

SSRI comparison chart

The six SSRIs on one page: usual adult dosing, half-life, and what makes each one different. Full guides at psychiatryrx.org/classes/ssris/

All six SSRIs work the same way and share the same core side effects and timeline. The differences that matter in practice are half-life, activation or sedation, approved uses, and drug interactions. Dosing shown is the usual adult range from FDA labeling. Your prescriber's dose is the one that counts.

The six SSRIs

Medication	Usual adult dose	Half-life	Stands out for
Fluoxetine (Prozac)	20 to 80 mg a day	4 to 6 days, active metabolite up to 16	Most activating. Longest half-life, so the gentlest to stop and most forgiving of a missed dose. Approved for bulimia nervosa. Long washouts when switching.
Sertraline (Zoloft)	50 to 200 mg a day	About 26 hours	Broadest anxiety approvals: panic, PTSD, social anxiety, OCD, PMDD. More associated with loose stools and diarrhea. Wide dose range gives room to fine-tune.
Escitalopram (Lexapro)	10 to 20 mg a day	About 27 to 32 hours	Often regarded as the best tolerated SSRI with few drug interactions. Dose-related QT effect, so 10 mg is the usual ceiling over 65 or with significant liver problems.
Citalopram (Celexa)	20 to 40 mg a day	About 35 hours	Similar profile to escitalopram. Dose-related QT effect caps the dose at 40 mg, and 20 mg over 60. That ceiling is why escitalopram is often chosen instead.
Paroxetine (Paxil)	20 to 50 mg a day	About 21 hours	Most sedating SSRI and the most anticholinergic (dry mouth, constipation). Hardest to stop, with the most noticeable discontinuation symptoms. Generally avoided in pregnancy.
Fluvoxamine (Luvox)	100 to 300 mg a day	About 16 hours	Mostly used for OCD, its approved indication. Many drug interactions through liver enzymes, so it needs the most careful interaction check.

True of every SSRI

- Fuller effect takes four to six weeks, sometimes eight. Side effects usually show up first and often ease within one to two weeks.
- Core side effects: nausea and stomach effects, sexual side effects, sweating, and sleep changes.
- Stopping abruptly can cause discontinuation symptoms. Plan a taper with a prescriber, especially with paroxetine.
- Boxed warning: a possible increase in suicidal thoughts in people under 25, especially early or after a dose change.
- Shared cautions: serotonin syndrome with other serotonin-raising drugs, added bleeding risk with NSAIDs or blood thinners, and low sodium, more often in older adults.

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