PAXIL CR (paroxetine CR) Fact Sheet

Manufacturer: GlaxoSmithKline

Indications:

- Major depression
- Panic Disorder
- Social Anxiety Disorder
- Premenstrual Dysphoric Disorder
- Off-label use for generalized anxiety disorder, obsessive compulsive disorder, and posttraumatic stress disorder.

Mechanism: Selective Serotonin Reuptake Inhibitor (SSRI). Different from Paxil IR because of an enteric-coated "geomatrix," which delays release of the drug by 4 to 5 hours.

***Dosing**:*

- Supplied in 12.5 mg yellow, 25 mg pink, and 37.5 mg blue tablets (not breakable).
- Many patients tolerate a starting dose of 25 mg QD.
- Start at 12.5 mg QD for the elderly or those most susceptible to side effects. Can be taken QAM or QPM (may be either sedating or activating).
- Effective dose 12.5 mg to 62.5 mg QD.

Side Effects:

- Most common are nausea, fatigue, insomnia, and sexual dysfunction; its cousin, Paxil IR, is considered by most practitioners to cause more weight gain, sexual dysfunction, and fatigue than all of the other SSRIs
- Causes less initial nausea and possibly less weight gain than Paxil IR
- **Black Box Warning**: In clinical trials, SSRIs and SNRIs increased the risk of suicidality in children (from 2% to 4%). No actual suicides occurred in these trials, and none of the trials included MAOIs, but all antidepressants are required to carry this warning anyway.
- Pregnancy Category D (risk of congenital heart defects, neonatal distress)

Drug-drug Interactions:

- Inhibits 2D6; will increase effective serum levels of tricyclics, phenothiazines, type 1C antiarrythmics; contraindicated with mellaril
- Highly protein-bound, so monitor dilantin, coumadin, and digoxin levels may be increased

Pearls:

- Significant withdrawal syndrome if not gradually tapered; warn patients of dizziness, insomnia, electrical shock sensations.

The Carlat Psychiatry Report