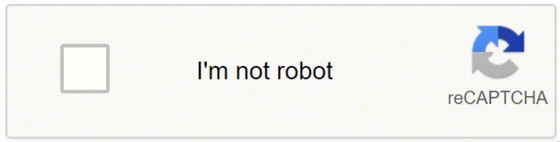

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Duloxetine davis drug guide

1 **High Alert**

metoprolol (me-toe-proe-lole)
♣ Betaloc IV, ♣ Lopressor, ♣ Lopressor SR, Lopressor, Toprol-XL

Classification
Therapeutic: antianginals, antihypertensives
Pharmacologic: beta blockers

Pregnancy Category C

TIME/ACTION PROFILE (cardiovascular effects)

ROUTE	ONSET	PEAK	DURATION
PO†	1½ min	unknown	6–12 hr
PO–ER	unknown	6–12 hr	24 hr
IV	immediate	20 min	5–8 hr

†Maximal effects on BP (chronic therapy) may not occur for 1 wk. Hypotensive effects may persist for up to 4 wk after discontinuation

Indications

Hypertension. Angina pectoris. Prevention of MI and decreased mortality in patients with recent MI. Management of stable, symptomatic (class II or III) heart failure due to ischemic, hypertensive or cardiomyopathic origin (may be used with ACE inhibitors, diuretics and/or digoxin; Toprol XL only). **Unlabeled Use:** Ventricular arrhythmias/tachycardia. Migraine prophylaxis. Tremors. Aggressive behavior. Drug-induced akathisia. Anxiety.

Action

Blocks stimulation of beta$_1$(myocardial)-adrenergic receptors. Does not usually affect beta$_2$(pulmonary, vascular, uterine)-adrenergic receptor sites. **Therapeutic Effects:** Decreased BP and heart rate. Decreased frequency of attacks of angina pectoris. Decreased rate of cardiovascular mortality and hospitalization in patients with heart failure.

Pharmacokinetics

Absorption: Well absorbed after oral administration.
Distribution: Crosses the blood-brain barrier, crosses the placenta; small amounts enter breast milk.
Metabolism and Excretion: Mostly metabolized by the liver (primarily by CYP2D6; the CYP2D6 enzyme system exhibits genetic polymorphism); ▮▮ 7% of population may be poor metabolizers and may have significantly ↑ metoprolol concentrations and an ↑ risk of adverse effects).
Half-life: 3–7 hr.

Contraindications/Precautions

Contraindicated in: Uncompensated HF; Pulmonary edema; Cardiogenic shock; Bradycardia, heart block, or sick sinus syndrome (in absence of a pacemaker).
Use Cautiously in: Renal impairment; Hepatic impairment; ***Geri:*** ↑ sensitivity to beta blockers; initial dose reduction recommended; Pulmonary disease (including asthma; beta$_1$ selectivity may be lost at higher doses); Diabetes mellitus (may mask signs of hypoglycemia); Thyrotoxicosis (may mask symptoms); Patients with a history of severe allergic reactions (intensity of reactions may be increased); Untreated pheochromocytoma (initiate only after alpha blocker therapy started); ***OB, Lactation, Peds:*** Safety not established; all agents cross the placenta and may cause fetal/neonatal bradycardia, hypotension, hypoglycemia, or respiratory depression.

