

VENLAFAXINA – propunere protocol

1. Denumire stiintifica:

Venlafaxinum

2. Clasa de medicamente: antidepresive

3. Profil farmacologic : SNRI (inhibitor al recaptarii serotoninei si noradrenalinei)

4. Farmacocinetica (2 pag 582; 10, pag 511-517):

- timp de injumatatire 3-7 ore
- metabolit activ (desvenlafaxina) cu timp de injumatatire 9-13 ore.
- metabolizare hepatica
- substrat pentru CYP 2D6

5. Mecanism de actiune:

- potenteaza transmisia serotoninergica si noradrenergica, blocheaza slab pompa de recaptare a dopaminei (2 pag 579)
- inhiba recaptarea serotoninei la doze mici, 75 mg/zi (10, pag 511-517), recaptarea NA la doze peste 150 mg/zi, iar pe cea a DA la doze peste 225 mg/zi (4, pag 85)

6. Administrare:

Forme de prezentare: comprimate 37,5mg, 75 mg; capsule cu eliberare prelungita 75 mg, 150 mg

Doze: 37,5- 375mg (3, pag 168; 8, pag 80)

Dozele pentru tulburarile anxioase: 75-225 mg/zi

Doza initiala este de 75 mg/zi, dar la varstnici sau pacientii cu istoric de tolerabilitate scazuta se poate incepe cu 37,5 mg, de 2 ori pe zi la comprimatele IR si odata pe zi, dimineata sau seara, indiferent de mese, la cele cu eliberare ER (10, pag 511-517).

Durata tratamentului: minim 6-9 luni dupa remisiunea episodului acut al depresiei; in depresiile recurente durata optima este de 2-3 ani, dar pentru pacientii cu risc crescut de recadere tratamentul de mentinere poate dura 5-10 ani sau pe o perioada nedefinita (11, pag 77 si 82)

7. Indicatii principale:

- Episod depresiv major si prevenirea recurentei unor episoade depresive majore (3, pag 168; 10, pag 511-517; 11, pag 77 si 84, 12, 13) - aprobare ANMDM, EMA, FDA.

- Tulburare de anxietate generalizata (5, pag 386; 8, pag 82; 9, pag 268; 10, pag 1440, 12, 13) - aprobare ANMDM, EMA, FDA.
- Fobie sociala (8, pag 272; 10, pag 511-517, 12, 13) - aprobare ANMDM, EMA, FDA.
- Tulburare de panica cu sau fara agorafobie (8, pag 81; 5, pag 345, 12, 13) - aprobare ANMDM, EMA, FDA.

8. Alte indicatii:

- Depresie rezistenta la tratament (in monoterapie - doze peste 200 mg sau asociere cu mirtazapina (3 pag 177, 179,181 15 pag 90, 98, 16, 17,18, 19, 20).
- Tulburare de stress posttraumatic (3, pag 237, 4 pag 137, 5 pag 488, 490; 8, pag 82; 9, pag 282, 14 pag 35-37).
- Tulburare obsesiv-compulsiva: linia a doua (14).
- Tulburarea depresiva persistenta (Distimia si Depresia cronica) (21, 22, 23, 24).
- In Episodul depresiv din TAB II (25):
 - antidepressivele rezervate, mai ales in monoterapie, pacientilor cu depresie "pura" (non-mixta)
 - de evitat la pacientii cu simptome mixte sau cu istoric de hipomanie indusa de antidepressive
 - linia a doua, monoterapie: Bupropion, Sertralina, Venlafaxina; linia a treia: Fluoxetina.
- SNRI in Depresie si Comorbiditati somatice: boli cardiace, cu monitorizarea TA la persoanele cunoscute cu HTA (APA,15) (AFSSAPS, 26) afectiuni oncologice (26), demente (26 - venlafaxina), epilepsie (26 – venlafaxina).

9. Efecte secundare: (3, pag 168, 204; 4, pag85 ; 5, pag 285; 7, pag 436; 8, pag 79; 9, pag 257; 10, pag 511-517):

- gura uscata, insomnii/somnolenta, neliniste psiho-motorie, greata.
- ameteli, transpiratii, cefalee, disfunctii sexuale, cresterea TA si/sau AV.
- constipatie/diaree, nervozitate, retentie urinara, vedere incetosata
- sindrom de discontinuare: se poate manifesta prin sedare, gura uscata, insomnii/ somnolenta, greata, nervozitate, scaderea apetitului, diaree, confuzie (4, pag 85; 5, pag 285; 10, pag 1440). Se recomanda reducerea treptata a dozelor, cu cel mult 75 mg/ saptamana (10, pag 511-517).

10. Supradoza: Pot aparea cresteri ale AV, cresteri ale QTc, vedere încetoșată ,convulsii, vărsături, modificări ale stării de conștiență (de la somnolență la comă) (4, pag 85).

11. Utilizare la grupe de pacienti cu risc crescut:

- Afectare renala: in afectarea renala severa se recomanda initierea cu doze scazute si titrarea lenta pana la 50% din dozele uzuale (10, pag 511-517, 12).
- Afectare hepatica: in insuficienta hepatica se recomanda initierea cu doze scazute si titrarea lenta pana la 50% din dozele uzuale (10, pag 511-517, 12).
- Afectare cardiaca: utilizare cu precautie sau evitarea administrarii la pacientii cu risc de aritmii severe (IC, HVS, IMA, aritmii in antecedente) (3, pag 208).
- Varstnici: se incepe cu doze mici si se titreaza lent; nu e necesara ajustarea dozelor la varstnicii sanatosi (12).
- Sarcina: Categoria de risc C - nu exista studii adecvate, decizia de administrare se poate lua numai dupa o analiza serioasa a riscurilor fata de beneficii (10, pag 511-517).
- Alaptare: venlafaxina se excreta in lapte (doza este de 6-7% din doza materna); decizia de administrare se poate lua numai dupa o analiza serioasa a riscurilor fata de beneficii (10, pag 511-517).
- Epilepsie: poate creste riscul crizelor convulsive, in special in doze mari (4, pag 85).

12. Interactiuni medicamentoase:

- cu IMAO: risc de sindrom serotoninergic; tratamentul cu venlafaxina se va initia dupa min 2 saptamani de la intreruperea IMAO (10, pag 511-517, 12, 13).
- cu anticoagulantele: poate creste riscul de sangerare.
- cu SSRI, ADTc, tramadol: risc de sindrom serotoninergic.

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3. Maudsley Prescribing Guidelines in Psychiatry 10th ed.
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12. U.S. Food and Drug Administration

https://www.accessdata.fda.gov/drugsatfda_docs/label/2005/020699s059lbl.pdf

13. ANMDM - Nomenclatorul medicamentelor pentru uz uman

[https://www.anm.ro/_/_PRO/pro_3454_31.05.11.pdf?](https://www.anm.ro/_/_PRO/pro_3454_31.05.11.pdf?anmOrder=Sorter_cim&anmDir=ASC&ID=9130)

[anmOrder=Sorter_cim&anmDir=ASC&ID=9130](https://www.anm.ro/_/_PRO/pro_3454_31.05.11.pdf?anmOrder=Sorter_cim&anmDir=ASC&ID=9130)

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