



Antidepressant Medication

What You Need to Know About Depression Medication



When you're suffering from deep, disabling depression, the idea that a pill can give you back your life—and sense of hope—back is incredibly appealing. But are antidepressants always the best treatment option? What are the potential side effects and safety concerns? And are there any truly effective non-drug alternatives? These are some of the important questions to think about when considering antidepressant treatment. Learning about what antidepressants can (and can't) do will enable you to weigh the benefits against the risks, make a more informed decision, and find the depression treatment that's right for you.

What are antidepressants?

Antidepressants are a range of medications used in the treatment of depression and other mental health conditions, and are some of the most commonly prescribed medications around. They include selective serotonin reuptake inhibitors (SSRIs), atypical antidepressants, tricyclic antidepressants (TCAs), and monoamine oxidase inhibitors (MAOIs).

Antidepressant medications are designed to balance chemicals (neurotransmitters) in the brain that affect mood and emotions. For anyone suffering the pain and anguish of depression, they promise a quick and simple method of relief. But there's a catch.

Is depression really caused by a chemical imbalance in the brain?

You've seen it in television ads, read it in newspaper articles, maybe even heard it from your doctor: depression is caused by a chemical imbalance in the brain that medication can correct. The truth is that there is very little—if any—research to support this theory. It's a triumph of pharmaceutical marketing over science.

While antidepressants do increase the levels of the neurotransmitter serotonin in the brain, this doesn't mean that depression is caused by a serotonin shortage. After all, aspirin may cure a headache, but that doesn't mean headaches are caused by an aspirin deficiency.

So, what *does* cause depression?



(/articles/depression/depression-symptoms-and-warning-signs.htm)

[Depression Symptoms and Warning Signs](/articles/depression/depression-symptoms-and-warning-signs.htm): (/articles/depression/depression-symptoms-and-warning-signs.htm) Recognizing Depression and Getting Help

Mental health researchers agree that the causes of depression are much more complex than the chemical imbalance theory suggests. A growing body of research points to other physiological factors, including inflammation, elevated stress hormones, immune system suppression, abnormal activity in certain parts of the brain, nutritional deficiencies, and shrinking brain cells. And these are just the biological causes of depression. Social and psychological factors—such as loneliness, lack of exercise, poor diet, and low self-esteem—also play an enormous role.

How effective are antidepressants in treating depression?

Even though depression isn't simply a matter of having too little serotonin, that doesn't mean that antidepressants don't work. Going back to our aspirin analogy: headaches aren't caused by an aspirin deficiency, but they still go away when you pop a couple of pills. Is the same true with antidepressants and depression? Again, the evidence may surprise you.

- ▶ When depression is severe, medication may be helpful—even lifesaving. However,

- ▶ research shows that very few people become symptom-free on antidepressants, and some become worse.
- ▶ Many people who respond initially to medication soon slip back into depression, despite sticking with their drug treatment.

Furthermore, other studies show that the benefits of antidepressants have been exaggerated, with a growing number of researchers concluding that—when it comes to mild to moderate depression—antidepressants are no more effective than placebos.

I'm depressed and need relief. Where does this leave me?

Medication may be right for you if depression is interfering with your ability to function in an important part of your life—work, school, or in your relationships, for example. However, many people use antidepressants when therapy, exercise, or self-help strategies would work just as well or better—minus the unpleasant side effects. Even if you decide to take medication, it's a good idea to pursue therapy and lifestyle changes that can help you get to the bottom of your underlying issues and develop the tools to beat depression for good. See [Coping with Depression \(/articles/depression/coping-with-depression.htm\)](/articles/depression/coping-with-depression.htm) and [Depression Treatment \(/articles/depression/depression-treatment.htm\)](/articles/depression/depression-treatment.htm)

Side effects of antidepressant medication

Side effects are common in all antidepressants. For many people, the side effects are serious enough to make them stop taking the medication.

Side effects of SSRIs

The most widely prescribed antidepressants come from a class of medications known as selective serotonin reuptake inhibitors (SSRIs), which include drugs such as Prozac, Zoloft, and Paxil.