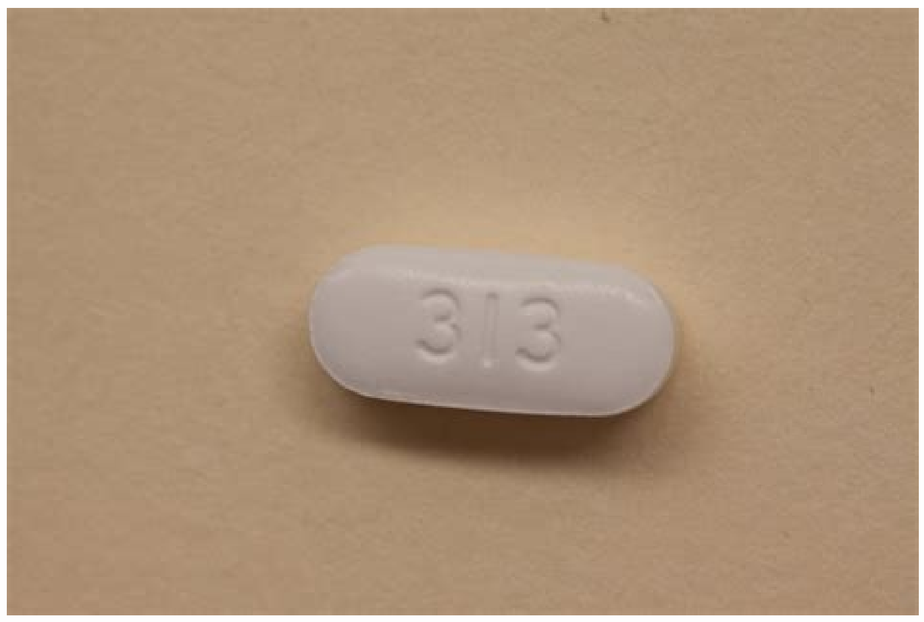
Adverse Reactions/Side Effects

CNS: fatigue, weakness, anxiety, depression, dizziness, drowsiness, insomnia, memory loss, mental status changes, nervousness, nightmares. **EENT:** blurred vision, stuffy nose. **Resp:** bronchospasm, wheezing. **CV:** BRADYCARDIA, HF, PULMONARY EDEMA, hypotension, peripheral vasoconstriction. **GI:** constipation, diarrhea, drug-induced hepatitis, dry mouth, flatulence, gastric pain, heartburn, ↑ liver enzymes, nausea, vomiting. **GU:** erectile dysfunction, ↓ libido, urinary frequency. **Derm:** rashes. **Endo:** hyperglycemia, hypoglycemia. **MS:** arthralgia, back pain, joint pain. **Misc:** drug-induced lupus syndrome.

Interactions

Drug-Drug: General anesthesia, IV phenytoin, and **verapamil** may cause ↑ myocardial depression. ↑ risk of bradycardia when used with **digoxin, verapamil, diltiazem,** or **clonidine**. ↑ hypotension may occur with other **antihypertensives,** acute ingestion of **alcohol,** or **nitrates**. Concurrent use with **amphetamines, cocaine, ephedrine, epinephrine, norepinephrine, phenylephrine,** or **pseudoephedrine** may result in unopposed alpha-adrenergic stimulation (excessive hy-

♣ = Canadian drug name ▮▮ = Genetic Implication CAPITALS indicate life-threatening; underlines indicate most frequent **Strikethrough** = Discontinued



