pharmacological half-life of fluoxetine

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Article How to Define Bipolar Disorder. May reverse or decrease fluoxetine effects. Metabolized primarily in the liver to active metabolites. That's why it's important to follow the dosage and duration recommendations to the letter. Supervise high-risk patients closely during early therapy. Well absorbed after oral administration. Forced diuresis, dialysis, hemoperfusion, and exchange transfusion are unlikely to be of benefit. Increases adverse CNS effects; increases tricyclic antidepressant and lithium levels. Gradually increase dosage after several weeks as needed and tolerated to 60 to 80 mg daily. To reduce risk of intentional overdose, give the smallest quantity of pulvules consistent with good management. Increases risk of bleeding. Here's How to Spot and Cope with Them. A medication's biological or terminal half-life is how long it takes for half of the dose to be eliminated from the bloodstream. In medical terms, the half-life of a drug is the time it takes for the plasma concentration of a drug to reach half of its original concentration. Principles of Clinical Pharmacology. Activated charcoal, which may be used with sorbitol, may be as effective as emesis or lavage. Monitor cardiac and vital signs, and provide usual supportive measures.There are substantial pharmacokinetic differences among the five SSRIs, fluvoxamine, fluoxetine, paroxetine, sertraline and citalopram. Optimum use of these drugs requires a working knowledge of these differences. Among these pharmacokinetic parameters, half-life and metabolism pathways are the most relevant. a module describing how to choose antidepressants in different circumstances. fluoxetine is bound in vitro to human serum proteins, including albumin and a -l- glycoprotein. The relatively slow elimination of fluoxetine (elimination half-life of 1 to 3 days after acute administration and 4 to 6 days The long elimination half-lives of fluoxetine and norfluoxetine assure that, even when dosing is stopped. Oct 9, - Learn what a medication's half-life is and the amount of time it takes for half of the drug to be eliminated. See how relevant is this to your People taking a SSRI with a long half-life such as Prozac need to wait far longer between stopping Prozac and starting a MAOI antidepressant. Source. Roden DM. Dec 31, - Extended-release versions of these drugs enter the body more slowly but leave it just as fast. Antidepressants with a longer half-life, chiefly fluoxetine, cause fewer problems on discontinuation. Besides easing the transition, tapering the dose decreases the risk that depression will recur. In a Harvard. Blackwell Science Ltd. Table 1 Relevant pharmacological features of the selective serotonin reuptake inhibitors. TCA, tricyclic antidepressants. Feature. Fluoxetine. Paroxetine. Sertraline. Fluvoxamine. Oral bioavailibility. 7290%. 5090%. 8095%. 94%. Elimination half-life. 14 days (single). 24 h. 26 h. 15 h. The half-life of concurrently administered diazepam may be prolonged in some patients [see CLINICAL PHARMACOLOGY]. Coadministration of alprazolam and fluoxetine has resulted in increased alprazolam plasma concentrations and in further psychomotor performance decrement due to increased alprazolam levels. Active metabolites can significantly prolong the half-life of antidepressants. For example, fluoxetine's active metabolite norfluoxetine has a half-life of 7 to 15 days. Furthermore, coadministration of an SSRI (e.g., fluoxetine) and a TCA (e.g., amitriptyline) may lead to significant increases in SSRI and TCA serum concentration. Antidepressant medication should be offered to a child or young person with moderate to severe depression only in combination with a concurrent psychological . Half-life: The long elimination half-lives of both fluoxetine and norfluoxetine should be borne in mind (see section) when considering pharmacodynamic or. May 5, - This leads to differences among the SSRIs in their half-lives, clinical activity, side effects, and drug interactions. Certain differences between SSRIs are clinically . onset of antidepressant effect than other SSRIs4. Also, fluoxetine appears to be somewhat less effective, than other drugs in this class24,