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Bridging the Knowledge Gap of Nursing Staff Understanding Patient Medication Discharge Instructions

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Walden University

College of Nursing

This is to certify that the doctoral study by

Tracy Outlaw

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University

2025

Executive Summary: Bridging the Knowledge Gap of Nursing Staff Understanding
Patient Medication Discharge Instructions

by

Tracy Outlaw

MS, Walden University 2025

Executive Summary Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

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Summary

The project, a Doctor of Nursing Practice (DNP) staff education project, addresses a gap in nursing practice by focusing on the need for comprehensive knowledge and effective communication skills among nursing staff regarding antidepressant discharge instructions. The practice-focused question is as follows: How does a structured educational program on antidepressant pharmacology and communication strategies impact staff knowledge and satisfaction compared to standard discharge practices? The primary purpose of the project is to improve nursing staff knowledge and communication through a systematic, phased approach that aligns with project management principles through the lens of project management theory, thereby increasing and sustaining nurses' understanding of specific antidepressants and enhancing patient safety and care quality.

Analytical strategies consist of a pre-/post-intervention survey and qualitative data to determine the efficacy of the intervention. Each subject was given a pamphlet of Nursing Antidepressant Discharge Information as an additional resource. The pre-test score in the intervention group ranged from 60 to 70, with an average of 66.7. The post-test score ranged from 80 to 100, with an average of 88.3. The difference between pre- and post-test results is 32.4, indicating that the educational program increased staff knowledge, thereby improving discharge education and, in turn, enhancing patient safety. A multi-phased educational intervention was conducted to determine improved staff knowledge and communication. The project recommendation is to integrate systematic

antidepressant education into ongoing staff training to improve nursing practice and patient safety.

Background

Depressive disorders are among the leading causes of disability worldwide, with over 280 million people affected, significantly impacting the global burden of disease (World Health Organization). In these disorders, one of the mainstays of treatment is antidepressants. Pharmacological therapy is essential in achieving treatment success, response, remission, and preventing relapse. Medication adherence is suboptimal, with almost 50% of patients on antidepressants stopping treatment prematurely; one-third will have stopped by three months, with side effects as the most common reason for discontinuation of therapy (Sansone & Sansone, 2012). Non-adherence is associated with an increased risk of relapse, hospitalizations, and emergency department visits. Treatment non-adherence accounts for up to 39% of total costs per patient (Gonzalez et al., 2022), a significant burden on the healthcare system.

Project Question and Purpose

Project Question: How does a targeted, structured education program on antidepressant pharmacology and communication and education strategies impact staff knowledge, patient adherence, readmission, and patient satisfaction compared to usual practice?

Purpose of Change: Improve nursing staff knowledge and communication via structured education and practice gap addressing through effective patient communication and education practices. According to Lin et al. (2022), nurses have a

direct impact on patients' understanding and their adherence attitudes. Therefore, with the help of the necessary information and direct and open communication, nurses can increase their patients' adherence (Lin et al., 2022).

The project's primary evidence demonstrates that enhanced training for nursing staff, combined with better communication strategies, results in improved patient communication and adherence. The evidence provided by this research article is robust, as it has not only shown that with improvement in communication with a patient and better staff education, patient adherence increases, but that this ultimately results in lower healthcare costs and better patient outcomes.

Staff Education Project Development

Participants and Procedures

The target audience for the staff education program consisted of 12 inpatient psychiatric registered nurses who provided discharge instructions for patients prescribed antidepressant medications. The learning objectives and teaching content were delivered through a PowerPoint presentation and a pre-/post-test. The test included 10 multiple-choice questions. The intervention also included a pamphlet titled “Nursing Antidepressant Discharge Information,” given to all participants as a supportive education tool. After receiving ethics approval, nursing senior leaders assisted in reviewing educational content. Based on their feedback, I updated the educational content to include their recommendations.

Nurses completed the pre-test before participating in the staff educational training to determine their knowledge of antidepressant medication. The educational training

program was provided on two different days to capture both day and night shift staff. The post assessment was completed immediately following the educational program using the same questions presented in the pre-test.

