Disorder:**
    - **IR Tabs or Susp** - Tx dose 50 mg PO qam. Initiate 10 mg PO qam with dose increase of 10 mg/day every week up to a max of 60 mg/day (Max 40 mg/day in **Elderly**).
    - **ER Tabs** - Tx dose 12.5-75 mg PO qam. Initiate at 12.5 mg PO qam. May increase by 12.5 mg/day every week up to a max of 75 mg/day (Max of 50 mg/day in **Elderly**).
  4. **Social Anxiety Disorder:**
    - **IR Tabs or Susp** - Tx dose 20 mg PO qam. Initiate at 20 mg PO qam. Dose inc by 10 mg/day every week up to a max of 50 mg/day.
      - **Elderly** - Initiate at 10 mg PO qam up to max of 40 mg/day. Dose >20 mg/day do not generally show a greater benefit.
    - **ER Tabs** - Tx Range 12.5-37.5 mg PO qam. Initiate at 12.5 mg PO qam. May dose increase by 12.5 mg/day every week up to a max of 37.5 mg/day.
  5. **Generalized Anxiety Disorder:** Tx dose 20 mg PO qam. Initiate at 20 mg PO qam. Dose increase by 10 mg/day every week up to a max of 50 mg/day (40 mg/day in **Elderly**). Dose >20 mg/day do not generally show a greater benefit.
  6. **Post-Traumatic Stress Disorder (PTSD):** Tx dose of 20 mg PO qam. Initiate at 20 mg PO qam. May increase by 10 mg/day every week up to a max of 50 mg/day.
    - **Elderly** - Initiate at 10 mg PO qam up to max of 40 mg/day. Dose >20 mg/day do not generally show a greater benefit.



7. **Premenstrual Dysphoric Disorder:** Using the ER Tab Formulation Tx Range b/t 12.5-25 mg PO qam. Initiate at 12.5 mg PO qam. May consider dose increase to 25 mg PO qam after 1 week of initiation. Max daily dose of 25 mg/day. Alternatively may dose b/t 12.5-25 mg PO qam during the luteal phase.
8. **Mild to Moderate Menopausal Vasomotor Symptoms** (hot flashes, night sweats, etc): Using the Capsule formulation the tx dose is typically 7.5 mg PO qhs.

#### INDICATION(S) & DOSING(S): PEDIATRICS

- **OFF LABEL | Obsessive-compulsive disorder:** For 7-17 years of age the dose range is 10-60 mg PO qam. Initiate at 10 mg PO qam w/ dose increases by 10 mg/day every 1-2 weeks. Max dose per day is 60 mg.
- **OFF LABEL | Social anxiety disorder:** For 8-17 years of age the dose range is 10-40 mg PO qam. Initiate at 10 mg PO qam w/ dose increases of 10 mg/day every 1-2 weeks. Max dose is 50 mg/day.

#### MECHANISM OF ACTION & PHARMACOLOGY

- **MOA:** Selectively inhibits serotonin reuptake. Serotonin is a neurotransmitter in the brain that is used in the communication between nerves. It is purposed that if there is an imbalance of neurotransmitters then various mood disorders may be the result. By affecting the reuptake of the neurotransmitter serotonin adjustments are made in the imbalance that may be causing mood disorders in the patient.
- **Absorption:** Bioavailability is complete after PO admin. Food does not affect absorption notably.
- **Distribution:** Wide distribution throughout the body, the CNS, and in breast milk. 93% or more protein bound.
- **Metabolism:** Hepatically metabolized partially via the CYP2D6 pathway w/ inactive metabolites. Inhibits CYP2D6 activity.
- **Elimination:** T 1/2 is b/t 21-24 hours. 64% eliminated in urine. 36% in feces.

#### SPECIAL POPULATIONS & CONSIDERATIONS

- **Renal or Hepatic Impairment: [IR dosage forms]** CrCl <30 initiate at 10 mg qd w/ a max of 40 mg/day. For pts on dialysis dec their usual dose by 50% to a max of 40 mg/day. **[ER dosage form]** initiate at 12.5 mg qd w/ max of 50 mg/day. | **Contraindicated:** MAO inhibitor use w/in 14 days. | **Caution:** Concurrent CNS depressant, alcohol use, <25 yo, elderly or debilitated, 1st or 3rd trimester of pregnancy, severe renal/hepatic impairment, bleed risk, seizure risk, and volume depletion. | **Avoid:** Abrupt w/d | **Pregnancy:** Consider alternative and weigh risk/benefit. Possible risk of teratogenicity in 1st trimester. Risk of neonatal w/d sx or serotonin syndrome in 3rd trimester. | **Lactation:** Conflicting data. Should not use during breastfeeding. Low risk based on human data.

#### SIDE EFFECTS

- **Common:** N/v, somnolence, insomnia, headache, xerostomia, nervousness, impotence, anxiety, visual disturbances, palpitations, tremor, and agitation.
- **Serious:** Suicidality, depression exacerbation, hypomania, mania, serotonin syndrome, bleeding, SJS, seizures, vasculitis, priapism, and EPS.

**BLACK BOX WARNING: Suicidality** - There is an increased risk of suicidality in children, adolescents, and young adults with major depressive and other psychiatric disorders. Always weight the risks v/s benefits when using this medication. The age group most affected are patients <24 years of age and decreased risk in pts 65 years of age and older. Watch for clinical worsening, suicidality, unusual behavior or changes in behavior. Not for pediatric use.

