## Antidepressant Use in Hepatitis C: Level of Evidence for Prophylactic and Symptomatic Treatment of Depression in HCV and Actual/Potential Drug Interactions with Directly Acting Antivirals (DAAs)

Level of	Antidepressant	Known or Potential	Comments
Evidence*	(route of metabolism)	Interactions with DAAs	
Level 1 <sup>1,2</sup>	Escitalopram (Cipralex®) (CYP2C19, 3A4 >> 2D6)	21% ↓ AUC, 19% ↓ Cmax of escitalopram with boceprevir. <sup>3</sup>	Boceprevir: escitalopram dose may need to be adjusted. <sup>7</sup>
		35% ↓ escitalopram AUC with telaprevir. 4	Telaprevir: May need to titrate escitalopram dose according to clinical response.8
		3% ↑ Cmax , no change in AUC or Cmin of escitalopram with simeprevir; 20%↓ Cmax,	Simeprevir: may be coadministered without dose adjustment.
		25% ↓ AUC and 32% ↓ Cmin of simeprevir. These changes are not considered clinically significant. <sup>5</sup>	Asunaprevir: May coadminister escitalpram without dose adjustments. <sup>6</sup>
		No clinically relevant changes when coadministered with asunaprevir. <sup>6</sup>	
Level 2 <sup>9, 10</sup>	Citalopram (Celexa®) (CYP2C19, 3A4 >> 2D6)	Potential for ↓ antidepressant concentrations with boceprevir and telaprevir based on escitalopram interaction data.	Monitor and titrate dose according to clinical response.
		No significant interaction predicted with asunaprevir.	
	Paroxetine (Paxil®) (CYP2D6)	No interaction expected based on known pharmacologic characteristics.	Monitor and titrate dose according to clinical response.
			NB: Evidence in RCT for depressed mood component of major depression only
Level 4	Nortriptyline (Aventyl®) (CYP2D6)	No interaction expected based on known pharmacologic characteristics.	Monitor and titrate dose according to clinical response.
	Bupropion (Wellbutrin®) (CYP2B6) Fluoxetine (Prozac®) (CYP2D6)	No interaction expected based on known pharmacologic characteristics.	Monitor and titrate dose according to clinical response.

Level of Evidence*	Antidepressant (route of metabolism)	Known or Potential Interactions with DAAs	Comments
	Sertraline (Zoloft®) (CYP2B6 > 2C9/19, 3A4, 2D6, UGT1A1 - possible) Mirtazapine (Remeron®) (CYP2D6, 1A2, 3A4) Venlafaxine (Effexor®) (CYP2D6 > CYP3A4)	Potential for ↑ sertraline, mirtazapine, venlafaxine concentrations with boceprevir or telaprevir (clinical significance unknown).	Use with caution in the presence of boceprevir or telaprevir; monitor and titrate dose according to clinical response.
		No clinically relevant changes when sertraline is coadministered with asunaprevir. <sup>6</sup>	Asunaprevir: May coadminister sertraline without dose adjustments. <sup>6</sup>
	Desvenlafaxine (Pristiq®) (UGT) <sup>11, 12</sup>	No interaction expected based on known pharmacologic characteristics.	Monitor and titrate antidepressant dose according to clinical response.
	Tricyclic antidepressants i.e. desipramine (CYP2D6>>UGT), imipramine (CYP2D6, 1A2, 2C19, 3A > UGT), trazodone (CYP2D6> CYP3A)	Potential increase in TCA concentrations resulting in dizziness, hypotension and syncope.	Use with caution with DAAs, lower TCA doses are recommended. <sup>7, 8</sup> NB: Trazodone is primarily used clinically for
Inconclusive evidence as monotherapy	Modafinil (Alertec®) (CYP3A4; may induce 3A4)	Potential for ↑ modafinil concentrations and/or ↓ DAA concentrations.	treating insomnia in HCV.  Use with caution; monitor and titrate antidepressant dose according to clinical response. Monitor for efficacy to HCV therapy.
	Amantadine (Symmetrel®) (minimal metabolism)	No interaction expected based on known pharmacologic characteristics.	Monitor and titrate dose according to clinical response.
	St. John's Wort (hypericum perforatum); induces CYP3A4 and P-gp. <sup>13</sup>	Potential for ↓ DAA concentrations.	St. John's Wort is contraindicated with boceprevir and telaprevir. <sup>7</sup>
Avoid (exceptional circumstances only)	Duloxetine (Cymbalta®) (CYP1A2, 2D6)	Duloxetine: risk of hepatotoxicity.	Duloxetine is contraindicated in liver disease.
	Nefazodone (Serzone®) (CYP3A4)	Nefazodone: potential for   ↑ nefazodone and/or  DAA concentrations; also  risk of hepatotoxicity.	Nefazone was discontinued in the United States and Canada in 2003 due to hepatotoxicity concerns. Avoid use in liver disease.

Legend: CYP = cytochrome P450, P-gp = p-glycoprotein, UGT = Uridine 5'-diphospho-glucuronosyltransferases

\*Level of Evidence for Prophylactic and Symptomatic Treatment of Depression in HCV

	Criteria
Level 1	≥ 2 randomized controlled trials or meta-analysis
Level 2	1 randomized controlled trial
Level 3	Prospective open label study (n ≥ 10)
Level 4	Anecdotal or expert opinion

## References:

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