Collection and Analysis of Evidence

This summary reflects on the effectiveness of the project. In this staff education project, the evidence of the educational impact on the nursing staff demonstrated improved knowledge and communication of discharge instructions to patients on antidepressant medications. The evidence included a pre- and post-survey that was given both before and after the intervention, and interviews with the nursing staff who received the education. By coding the surveys and quantitatively analyzing the data, this information was able to be compared and contrasted with the data from pre-intervention, and the interview information gave greater insight into the data. Most of the data collected aligned with predicted outcomes, providing suggestions for future improvements in the education material. The assessment evaluates the effectiveness of this project in addressing the identified issue of nursing staff's knowledge and communication skills with patients. The future effectiveness of the project will be based on the nursing staff's continued monitoring, continued feedback, and reported outcomes of improvement and value to nursing practice.

Evaluation Process

The educational program was the primary focus of a continual evaluation process. The educational program will be utilized to track staff and patient outcomes regularly,

ensuring the program's effectiveness and ongoing improvement. The population is the nursing staff that gives our patients discharge instructions and the patients on antidepressants. The process is structured education sessions designed to improve staff knowledge and communication.

I collected evidence through pre- and post-surveys, as well as staff interviews. The data were analyzed using quantitative and qualitative means. This process was effective because it enables us to measure staff knowledge. There was demonstrated improvement in key standard outcomes, including adherence, readmissions, and patient satisfaction, using the materials. By tracking this over time, the program's effectiveness can be determined, which allows for continuous improvement in the future.

Results

I used Microsoft Excel to analyze the following data. A paired sample t-test compared pre-test and post-test scores following the nursing staff education intervention on the antidepressant discharge instructions. Staff knowledge showed a 32.4% increase in score on the post-test compared to the pre-test. There is a statistically significant difference in the mean score between the pre-test and post-test, which means the intervention was successful. After the educational intervention, the nurses' knowledge of, and confidence in, antidepressant discharge instructions increased. For the pre-test results, in the intervention group, there was a minimum score of 60 and a maximum score of 70. The mean is 66.666667, which is approximately 66.7 (Figure 1). For the post-test results, in the intervention group, there was a minimum score of 80 and a maximum score of 100. The mean is 88.333333, which is approximately 88.3. In this case, a 32.4%

increase indicates that the educational program effectively addressed the knowledge gap for the nursing staff, enabling them to provide enhanced discharge education and improved patient safety.

Table 1

Educational Intervention on Antidepressant Knowledge: Pretest and Posttest Scores

Participant	Pretest Score	Posttest Score	Difference	% Change
001	70	90	20	28.57
002	60	80	20	33.33
003	70	90	20	28.57
004	70	90	20	28.57
005	80	100	20	25.00
006	70	90	20	28.57
007	90	100	10	11.11
008	80	90	10	12.50
009	70	90	20	28.57
010	60	80	20	33.33
011	80	90	10	12.50
012	80	100	20	25.00

The target outcome was to improve knowledge by 20% among nursing staff after educational sessions on antidepressant discharge instructions. This result met the target outcome, with a calculated percent increase of 33.3% that exceeded the 20% threshold. The quality improvement has benefited the organization by increasing the staff's knowledge of antidepressant discharge instructions, potentially leading to safer medication use and improved medication adherence for patients. This improvement can impact patient safety and quality of care, potentially leading to better patient health outcomes. This change aligned with the organization's mission and commitment to patient safety and quality. The focus on educational interventions has also promoted a culture of continuous learning within the organization, where staff members are

encouraged to seek ongoing education on complex medication management topics. The sample size was limited to 12 nurses who work on the inpatient psychiatric unit. This small sample size may limit the generalizability of the findings to other nursing populations. It is possible that the identified barriers affected some staff members' ability to attend sessions and could have influenced the results. Lastly, there was no post-session follow-up to identify knowledge retention probability over the long term.

The project is significant beyond the local population because it is essential to increase the nursing staff's knowledge about antidepressants in general, given the widespread use of antidepressants in mental health treatment. The safety of medication use in health care is of utmost importance, and other organizations can consider this model to increase staff knowledge of antidepressant medication and communication skills. This quality improvement offers more evidence about the efficacy of educational interventions and their effects on medication errors and patient outcomes. The local improvement demonstrated that staff education has the potential to enhance the knowledge and confidence of nurses when it comes to antidepressant discharge instructions concerning pharmacology and side effects.

Conclusions

The overall purpose of this project was to use a targeted and formal education intervention to improve nursing staff knowledge of a common discharge instruction for a specific class of medications: antidepressants. The significance of this project was to address a gap in nurses' knowledge that had the potential to have profound implications

for patient safety and outcomes, including improving medication compliance and satisfaction with care, while reducing the incidence of medication adherence.

