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13. Kennedy N, et al. Treatment and response in refractory depression: results from a specialist affective disorders service. *J Affect Disord* 2004; 81:49-53. Table 3.5 (Continued) Treatment* Comments SSRI + buspirone^{47,48} Up to 60mg/day Higher doses required poorly tolerated (dizziness common) SSRI + TCA⁴⁹ Formerly widely used Stimulants amphetamine; methylphenidate Varied outcomes. See section on stimulants in depression in this chapter. TCA - high dose⁵⁰ Formerly widely used. Cardiac monitoring essential Testosterone gel^{34,51} Effective in those with low testosterone levels

Tianeptine^{52,53} 25–50mg/day Tiny database. Tianeptine not available in many countries. Potential for misuse.⁵⁴ Tryptophan^{55–58} 2–3g three times a day Long history of successful use Venlafaxine^{59–62}

“ 200mg/day Nausea and vomiting; discontinuation reactions more common. BP monitoring essential. Venlafaxine – very high dose (up to 600mg/day)⁶³ See above. Cardiac monitoring essential. Venlafaxine + IV clomipramine⁶⁴ Cardiac monitoring essential Zinc⁶⁵ 25mg Zn+/day One RCT (n = 60) showed good results in refractory depression. A few other small studies.⁶⁶ * Other non-drug treatments are available, including various psychological approaches, rTMS, VNS, deep brain stimulation and psychosurgery. Discussion of these treatments is beyond the scope of this book. CYP, cytochrome P450; EPA, eicosapentaenoic acid; MAOI, monoamine oxidase inhibitor; NMDA, N-methyl-D- aspartate; TCA, tricyclic antidepressant.

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