

Dosage of SSRIs

The medicines below have the first and second indication: depression and/or anxiety disorders. But they can be used off label for complaints of ME/CFS, long Covid and complaints after sepsis. They are particularly suitable for severe fatigue, brain fog (memory disorders, poor concentration) and overstimulation. Before starting, see the [Info document SSRI points of interest when used for Post Covid, version 27-10-2023](#).

In all cases, if there are any very strong side effects, the dose must be (temporarily) reduced, requesting a pharmacogenetic test is recommended and it must be monitored whether the side effects decrease at the reduced dose. The patient may not be able to metabolize the drug sufficiently. An increase should only be attempted when the side effects have decreased sufficiently. A switch to another SSRI should also be considered. In case of sensitivity to medication, the optimal dose is sometimes the starting dose, where nutritional supplements (see the document above) can also be very helpful.

1. Citalopram

Tablets, coated, of 10 mg, 20 mg, 30 mg and 40 mg.

Start with 10 mg per day. If this causes too many side effects in the beginning, you can also switch to drops, so that you can build up even more slowly. Use that for a week. Then to 20 mg per day. Use that for a few weeks (for some this is already sufficient). But you can take up to a maximum of 40 mg per day depending on your complaints. Side effects: dry mouth, gastrointestinal disorders and excessive perspiration. Taper off: very slowly. Citalopram appears to have the fewest side effects of the SSRIs for Post Covid.

2. Escitalopram

Coated tablets. Start with 5 mg per day. If this causes too many side effects in the beginning, you can also switch to drops, so that you can build up even more slowly. After a few days to three to four weeks, most of the side effects are gone or much less. Often 10 mg per day is enough (effective dose), but you can go up to 20 mg per day.

3. Fluvoxamine (Fevarin)

(works slightly more powerfully compared to citalopram and fluoxetine)

Start with one 25 mg tablet (= half the starting dose) per day. If the side effects (especially: fatigue/malaise, which you already have..., and hyperhidrosis = excessive sweating) are not too bad: increase to 50 mg per day after three days. In case of very strong side effects, it is important to go back on the dosage and wait until the side effects decrease somewhat before increasing further. You can then increase it (after at least 1 week on 50 mg) to 100 mg per day and after another week to 150 mg per day. If the side effects of an increase do not decrease, it is important not to increase the dose (yet) or, if it worsens, to reduce the dosage again. *Important: see also the link to the document at the top.*

With a dosage above 100 mg, preferably spread over two doses, in the morning and in the evening because of the short half-life (but not necessary).

You can go up to 300 mg per day. In general, most side effects disappear after a few days to three or four weeks or become much less. Continue using for 1 to 2 years. Then taper off again very carefully, based on the complaints.

4. Fluoxetine (Prozac).

Capsules of 5 mg or 20 mg, or tablets of 20 mg. Maximum 60 mg per day. Side effects: Fatigue (which most of you already have...) and gastrointestinal disorders. After a few days to three to four weeks, most side effects disappear or become much less. Raise very slowly. Tablets are easier to dose than capsules. Start with 5 mg per day (for three days), then to 10 mg (take it again for a week), then increase to 20 mg. to 30 mg (also take this again for a week), etc. Taper off after 1 to 2 years and again very slowly!

5. Venlafaxine (Efexor).

This medicine is not actually an SSRI, but an SNRI. Therefore, this medicine stimulates noradrenergic metabolism more than SSRIs. From 150 mg it also stimulates dopaminergic metabolism. But the medicine also causes more side effects in the beginning for some people. Capsules of 37.5 mg, 75 mg, 150 mg, 225 mg and 300 mg. Start with one 37.5 mg capsule per day.

The maximum dosage is 375 mg (I never prescribed more than 225 mg per day). Can be taken during the day or at night.

With a dosage above 150 mg, it is recommended to spread over two doses, in the morning and in the evening, because of the relatively short half-life (but not necessary).

Side effects are mainly: dry mouth, dizziness and sometimes sleep disorders. In general, these side effects disappear or diminish significantly after a few days or three to four weeks (for the most part - except for dry mouth in some people). I always say: first the apple is sour, later it becomes sweet.

Build-up: After taking 37.5 mg per day for three days, increase to 75 mg per day. If there are many side effects, wait longer before increasing. Take that a week. Increase based on the complaints and side effects. Then increase to 112.5 mg and take it again for a week. And increase it again to 150 mg a week later. Etc. Stop increasing when sufficient effect has been achieved or if the side effects are too strong! If the side effects of an increase do not diminish after 3 weeks, the dosage is probably too high and will have to be reduced. For further points of interest, see the link to the [Info document SSRI points of interest when used for Post Covid, version 27-10-2023](#).

For complaints involving severe muscle pain, Duloxetine (as an SNRI) can be considered. Some PCS patients with these complaints report positive effects. You can start with 30 mg. Increase very carefully (unless the starting dose has sufficient effect). Depending on side effects, this can be increased to 60 mg. For maximum dosage, see the Pharmacotherapeutic compass. All this taking into account the points of interest as stated in the [Info document SSRI points of interest when used for Post Covid, version 27-10-2023](#).

Points to consider when building up the medication:

If the Post Covid patient experiences almost no effect at the starting dose or after 1 or 2 increases, a further increase is certainly useful (depending, of course, on any side effects). If no change is noticeable after 6-8 weeks after an increase, there is little chance that this SSRI medication will still show an effect. A switch can certainly be considered. See: [Information document with SSRI points of interest at Post Covid version 27-10-2023](#)).

If, after an initial improvement at the starting dose, a relapse occurs after an increase, it is important to go back to the starting dose and stay on it for a few weeks. It may be the case, especially in the case of hypersensitivity to medication, that the starting dose is sometimes enough. Then consult with your GP or directly with Carla Rus via rusvries@ziggo.nl. Drops are also possible with Citalopram and Escitalopram, so that the dose can be increased in smaller steps.

Tapering off medication:

continue to use the SSRI medication for one to two years. Then very carefully (even more carefully than when building up!), reducing again, guided by the complaints. Don't worry if you have to temporarily increase the dosage again due to a temporary setback. The brain has to get used to functioning again without an SSRI. When tapering off, 'scrape away' the amount of medication you take in small amounts. Only when you have been on a lower dose for a while and things continue to go well, you can start reducing it further. With Venlafaxine, even take half a 37.5 mg capsule for a while. *Preferably combine the reduction with the nutritional supplements as mentioned in the document below.*

Tapering off medication is recommended, in consultation with your GP and/or pharmacy. See the [Info document SSRI points of interest when used for Post Covid, version 27-10-2023](#).

Other advice:

1. Mindfulness against brain overstimulation.
2. For chest pain or shortness of breath: breathing exercises with a physiotherapist or yoga teacher.
3. Always stay within your limits when building up your activities!

Always take medication prescriptions in consultation with your treating physician

This text was adapted on October 27, 2023 by Carla Rus, physician-psychotherapist and former neuro-psychiatrist, in collaboration with Idelette Nutma ('Sepsis en daarna'). A doctor's prescription is always required for this medication. Patients should therefore always contact their GP or treating specialist about this. The doctor also has insight into any interaction with other medications. For tapering, we recommend using tapering medication and contacting the pharmacist and treating physician about this.

In addition, the nutritional supplements mentioned in the Info-document can greatly support the positive effect of SSRI medication and a proper tapering of the medication. See the [Info document with SSRI points of interest at Post Covid version 27-10-2023](#).

'Sepsis en daarna' cannot be held responsible for any side effects or other complications of the medication in question.

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