The primary outcome measure was the improvement in post-test knowledge score, to achieve an improvement of 20% or greater between pre-test and post-test scores. This outcome was achieved, with a 32.4% improvement in the average post-test score over the average pre-test score and was a highly significant improvement with a p-value less than .001. The other primary outcome, the increase in staff confidence in knowledge of side effects and communication of medication instructions, was also achieved, with the post-test survey data suggesting improved staff confidence after the educational intervention.

This project had several limitations. The most important limitation is that a small number of staff were able to participate and be evaluated in this project. A larger sample size, as well as further evaluation, would help to determine the sustainment of nursing knowledge and confidence over time. In addition, while the measurement tool used for this project has validity and reliability in a research setting, further work is needed to confirm that it is an appropriate tool for implementation into practice. Another area of future work that would be important would be to look at patient perspectives on nursing communication around medication side effects. Overall, the outcomes of this project have important implications not only for the nursing and clinical staff who took part but also for the continued support of staff education and training programs in the clinical setting.

Medication adherence poses challenges across all clinical fields, yet mental health care presents distinct issues concerning antidepressant usage, demanding ongoing

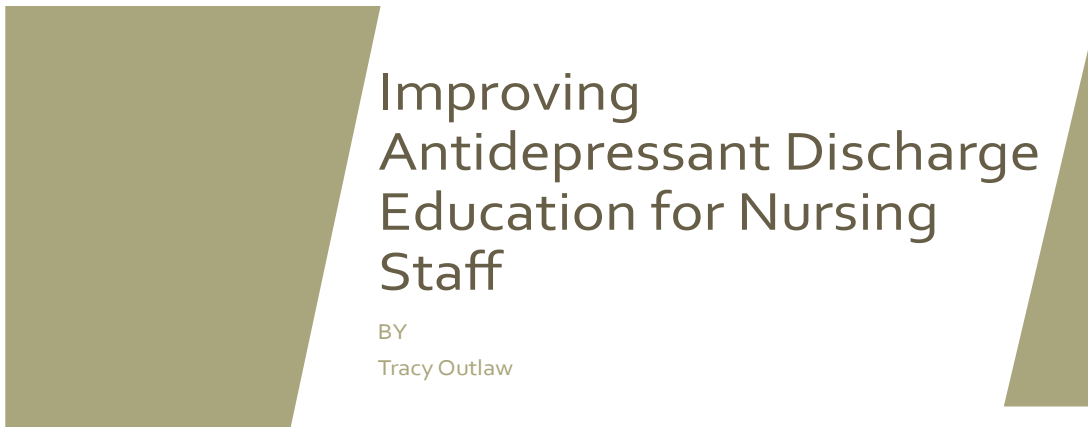
targeted efforts to enhance medication practices. Improving safe administration of the medication, increasing awareness of potential side effects, reducing premature discontinuation, and working to improve the culture of safety are necessary to achieve the best outcomes for those treated with antidepressants.

This project demonstrates its suitability for various clinical environments, and it is essential to note that ongoing, high-quality interventions such as this are necessary to improve safe medication practices. Continuing to focus on medication safety will increase adherence and reduce adverse effects, while also working to improve the culture of safety, ultimately resulting in better outcomes and quality of care for all mental health patients and patients overall.

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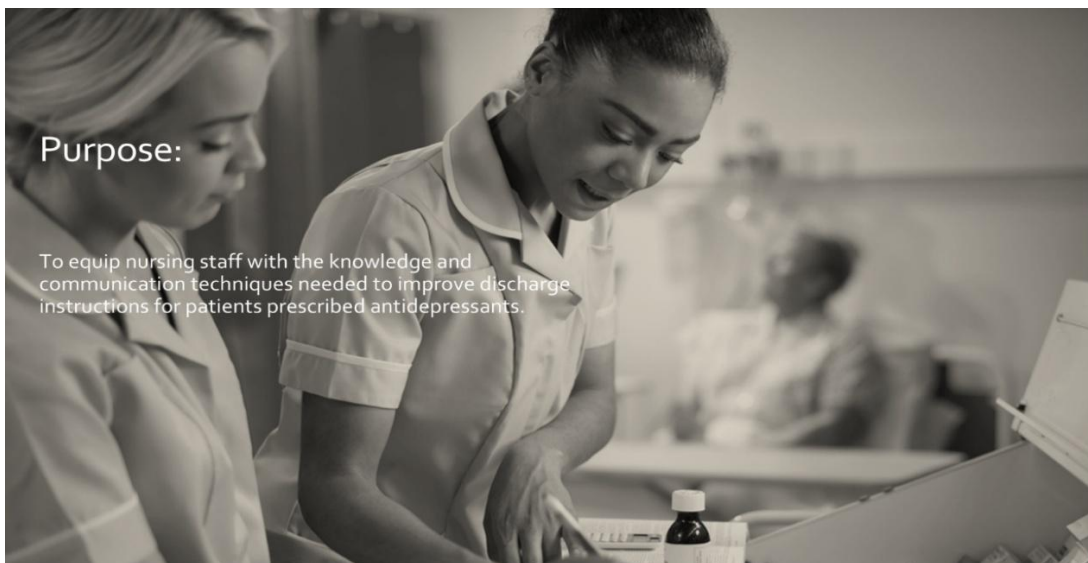
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Appendix A: PowerPoint Presentation on Antidepressant Medication



