Table 1. Recommended minimum washout periods when switching from other antidepressants to venlafaxine.

<table>
<thead>
<tr>
<th>Switching to venlafaxine from...</th>
<th>Suggested washout time</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAOIs or Fluoxetine</td>
<td>2 weeks</td>
<td></td>
</tr>
<tr>
<td>Paroxetine or Citalopram</td>
<td>3 days</td>
<td>Some SSRI withdrawal effects may still be observed. Consider cross tapering especially with high doses of SSRI.</td>
</tr>
<tr>
<td>TCAs</td>
<td>4 days</td>
<td>Some specific TCA withdrawal effects may still be observed. Consider cross tapering especially with high doses of TCAs.</td>
</tr>
<tr>
<td>Moclobemide</td>
<td>1 day</td>
<td></td>
</tr>
</tbody>
</table>

If there has been no response to treatment, it is important to ensure that the drug has been taken regularly, at a suitable dose and for an adequate period before considering a switch to another drug.

Table 2. Antidepressant medication for people with physical illness

People with physical illness and a moderate to severe major depressive illness are likely to benefit from the use of antidepressants. However there are some specific issues that need to be considered.

Cardiac disease
Most antidepressants have some contraindications in cardiac disease. TCAs may induce arrhythmia and can cause hypotension. Caution is required with venlafaxine. SSRIs appear to be generally safer but this has not yet been subject to large-scale trials.

Dementia
Depression can be treated in people with dementia the same way that it is treated in other older people.

Epilepsy
Standard treatments for depression (including ECT) are safe and effective for people with seizure disorders.

Glaucoma
TCAs may precipitate acute narrow-angle glaucoma in susceptible individuals because of their anticholinergic effects. Fluoxetine appears safe but intra-ocular pressure needs to be carefully monitored in those at risk.

Prostatism
TCAs may lead to urinary obstruction for men with prostatism. Fluoxetine and citalopram are unlikely to cause this.

Anticoagulation
SSRIs interact with warfarin. Citalopram has a relatively low interaction potential and fluoxetine a relatively high one.

Migraine
SSRIs and sumatriptan may interact and should be combined with caution.