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2005; 21: 170â € â € œ 7.00 PubMed Google Scholar Stahl SM, Ahmed S, Haudiquet V. 2018; 137: 450Ã ¢ â € â € Â "58.casÃ, PubMed Google Scholar Kriston L, Von Wolff A. Quest Analysis revealed a surprisingly similar response profile for SSRIs and Duloxetine, respectively, and therefore opposes any important difference between these two treatments. Furthermore, using patient data from 28 placebo-controlled studies on selective serotonin reuptake inhibitors (SSRI), Duloxetine's response profile was compared with that of these drugs. The basic value is 0.62 points, the standard deviation (SD) 0.76; B 0.53 points, SD 0.70. Evaluations of the Media insomnia voices, gastrointestinal symptoms, sexual dysfunction and weight loss were higher in patients treated with duloxetine after a week of treatment but not to endpoint (Table, 1). 2018; 23: 1731Ã ¢ â € â € œ 6.PubmedÃ, Google Scholar Fotouoolis KN, McIntyre RS, Carvalho AF. For the reduction of the HDRS-17 sum, however, a non-significant trend was observed for an influence of gravity on the response, which can be widely explained by the lower dimensions of the effects for non-core symptoms in the non-serious group; Therefore, the dimension of the effect for the sum of the non-essential elements has actually been significantly associated with the basic gravity. 2016; 173: 174Ã ¢ â € â € œ 83. The effect of Duloxetine was not limited to those with HDRS-17-high sum to baseline and not secondary to side effects; Furthermore, no support was obtained for a provocative suicide effect. In this vein, while there was no difference between the treatment groups with respect to the sum of HDRS-17 a week 1, patients treated with duloxetine have suffered less severity than different cardinal symptoms of depression already at this time, including mood depressed, but more¹ mean insomnia, gastrointestinal symptoms, sexual dysfunction and weight loss. 2a, b Weekly average change in suicide entry for duloxetine and placebo-treated subjects, respectively, in of age or more than 25 years (a) ages of age or more than 18 years "24 years (b). Br j Psychiatry. New York basic books; 2010.Acharya N, Rosen As, Pozer JP, DÃ ¢ â € ™ Souza DN, Perahia DG, Cavazzoni PA, et al. Kirsch I, Deacon BJ, Huedo-Medina TB, Scoboria A, Moore TJ, Johnson BT. 2016; 21: 523Â ¢ â € â € œ 30.casÂ, Google Scholar Hieronymus F, Nilsson S, Eriksson E. AM J Psychiatry. 2012; 14: 29Â ¢ â € â € œ 37.pubmed central pubmed Google Scholar Hieronymus F, Lisinski A, Nilsson S, Eriksson E. While the average score not HDRS-6 was higher than 139% in the high gravity group , the Somma HDRS-6 score was only 63% higher. Research domain criteria: Cognitive systems, neural circuits and behavior size. Nervous syndrome in patients with panic disorder treated with antidepressants. FH received â ™ taxes from Servier and H Lundbeck. Â € Improvement rate analysis of specific psychic and somatic symptoms of general anxiety disorder during long-term treatment with Venlafaxina er. CMAJ The T test of StudentÃ ¢ â € ™ s was used to compare the subjects treated with Duloxetine and an SSRI, respectively, with regard to the relative average of the active drug compared to the placebo differences. For all analyzes, tests Of significance were two queues with an alpha level of .05. A possible explanation for this similarity of SSRI and a SNRI, respectively, could be that the influence of Duloxetine on NET in the human brain to the dosage used to treat depression can be lower than usually hypothesized; Recent tomography studies with positron emission indicates that clinically relevant duuloxetine blocks less than 40% of the net but about 80% of the serotonin conveyor (SERT) [39]. Antidepressants and the risk of suicide behavior. Duloxetine led a strong mood reduction that was not dependent on gravity not caused by side effects that broke the blind. Duloxetine (LY 248686): an inhibitor serotonin and norepinephrine an antidepressant antidepressant Duloxetine, 60 mg once a day, for the main depressive disturbance: a randomized double-decked placebo-controlled process. Plos Med. 2002; 63: 225Â ¢ â,¬ "31.casÂ ¢ pubmedÂ ¢ Google scholarÃ ¢ Detke MJ, Lu Y, Goldstein DJ, Hayes JR, Demitrack MA. The analysis of sensitivity regarding the possible relationship between side effects and outcome when using HDRS-17 mood rather than depressed mood as a result measurement has produced no influence of the side effects on the response to treatment (supplement Fig.-3A, b). Boats -Level meta-analysis using the HDRS-17 parameter -Mature as an effect of the effects, the authors mentioned have stated that the effect of antidepressants is minute and clinically relevant, if completely, in the case of severe depression only [1, 8]. 