Improving Antidepressant Discharge Education for Nursing Staff

BY
Tracy Outlaw



Purpose:

To equip nursing staff with the knowledge and communication techniques needed to improve discharge instructions for patients prescribed antidepressants.

Objectives:

Enhance


- Enhance nursing staff understanding of the top 5 prescribed antidepressants.

Improve

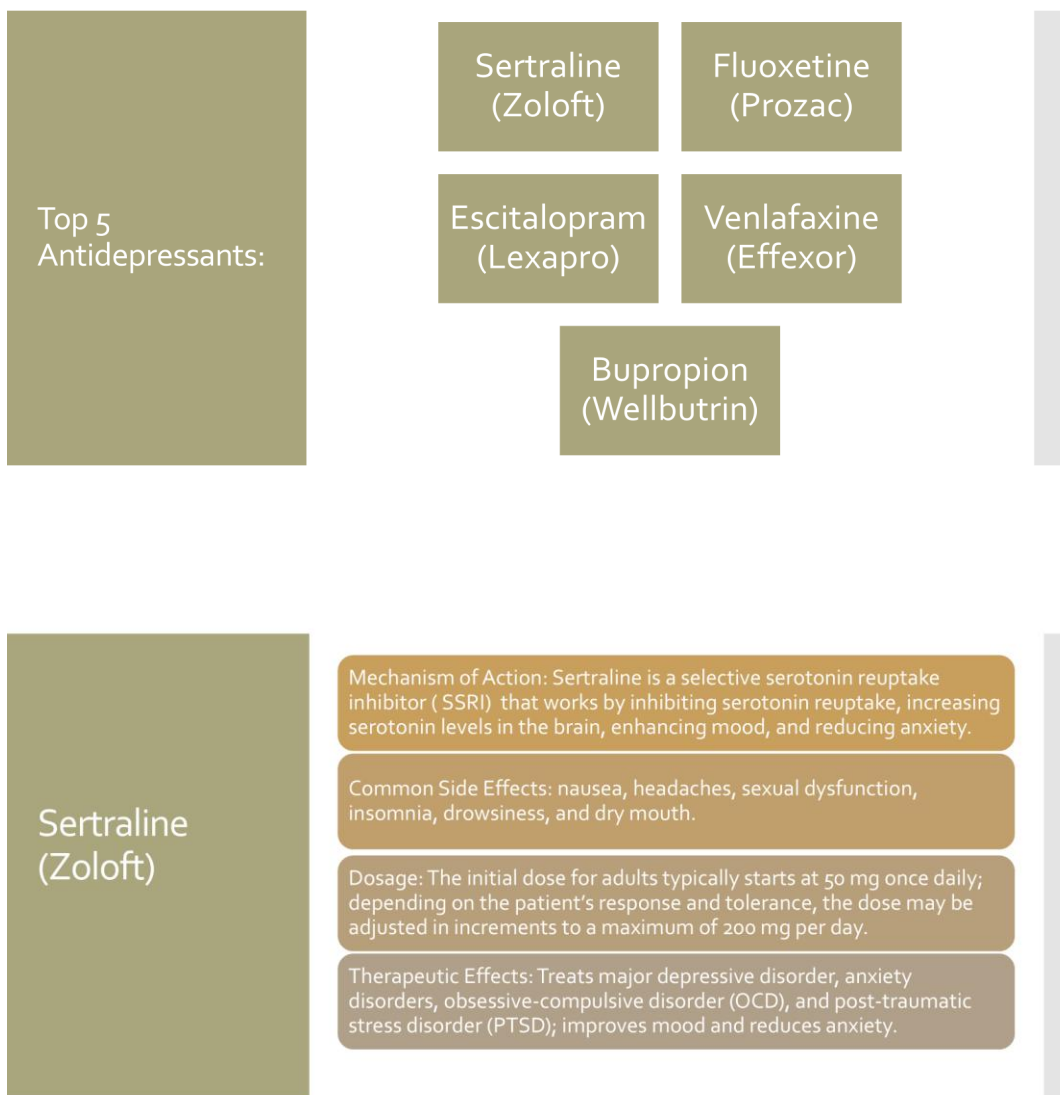
- Improve communication strategies to ensure patients fully understand their medication.

