



About Antidepressant Medications

Antidepressants are medicines used to help people who have depression. With the help of antidepressants, most people can achieve significant recovery from depression. Antidepressant drugs are not happy pills; they are prescription-only medications that come with risks as well as benefits, and should be taken only under the supervision of a physician.

All medications have side effects. Different medications produce different side effects, and people differ in the amount and severity of side effects they experience. About 50% of people who take antidepressant medications have some side effects during the first weeks of treatment, but these problems are usually temporary and mild. Side effects that are particularly bothersome can often be treated by changing the dose of the medication, switching to a different medication, or treating the side effect directly with an additional medication.

When taking antidepressant medications, it is important to take them as prescribed by your psychiatrist. If you do not, it is impossible for the psychiatrist to accurately judge your response to the medication. You should never discontinue these medications without a consultation from your psychiatrist. If you feel that you are having severe side effects, you should contact your psychiatrist immediately and seek his or her advice. Abruptly discontinuing these medications can cause problems that you would not otherwise experience. Use of antidepressant medication should always be tapered down and not abruptly discontinued.

Patients and their families must be cautious during the early stages of medication treatment because normal energy levels and the ability to take action often return before mood improves. At this time – when decisions are easier to make, but depression is still severe – the risk of suicide may temporarily increase.

The first antidepressant medications were introduced in the 1950's. Research has shown that imbalances in neurotransmitters like serotonin, dopamine, and norepinephrine can be corrected with antidepressants. Four groups of antidepressant medications are most often prescribed for depression:

Tricyclic Antidepressants (TCAs)

TCAs are still widely used for severe depression. TCAs elevate mood in depressed individuals, and re-establish their normal sleep, appetite and energy level, but it often takes three to four weeks for an individual to respond.

These medications include amitriptyline (Amitril, Elavil), desipramine (Norpramine), doxepine (Sinequan), imipramine (Antipress, Imavate, Tofranil), nortriptyline (Aventyl, Pamelor), and protriptyline (Vivactyl).

TCAs cause side effects that include dry mouth, constipation, bladder problems, sexual problems, blurred vision, dizziness, drowsiness, skin rash, and weight gain or loss.

Monoamine Oxidase Inhibitors (MAOIs)

MAOIs are often effective in individuals who do not respond to other medications or who have "atypical" depressions with marked anxiety, excessive sleeping, irritability, hypochondria, or phobic characteristics.

These medications include phenelzine (Nardil) and tranylcypromine sulfate (Parnate).

Individuals taking MAOIs may have to be careful about eating certain smoked, fermented, or pickled foods, drinking certain beverages, or taking some medications because they can cause severe high blood pressure in combination with the medication. A range of other, less serious side effects occur including weight gain, constipation, dry mouth, dizziness, headache, drowsiness, insomnia, and sexual side effects (problems with arousal or satisfaction).

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Selective Serotonin Reuptake Inhibitors (SSRIs)

SSRIs act specifically on the neurotransmitter serotonin. In general, SSRIs cause fewer side effects than TCAs and MAOIs.

These medications include fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), citalopram (Celexa), and escitalopram (Lexapro).

Possible side effects include nausea, nervousness, insomnia, diarrhea, rash, agitation, or sexual side effects (problems with arousal or orgasm).

Serotonin And Norepinephrine Reuptake Inhibitors (SNRIs)

SNRIs are useful as first-line treatments in people taking an antidepressant for the first time and for people who have not responded to other medications. In general, SNRIs cause fewer side effects than TCAs and MAOIs.

These medications include Venlafaxine (Effexor) and Cymbalta (Duloxetine).

Possible side effects include nausea, nervousness, insomnia, diarrhea, rash, dry mouth, decreased appetite, constipation, fatigue, sleepiness, increased sweating, agitation, or sexual side effects (problems with arousal or orgasm).

Bupropion (Wellbutrin)

This is a newer antidepressant medication classified as a dopamine reuptake blocking compound. It acts on the neurotransmitters dopamine and norepinephrine. In general, bupropion causes fewer side effects than TCAs and MAOIs. It is also marketed as Zyban and used to help people quit smoking.

Side effects include restlessness, insomnia, headache or a worsening of preexisting migraine conditions, tremor, dry mouth, agitation, confusion, rapid heartbeat, dizziness, nausea, constipation, menstrual complaints, and rash. Bupropion was temporarily removed from the market after its initial release because of the occurrence of seizures in some patients. However, further investigation showed that seizures were primarily associated with high doses (above the current maximum recommended dose of 450 mg/day), a history of seizures or brain trauma, an eating disorder, excessive alcohol use, or taking other drugs that can also increase the risk for seizures. With new warnings and lower recommended doses, the chance of having seizures has been greatly reduced.

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