

The Carlat Psychiatry Report

CYMBALTA (duloxetine) Fact Sheet

Manufacturer: Eli Lilly; patent expires 2008.

Indications:

- Major Depressive Disorder
- Diabetic Peripheral Neuropathic Pain
- Off-label use for fibromyalgia and GAD

Mechanism: Serotonin Norepinephrine Reuptake Inhibitor (SNRI)

Dosing:

- Supplied in 20 mg, 30 mg, and 60 mg delayed-release capsules.
- For most patients, start at 30 mg QHS, with target dose of 30 mg BID.
- Can also be dosed 60 mg QHS for patient convenience.

Side Effects:

- Most common are nausea; dry mouth; constipation; decreased appetite; fatigue; somnolence; and increased sweating. Probably less of a risk of hypertension than Effexor XR. Anecdotal reports of significant discontinuation reactions (on a par with Effexor XR).
- Postmarketing surveillance has revealed cases of hepatitis in patients with histories of “substantial alcohol use” or with chronic liver disease, so it is risky to prescribe Cymbalta to either of these populations.

Drug-drug Interactions:

- Metabolized by CYP 1A2 and CYP 2D6; inhibitors of these enzymes, including Prozac, Paxil, Luvox, and some antibiotics and antiarrhythmic drugs, can increase exposure to Cymbalta.
- Cymbalta may potentiate the effects of alcohol and CNS acting drugs; it is contraindicated for use with MAOIs.
- Pregnancy Risk Category C

Pearls:

- Cymbalta is becoming the first-line treatment for depressed patients who also have some type of somatic pain, even if this is something other than the approved use for diabetic peripheral neuropathy.