Reduce

- Reduce patient readmission rates through improved discharge, improve adherence, and improved patient satisfaction.



Understanding
Antidepressants



Fluoxetine (Prozac)

Mechanism of Action: Inhibits serotonin reuptake, increasing serotonin availability in the brain to improve mood and reduce anxiety.

Common Side Effects: nausea, insomnia, headaches, dizziness, anxiety, sexual dysfunction, dry mouth, and diarrhea.

Dosage: The starting dose is 20 mg once daily, with a maximum of 80 mg per day based on response.

Therapeutic Effects: Commonly prescribed for major depressive disorder (MDD), OCD, panic disorder, and bulimia nervosa.

Escitalopram (Lexapro)

Mechanism of Action: Inhibits serotonin reuptake, increasing serotonin availability in the brain to improve mood and reduce anxiety.

Common Side Effects: nausea, insomnia, dizziness, sexual dysfunction, dry mouth, fatigue, and increased sweating.

Dosage: the typical starting dose for adults is 10 mg once daily, with a maximum of 20 mg per day based on response.

Therapeutic Effects: Used to treat major depressive disorder (MDD), generalized anxiety disorder (GAD), social anxiety disorder, and obsessive-compulsive disorder (OCD).

Venlafaxine (Effexor)

Mechanism of Action: Venlafaxine is a serotonin-norepinephrine reuptake inhibitor (SNRI), increasing levels to improve mood and reduce anxiety.

Common Side Effects: nausea, dizziness, dry mouth, insomnia, sedation, sweating, sexual dysfunction, and elevated blood pressure (especially at higher doses).

Dosage: starting dose is 75 mg once daily (extended-release), with a maximum of 225 mg per day (or up to 375 mg for GAD under supervision).

Therapeutic Effects: Used to treat major depressive disorder (MDD), generalized anxiety disorder (GAD), social anxiety disorder, and obsessive-compulsive disorder (OCD).

Bupropion (Wellbutrin)

Mechanism of Action: Bupropion inhibits the reuptake of dopamine and norepinephrine, improving mood and assisting with smoking cessation.

Common Side Effects include insomnia, dry mouth, dizziness, sweating, increased heart rate, agitation, weight loss, and seizure risk (especially at higher doses).

Dosage: The starting dose is 150 mg once daily, with a maximum of 400 mg per day based on response.

Therapeutic Effects: Used to treat the major depressive disorder (MDD) by alleviating symptoms and managing seasonal affective disorder (SAD), also used for smoking cessation and off-label attention-deficit/hyperactivity disorder (ADHD).

Common Side Effects

Nausea

Weight Gain

Sexual Dysfunction

Drowsiness

Insomnia

Pharmacology Essentials

Drug Interactions

- Contraindicated medications (e. g., MAOIs with certain foods/meds).
- Increased Sedation with alcohol and other CNS depressants.
- Potential for serotonin syndrome with other serotonergic drugs.

Drug Warnings

- Risk of suicidal thoughts, especially in young adults.
- Withdrawal symptoms with abrupt discontinuation.
- Monitor for worsening symptoms.

Patient Education



Antidepressants may take 4-6 weeks to show significant effects.



Encourage patients to report side effects or concerns promptly.



Regular follow-up appointments to assess effectiveness and adjust treatment if necessary

Communication Techniques



Clear, simple language for explaining antidepressant use.



Techniques to ensure patients understand key points: Teach-back method, using medication handouts, and encouraging questions.



Emphasis on adherence, explaining missed doses, and warning signs of relapse or adverse reactions.

Scenario 1

Samantha, a 25-year-old female, has been experiencing symptoms of PTSD and depression. She has been started on sertraline and is preparing for discharge.

