

Augmentation Strategies for Treatment-Resistant Depression	
Medication	Dose
Best evidence: Positive results in controlled trials and network meta-analyses	
Aripiprazole*	5–15 mg/day
Quetiapine*	150–300 mg/night
Risperidone	0.5–3 mg/night
Lithium*	Serum level 0.5–0.8 mmol/L
Triiodothyronine	50 mcg/day
Moderate evidence: Mixed results in controlled trials and network meta-analyses	
Olanzapine*	5–15 mg/day with fluoxetine
Tricyclics*	Nortriptyline has the best evidence (start 25–50 mg/day, raise weekly toward serum level of 50–150 ng/mL)
Buspirone	15 mg TID (start 5 mg BID)
Promising: Positive results in 1–2 controlled trials	
Brexiprazole*	3 mg/day
Cariprazine	1.5–4.5 mg/day
Ziprasidone	20–80 mg BID with a full meal
Mirtazapine*	15–45 mg/night
Pramipexole	1–2 mg/night (start 0.25 mg and titrate every 5–7 days)
D-cycloserine	1,000 mg/day (glutamatergic antagonist)
L-methylfolate*	15 mg/day
SAMe	400–1,600 mg/day
Unlikely to work: Controlled trials are largely negative	
Pindolol, bupropion, lamotrigine, methylphenidate, lisdexamfetamine, modafinil	

* FDA-approved options for depression are starred

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