

- Full benefit may not be seen for several weeks, but adverse effects may occur from start of treatment.
- Anticholinergic adverse effects are common—dry mouth, constipation, blurred vision, difficulty in passing urine.
- Medicine-free interval may be required if switching to or from other antidepressants.
See NPS switching chart at www.nps.org.au/_data/assets/pdf_file/0015/22830/Depression2004ClinicalAuditPack.pdf.
- Sips of water, sugarless gum or sweets may help relieve dry mouth.
- Best taken as a single dose at night.
- Start with a low dose and titrate upwards, especially in older people.

Changes to urinary system: May discolour urine blue–green. May induce or aggravate overflow/functional incontinence due to anticholinergic urinary retention, voiding difficulty, constipation, sedation or impairment of mobility.

Elderly: Increased confusion, constipation and orthostatic hypotension leading to falls or fractures. Avoid use as a sedative due to pronounced adverse effects.

Hepatic impairment: Caution.

Therapeutic monitoring: Therapeutic range is 60–250 micrograms/L (150–900 nanomol/L).

Toxicity: Both the parent drug and the active metabolite (nortriptyline) are effective and levels should be interpreted by considering the combined levels.

Pregnancy: C. Use when clinically indicated if it is the drug of choice. There is increased risk of reversible withdrawal symptoms, not congenital malformations.

Breastfeeding: Use with caution. Small amounts excreted into breast milk. If needed, preferably taken as a single dose. Monitor for adverse effects (e.g. sedation) in infant.

Common dosage range

Adult dose

Major depression: 25–150 mg daily. Maximum daily dose 300 mg.

Other indications: see Product Information.

Paediatric dose

Enuresis: 7–10 years, 10–20 mg at bedtime; >10 years, 25–50 mg at bedtime (maximum of 3 months). Use at <7 years is not recommended.

amlodipine

dihydropyridine calcium channel blocker

Cautionary advisory labels: 9, 12†

Notes

- Dihydropyridines can cause peripheral oedema (swollen ankles).
- Use with caution in heart failure.

Hepatic impairment: Caution. Monitor clinically. Start on reduced dose of 2.5 mg daily.

Pregnancy: C. Consider alternative therapy first. If drug of choice, use with caution as maternal hypotension may produce fetal hypoxia.

Breastfeeding: Use not recommended. Expected to be excreted into breast milk, but no safety data on drug in infants.

Common dosage range

Adult dose

2.5–10 mg daily as a single dose.

Paediatric dose

Initially, <5 years, 1.25 mg once daily; >5 years, 2.5 mg once daily. Dose may be increased every 1–2 weeks.

amoxicillin

moderate spectrum beta-lactamase labile penicillin

Cautionary advisory labels: D; and for suspension also use 6, 7a

Notes

- Confirm appropriate antibiotic and dose regimen.
- Space doses as evenly as possible during waking hours.
- Ask about any previous reaction to penicillin.
- If a skin rash occurs, seek medical advice.
- Other common adverse effects—nausea, diarrhoea, gastric upset.
- Reduce dose in severe renal or hepatic impairment.

Renal impairment (severe): Caution. Dosage adjustment necessary.

Cl_{Cr} 10–30 mL/min = 250–500 mg twice daily.

Cl_{Cr} <10 mL/min = 250–500 mg once daily.

Pregnancy: A.

Breastfeeding: May be used. Trace amounts excreted in breast milk. Monitor for adverse effects (e.g. diarrhoea, thrush) in infant.

† Most appropriate during initial treatment or when dosage is increased.