- Medication Adherence
- Side Effects
- Increased Susceptibility
- Lifestyle Modifications

Scenario 3

Maria, a 30-year-old female, has been dealing with major depressive disorder and OCD. She has been started on fluoxetine and feels ready to continue at home after a short hospital stay.

- Medication Adherence
- Side Effects
- Increased Susceptibility
- Avoid Alcohol

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Appendix B: Antidepressant Pretest and Instructions

Instructions: This pre-test is designed to determine your current level of knowledge to provide Antidepressant Discharge Instructions. Please read each item carefully. All items must be answered. Choose the best answer to each item. Circle the Letter of the response that you want to record for each item.

Antidepressant Pre-test ID Number: On this pre-test, you will be given a code number that you will remember to relate the two forms to each other after the presentation. Do not use your name or any other unique personal information.

Be sure to complete all of the Questions. You should answer each question to the best of your ability. Once you turn in the pre-test form, you will need to remember your code for use of the post-test after the presentation.

1. What are the common classes of antidepressants?
 - a. SSRIs
 - b. SNRIs
 - c. MAOIs
 - d. All of the above

2. Which side effect is most commonly associated with SSRIs?
 - a. Hypertension
 - b. Weight Gain
 - c. Somnolence
 - d. Sexual Dysfunction

3. True or False: Antidepressants can have a delayed onset of therapeutic effects, often taking several weeks to become fully effective.

4. When providing discharge instructions, which of the following is most important to ensure patient adherence?
 - a. Discussing medication cost
 - b. Educating the patient about possible side effects and what to do if they occur
 - c. Scheduling a follow-up appointment
 - d. Providing a detailed list of all medications

5. What is the recommended action if a patient experiences severe side effects from their antidepressant?
 - a. Advise them to stop taking the medication immediately

- b. Inform them to continue taking the medication and consult with their doctor
 - c. Suggest over-the-counter medications for relief
 - d. Reassure them that side effects are common and will go away soon
6. True or False: It is important to educate patients about the importance of not abruptly discontinuing their antidepressant medication without consultation.
7. Which of the following strategies can improve a patient's understanding of their antidepressant regimen?
- a. Using medical jargon
 - b. Written instructions combined with verbal explanations
 - c. Rushing through discharge instructions
 - d. Providing instructions only in English
8. What role does patient follow-up play in the management of antidepressant therapy?
- a. It is unnecessary as long as the patient understands their medication
 - b. It helps address any issues and reinforces adherence to the treatment plan
 - c. It is only important if side effects occur
 - d. It is solely the responsibility of the prescribing physician
9. True or False: Nurses should only provide discharge instructions verbally and not in written form.
10. What is the best approach to ensuring patient adherence to antidepressant therapy post-discharge?
- a. Assume patients will remember everything discussed
 - b. Encourage patients to involve family members in discussions about medications
 - c. Provide a thorough explanation and written materials outlining the treatment plan
 - d. Limit discussions about side effects to avoid creating anxiety

Appendix C: Antidepressant Posttest and Instructions

Instructions: This post-test is designed to determine your level of knowledge following the Antidepressant Discharge Instructions presentation. Please read each item carefully. All items must be answered. Choose the best answer to each item. Circle the best response that you want to record for each item.

Antidepressant Pre-test ID Number: On this post-test, you will be given the same code from the pre. Do not use your name or any other unique personal information.

Be sure to complete all of the Questions. You should answer each question to the best of your ability.

1. What are the common classes of antidepressants?
 - a. SSRIs
 - b. SNRIs
 - c. MAOIs
 - d. All of the above

2. Which side effect is most commonly associated with SSRIs?
 - a. Hypertension
 - b. Weight Gain
 - c. Somnolence
 - d. Sexual Dysfunction

3. True or False: Antidepressants can have a delayed onset of therapeutic effects, often taking several weeks to become fully effective.