#### DRUG INTERACTIONS

- **Considerations to make for DI:** CYP2D6 or 3A4 substrates, strong CYP2D6 inhibitors, weak P-gp inhibitors, antiplatelet effects, CNS depression, hyponatremia, lowers seizure threshold, and serotonergic effects



- **Some Contraindicated Drug(s) & Drug(s) of Note: Contraindicated** - Isocarboxazid, linezolid, pimozide, and thioridazine | **Avoid** - 5-HTP, bupropion, carbamazepine, metaxalone, methadone, tramadol, trazodone, cyclosporine, dasatinib, furosemide, heparin, naproxen, and nebivolol.

#### MONITORING PARAMETERS

- **S/sx of suicidality**, Cr at baseline, **clinical worsening**, and height/weight in children/adolescents

#### PATIENT COUNSELING INFORMATION

- Paroxetine is generally used to **treat depression, panic attacks, OCD, anxiety, and PTSD** in adults.
- Helps restore a balance of neurotransmitters in the brain and may improve mood, sleep, appetite, and energy.
- Do not use w/in 14 days before or 14 days after an MAO inhibitor (such as isocarboxazid, linezolid, methylene blue injection, phenelzine, rasagiline, selegiline, or tranylcypromine).
- A **less sedating antidepressant** when compared to the older generation of antidepressants.
- **Avoid alcohol** while on this medication due to increased side effects.
- If **dose missed**, take the missed dose immediately unless it is almost time for the next dose.

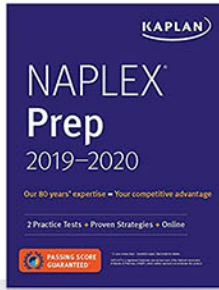
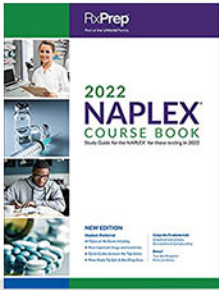
#### REFERENCE(S) & RESOURCE(S)

1. <https://online.epocrates.com/drugs/109310/paroxetine/Monograph>
2. <https://www.drugs.com/monograph/paroxetine.html>
3. <https://www.webmd.com/drugs/2/drug-6969-9095/paroxetine-oral/paroxetine-oral/details>
4. [https://www.medicinenet.com/paroxetine/article.htm#what\\_is\\_paroxetine\\_and\\_how\\_does\\_it\\_work\\_mechanism\\_of\\_action](https://www.medicinenet.com/paroxetine/article.htm#what_is_paroxetine_and_how_does_it_work_mechanism_of_action)

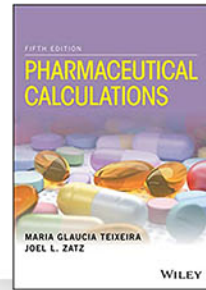
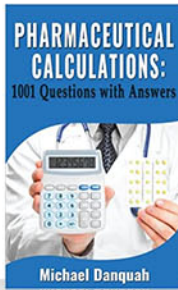
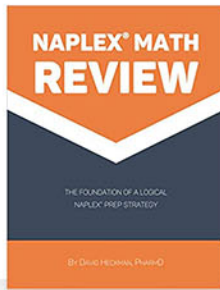
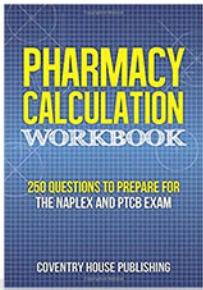


# PREPARE FOR SUCCESS!

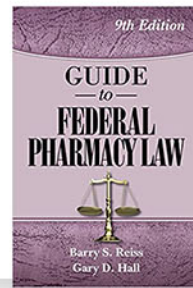
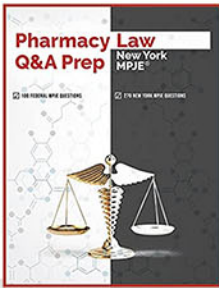
## Comprehensive (NAPLEX)



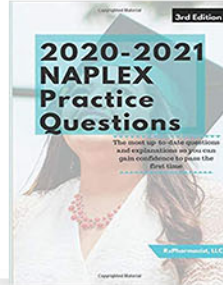
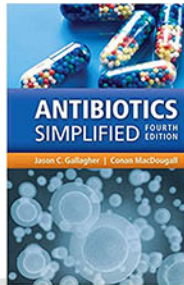
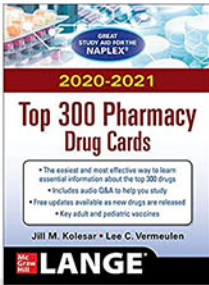
## Calculations (NAPLEX)



## Pharmacy Law (MPJE)



## Supplemental



### DISCLAIMERS

This page contains affiliate links. Buying something through a link will provide a small monetary commission to Drug Cards Daily at no cost to you! This is done to keep Drug Cards Daily going and to provide as much free content to people like you! Thank you so very much for your support! Also, images are property of their respective parties and can be removed by contacting Drug Cards Daily.

# DRUG CARDS DAILY

Monday at 7 am EST  
(6 am CST, 4 am PST)

## HEY NEW GRAD!

So you landed that perfect job offer or got the perfect match for your PGY1 and now the **ONLY** thing standing in your way is passing the NAPLEX and MPJE.

Here are some NAPLEX & MPJE prep recommendations to help you do everything you can to **pass the first time!**

## HEY STUDENT!

When I was P1 one of the best pieces of advice I got from those before me was to use a NAPLEX Prep book while learning each topic.

This helps focus your learning and the repetition helps to retain info and indirectly prepare you for the NAPLEX



@drugcardsdaily