3a, b estimated endpoint Means and Effect sizes For the depressed mood element in placebo-treated subjects and in subjects treated with Duloxetine with or without adverse events only one counting initial adverse events (reported during the week 1 - 2 and b Counting any adverse event throughout the process. Du Loxetine is known as a serotonin-norepinephrine (SNRI) reuptake inhibitor. Mol Psychiatry. A mega-analysis of fixed dose tests reveals dose-dependency and a rapid onset of action for the antidepressant effect of three selective serotonin reuptation inhibitors. Lack of unidimensionality and longitudinal measurement invariance in four stairs of common evaluation of depression. While these data do not exclude the possibility that Duloxetine can exercise a suicidious paradoxical effect in sensitive individuals, do not support the hypothesis that the net effect of the medication on suicidality, at the first week of treatment or endpoint, be harmful, Both in those lower than or over 25 years. The outcome of interest was the estimate of are are ehc ,)8 anamittes(tniopdne'lled atisiv al osserp enoizaretni id otteffe'lla ednopsirroc ortemarap otseuq ©Âhciop ,71-SRDH ammos a elanimon esab id otnemattart li e Âtivarg al art eiv eud a enoizaretni'l rep (), stNIOP 96.2: OBECALP, STNIOP 17.2: ENITEXOLUD (STNIOP 17.2 DNA) STNIOP 3.12: OBECALP, STNIOP 3.12: ENITEXOLUD (STNIOP 3.12 ERDH FO DOOM DESERPED DNA MUS-71-SRDH FO SULAV NAEM- ytiladicius a fo ecnedive yna gnidivorp tuohtiw osla tub, 52 fo ega eht woleb stcejbus ni tceffe gnidnopserroc a etartsnomed ot deliaf evah yeht, ega fo sraey 52Â ¥ Â Â ¢ stcejbus ni sdrawno dna 2 ro 1 keew morf ytiladicius ni noitcuder ten a esuac ot,] 53 [enixafalnev, IRNS na sa llew sa,] 53, 43 [sIRSS nwohs evah seiduts suoiverp eseht elihW .sgnidnif tnapercsid ot dael stcepsa lacigolodohtem: ecnedive fo sisehtnys citylana-atem eht ot sgurd tnasserpeditna fo slairt dellortnoc dezimodnar morF.] 13 [IRSS na deretsinimda esoht ni tnemtaert fo keew tsrif eht retfa, rehgih yletaredom eb ot yteixna citamos tub, rewol yletaredom eb ot noitatiga dna yteixna cihcysp delaever yteixna dessessa-71-SRDH no sIRSS fo tceffe ten ylrae eht yfiralc ot tpmetta suoiverp ruO. galic ness Naj DNA KCebDnul H, KSG, REIVRES, YLLIL ILE MORF STNARG HCRESER RO / DNA AIRARONOH SÂ ™ â € ¢ ¢ Rekaeps Deviecer RO / DNA SDRAB YRSIVDA NEEB SAH EE yteixna cihcysp eht dna) b (METI Doom DESSERPED EHT,) A (MUS-71-SRDH ROF EGNAHC NAEM KEEW-YB-KEEW Câ "â € ¢ ¢ A1 .LEDOM DEXIM RAENIL A MORF SNAEM DETAMITSE TNESERPER SENIL.) 8133Â ‰ Â Â Â € ¢ Ã ¢ Ã ¢ Ã ¢ Ã ¢ Ã ¢ Ã ¢ Ã ¢ Ã ¢ Ã ¢ Ã ¢ Ã ¢ Ã ¢ Ã ¢ Ã ¢ Ã ¢ " deton eb, revewoh, dluohs ti, spuorg ega owt eht neewteb ecnereffid siht gniterpretni nehw; ecnacifingis lacitsitats fo level eht dehcaer reven tub, sdrawno dna eno keew morf dnah ta osla saw enitexolud fo ytiroirepus gnidnopserroc a, puorg ega regnuoy eht nI .slairt dellortnoc Dezimodnar Morf Snoitadnemmocer Desab-Ecnedive: stnasserpeditna fo stnelaviuqe esod .td gnow Â Â, Â¾ Depression-improvement of symptoms during treatment with duloxetine. The model described above was expanded to assess the possible interaction between basal gravity and treatment with HDRS-17 and in comparing the relative effectiveness of Duloxetine with that of the SSRI (see below). Adverse events were excluded that had been reported already before the start of treatment. However, while the evaluation of somatic anxiety a week 1 was numerically higher for patients treated with Duloxetine, this difference was not significant, as it was for the SSRI. At week 6 and endpoint, all three elements were in favor of Duloxetine. Expert Opin Investig drugs. Evaluation of the objection through logistics models. We then used a different path to explore the same problem, namely to compare the relative response profile of the element (after the adjustment for the overall response) of patients treated with Duloxetine included in the data set on which you are Based this document with that of patients treated with SSRI included in development programs for Citalopram, Paroxetine and Sertralina (NÃ ¢ â € œ ‰ = Ã ¢ â € â € ‰ 8262) [5]. For these analyzes the week 6 is served by endpoints, as many of SSRI studies have a duration of sunshine six weeks. The other authors do not declare in competition. EUR neuropsychermarmacle. 2009; 180: 291Ã ¢ â € Â € â € œ 7.Pubmed PubMed Central Google Scholar NÃƒ M. Slund J, Hieronymus F, Lisinski A, Nilsson S, Eriksson E. 2003; 18: 53Ã ¢ â € â € Â "61.casÃ, PubMed Google Scholar Shelton RC, Prakash A, Mallinclerodt Ch, Wohlreich mm, Raskin J, Robinson MJ, et al. A beneficial effect on the depressed mood was at hand already after a week; When the result was evaluated using the HDRS-17-SUM parameter as an effect parameter, this advance response was masked by a concomitant deterioration elements related to adverse events. Selective serotonin reuptake inhibitors and risk of suicide: a systematic review of observational studies. 2019;6:745Ã52.PubMed Google Scholar Scholar References Patient-level data for duloxetine were obtained from the Clinical Study Data Request (CSDR.) site. 4Relative effect sizes compared to placebo for duloxetine and four SSRIs (grouped) using the sum of all other HDRS-17 elements as covariates. Systematic review and meta-analysis: dose-response relationship of selective serotonin reuptake inhibitors in major depressive disorder. Our results are also in line with previous reports suggesting duloxetine to overcome placebo with respect to individual items already week 1 [12, 27], and also© with a report on the use of venlafaxine in generalized anxiety disorder indicating early side effects to mask early improvement from certain symptoms (including anxiety) [28].Antidepressants showing high affinity for the serotonin transporter, such as clomipramine and SSRI, may cause an initial increase in anxiety in susceptible patients [29, 30]. Google Scholar Moriguchi S, Takano H, Kimura Y, Nagashima T, Takahata K, Kubota M, et al. [5]. *pÃ ④ ÂÂ=Ã ④ Â0Â0.02 (a), pÃ ÷ ÂÂ=Ã ④ Â ***pÃ ④ ÂÂ

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