4. When providing discharge instructions, which of the following is most important to ensure patient adherence?
 - a. Discussing medication cost
 - b. Educating the patient about possible side effects and what to do if they occur
 - c. Scheduling a follow-up appointment
 - d. Providing a detailed list of all medications

5. What is the recommended action if a patient experiences severe side effects from their antidepressant?
- Advise them to stop taking the medication immediately
 - Inform them to continue taking the medication and consult with their doctor
 - Suggest over-the-counter medications for relief
 - Reassure them that side effects are common and will go away soon
6. True or False: It is important to educate patients about the importance of not abruptly discontinuing their antidepressant medication without consultation.
7. Which of the following strategies can improve a patient's understanding of their antidepressant regimen?
- Using medical jargon
 - Written instructions combined with verbal explanations
 - Rushing through discharge instructions
 - Providing instructions only in English
8. What role does patient follow-up play in the management of antidepressant therapy?
- It is unnecessary as long as the patient understands their medication
 - It helps address any issues and reinforces adherence to the treatment plan
 - It is only important if side effects occur
 - It is solely the responsibility of the prescribing physician
9. True or False: Nurses should only provide discharge instructions verbally and not in written form.
10. What is the best approach to ensuring patient adherence to antidepressant therapy post-discharge?
- Assume patients will remember everything discussed
 - Encourage patients to involve family members in discussions about medications
 - Provide a thorough explanation and written materials outlining the treatment plan
 - Limit discussions about side effects to avoid creating anxiety

Appendix D: Pamphlet Nursing Antidepressant Discharge Information

NURSING ANTIDEPRESSANT DISCHARGE INFORMATION

This pamphlet is a resource to assist in educating nurses about antidepressant medications as patients transition from hospital to home care.



Antidepressants are critical in treating depression and anxiety disorders, aiming to balance brain chemicals to improve mood and emotional stability. As a nurse, providing clear information and guidance is vital for patient adherence and success.

Top 5 Antidepressant Medications

1. Fluoxetine (Prozac)
2. Escitalopram (Lexapro)
3. Sertraline (Zoloft)
4. Venlafaxine (Effexor)
5. Bupropion (Wellbutrin)



ANTIDEPRESSANT MEDICATIONS

Key Patient Education Tips

1: ADHERENCE AND TIMING

Nurse Instructions: Ensure patients understand the importance of consistency - taking medication at the same time daily. Discuss potential side effects, emphasizing they may lessen over time. Stress not to discontinue the medication without consulting their provider. Full effects may take 4-6 weeks.

2: HANDLING AND SIDE EFFECTS

Nurse Instructions: Educate patients to keep a diary of any side effects. Explain common side effects like nausea or headaches tend to decrease after several weeks. Advise when to call the provider if side effects become severe or persistent.

3: LIFESTYLE AND MONITORING

Nurse Instructions: Encourage lifestyle changes such as regular exercise, balanced nutrition, and adequate sleep to complement treatment. Schedule follow-up appointments to track progress and adjust treatment as necessary.

Warning

Depression and other mental illness are the most important causes of suicidal thoughts. Some people may have a particularly higher risk of suicidal thoughts or actions. Antidepressant medications .

When discussing antidepressant medications and the risk of suicidal thoughts, nurses should emphasize the following key points to patients:

- Open Communication-stress the importance of open honest communication.
- Awareness of Changes-educate the patient and their families to be vigilant for sudden changes in mood and behavior and emergencies of suicidal thoughts.
- Immediate Action-highlight the need of immediate action if suicide thoughts occur.
- Support System-identify and regularly communicate with support system
- Regular Follow-ups-emphasize the need for regular appointments to monitor progress.

The Role of Nursing Education in Antidepressant Medication Adherence and Patient Well-Being

1. Knowledge and Empowerment:

- Educating patients about their condition and the purpose of antidepressant medications, helps to demystify the treatment and reduce anxiety about taking medication.

2. Medication Adherence:

- By providing clear instructions on how to take medications correctly and the importance of adherence, nurses help patients maintain consistent use, which is critical for the medication's efficacy.

3. Side Effect Management:

- Educating patients on potential side effects and how to manage them encourages patients to continue treatment despite initial discomfort. Nurses also advise when to seek medical help for severe side effects.

4. Building Trust:

- Through empathetic communication and active listening, nurses build a strong nurse-patient relationship, fostering trust and openness. This trust encourages patients to discuss concerns and adhere to treatment plans.

5. Lifestyle Intergration:

- Nurses guide patients in integrating healthy lifestyle practices-such as nutrition, exercise, and stress management-complementing the antidepressant treatment and promoting overall well-being.

6. Better Mental Health:

- There's a strong link between diet and mental health. Nutrient-dense foods can enhance brain function, improve mood, and reduce the risk of mental health disorders.

7. Support and Motivation:

- Providing continuous support and motivation throughout the treatment journey helps patients stay positive and committed to their treatment plan.

This education can be crucial in preventing crises and promoting safety.



