USE WITH CAUTION.

Risks: Venlafaxine can exacerbate or induce the syndrome of inappropriate antidiuretic hormone secretion (SIADH) or hyponatraemia, leading to instability, falls, delirium, and cognitive decline in frail older adults. Newer evidence suggests that SNRIs may increase the risk of falls. In elderly patients, reduced renal clearance can lead to drug accumulation and a higher risk of adverse effects.

Risk monitoring: Monitor for sedation, confusion, gait instability, falls, and serum sodium, especially during initiation or dose titration. Regularly assess blood pressure and renal function. Review therapy frequently, considering potential cardiovascular effects and CYP2D6-mediated pharmacokinetic interactions. Consider CYP2D6 genotyping.

Dose adjustment: For immediate-release formulations, start with 25–50 mg twice daily and increase by 25 mg per dose as tolerated. For extended-release formulations, begin with 37.5 mg once daily and increase by 37.5 mg every 4–7 days. Reduce the total daily dose by 25–50% in patients with mild to moderate renal impairment. Monitor for adverse effects and titrate slowly, taking renal function into account. There are no specific dose recommendations for frailty.

Recommendation:

Venlafaxine is listed in BEERS 2023 as a potentially inappropriate medication due to the risk of SIADH and falls and in STOPPFall 2021 for increased fall risk. It is also included in the EU(7)-PIM list for its association with higher rates of adverse outcomes, including falls and fractures. Use with caution in frail older adults, and consider safer alternatives when possible. If therapy is necessary, monitor for hyponatraemia and orthostatic symptoms, and use the lowest effective dose.