Embracing knowledge in nursing is not just about enhancing your professional skills; it's a profound act of self-care that resonates in every interaction and makes a difference in the lives of those you serve.

Types of Antidepressants

1. **Selective Serotonin Reuptake Inhibitors (SSRIs)**
Examples: Fluoxetine (Prozac), Escitalopram (Lexapro), Sertraline (Zoloft), Paroxetine (Paxil), Citalopram (Celexa)
Mechanism: Increase serotonin levels in the brain by blocking its reuptake.
2. **Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)**
Examples: Venlafaxine (Effexor), Duloxetine (Cymbalta), Desvenlafaxine (Pristiq)
Mechanism: Increase levels of both serotonin and norepinephrine by inhibiting their reuptake.
3. **Tricyclic Antidepressants (TCAs)**
Examples: Amitriptyline, Nortriptyline (Pamelor), Imipramine (Tofranil), Doxepin (Silenor)
Mechanism: Block the reuptake of serotonin and norepinephrine but also have effects on other neurotransmitter systems.
4. **Monoamine Oxidase Inhibitors (MAOIs)**
Examples: Phenelzine (Nardil), Tranylcypromine (Parnate), Isocarboxazid (Marplan)
Mechanism: Inhibit the enzyme monoamine oxidase, which breaks down neurotransmitters like serotonin and norepinephrine, thus increasing their levels.
5. **Atypical Antidepressants**
Examples: Bupropion (Wellbutrin), Mirtazapine (Remeron), Trazodone
Mechanism: Work through various mechanisms; for example, bupropion inhibits the reuptake of dopamine and norepinephrine, while mirtazapine increases norepinephrine and serotonin release.
6. **Norepinephrine-dopamine Reuptake Inhibitors (NDRIs)**
Examples: Bupropion (Wellbutrin)
Mechanism: Specifically targets the reuptake of norepinephrine and dopamine.
7. **Serotonin Modulators and Stimulators (SMSs)**
Examples: Vortioxetine (Trintellix)
Mechanism: A novel antidepressant that works by modulating serotonin receptor activity and inhibiting its reuptake.

Top 5 Antidepressants Medications

Fluoxetine (Prozac)

Starting Dosage: 20mg once a day, with a maximum of 80 mg a day based on response. Therapeutic effects: Commonly prescribed for major depressive disorder (MDD), obsessive-compulsive disorder (OCD), panic disorder, and bulimia nervosa.

Escitalopram (Lexapro)

Typical Starting Dosage: In adults, 10mg daily, with a maximum of 20 mg daily based on response. Therapeutic effects: Used to treat major depressive disorder (MDD), generalized anxiety disorder (GAD), obsessive-compulsive disorder (OCD), and social anxiety disorder.

Sertraline (Zoloft)

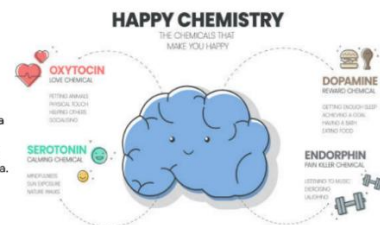
Dosage: Initial dose used to treat adults typically starts at 50 mg once daily; the dose may be adjusted in increments to a maximum of 200mg per day. Therapeutic Effects: Treats major depressive disorder, anxiety disorder, obsessive-compulsive disorder (OCD), and post-traumatic stress disorder, improves mood, and reduces anxiety.

Venlafaxine (Effexor)

Venlafaxine is a serotonin-norepinephrine reuptake inhibitor (SNRI), increasing levels to improve mood and reduce anxiety. Dosage: The starting dose is 75 mg once daily (extended release) with a maximum of 225 mg per day (or up to 375 mg for GAD under supervision).

Bupropion (Wellbutrin)

Bupropion inhibits the reuptake of dopamine and norepinephrine, improving mood and assisting with smoking cessation. Starting Dose: 150 mg once daily, with a maximum of 400 mg per day based on the response.



Selective serotonin reuptake inhibitors (SSRIs) are the most commonly prescribed antidepressants because they generally have fewer side effects compared to other types of antidepressants.



Always report suspected suicidal ideation to the provider promptly to ensure immediate evaluation and intervention. Providing patients with resources is critical to supporting their mental health and ensuring their safety. Suggested resources include:
National Suicide Prevention Hotline (988)
Crisis Text Line (Text HOME to 74741)
Local Emergency Services (911)