The SSRIs act on the brain chemical serotonin, which not only helps to regulate mood, but also plays a role in digestion, pain, sleep, mental clarity, and other bodily functions. As a result, SSRIs can cause a wide range of side effects, including:

- ▶ Nausea

- ▶
 - ▶ Insomnia
 - ▶ Anxiety
 - ▶ Restlessness
 - ▶ Decreased sex drive
 - ▶ Dizziness
 - ▶ Weight gain

 - ▶ Tremors
 - ▶ Sweating
 - ▶ Sleepiness or fatigue
 - ▶ Dry mouth
 - ▶ Diarrhea
 - ▶ Constipation
 - ▶ Headaches

SSRIs can also cause serious withdrawal symptoms, especially if you stop taking them abruptly.

Side effects of atypical antidepressants

There are a variety of newer depression drugs, called atypical antidepressants, which target other neurotransmitters either alone or in addition to serotonin. Some of the brain chemicals they affect include norepinephrine and dopamine. The atypical antidepressants include:

- ▶ Bupropion (Wellbutrin)
- ▶ Venlafaxine (Effexor)
- ▶ Duloxetine (Cymbalta)
- ▶ Mirtazapine (Remeron)
- ▶ Trazodone (Desyrel)
- ▶ Nefazodone (Serzone)

- ▶ The side effects vary according to the specific drug. However, many of the atypical antidepressants can cause nausea, fatigue, weight gain, sleepiness, nervousness, dry mouth, and blurred vision.

Side effects of older depression drugs

Tricyclic antidepressants and MAOIs (monoamine oxidase inhibitors) are older classes of antidepressants. Their side effects are more severe than those of the newer antidepressants, so they are only prescribed as a last resort after other treatments and medications have failed.

Antidepressants and suicide risk

There is a danger that, in some people, antidepressant treatment will cause an increase, rather than a decrease, in depression. In fact, the U.S. Food and Drug Administration requires that all depression medications include a warning label about the increased risk of suicide in children and young adults. The suicide risk is particularly great during the first month to two months of treatment.

Anyone taking antidepressants should be closely watched for suicidal thoughts and behaviors. Monitoring is especially important if this is the person's first time on depression medication or if the dose has recently been changed. If you spot the warning signs in yourself or a loved one, contact your doctor or therapist immediately.

Antidepressant suicide warning signs

- ▶ Suicidal thoughts or attempts
- ▶ New or worse depression
- ▶ New or worse anxiety
- ▶ New or worse irritability
- ▶ Feeling agitated or restless
- ▶ Difficulty sleeping
- ▶ Aggression and anger
- ▶ Acting on dangerous impulses

- ▶ Extreme hyperactivity
- ▶ Other unusual changes in behavior

If you are concerned that a friend or family member is contemplating suicide, see [Suicide Prevention](/articles/suicide-prevention/suicide-prevention.htm) (/articles/suicide-prevention/suicide-prevention.htm).

Risk factors

Anyone who takes antidepressants can experience side effects, but certain individuals are at a higher risk:

People over 65. Studies show that SSRI medications may increase the risk for falls, fractures, and bone loss in older adults.

Pregnant women. The use of SSRIs late in pregnancy may lead to short-term withdrawal symptoms in newborns after delivery. Typical symptoms include tremor, restlessness, mild respiratory problems, and weak cry.

Teens and young adults. All depression medications carry an increased risk of suicide in children and young adults.

People who may have bipolar disorder. Antidepressants can actually make bipolar disorder worse or trigger a manic episode; there are other treatments available for those with bipolar disorder.

Is depression medication right for you?

If you're considering antidepressants as a treatment option, the following questions may help you make your decision.

Questions to ask yourself and a mental health professional

- ▶ Is my depression adversely affecting my life enough to require drug treatment?
- ▶ Is medication the best option for treating my depression?
- ▶ Am I willing to tolerate unwanted side effects?
- ▶ What non-drug treatments might help my depression?
- ▶ Do I have the time and motivation to pursue other treatments such as therapy?

- ▶ ▶ and self-help?
- ▶ What self-help strategies might reduce my depression?
- ▶ If I decide to take medication, should I pursue therapy and alternative treatments as well?

Questions to ask your doctor

- ▶ How much mental health care training have you had?
- ▶ Are there any medical conditions that could be causing my depression?
- ▶ What are the side effects and risks of the antidepressant you are recommending?
- ▶ Are there any foods or other substances I will need to avoid?
- ▶ How will this drug interact with other prescriptions I'm taking?
- ▶ How long will I have to take this medication?
- ▶ Will withdrawing from the drug be difficult?
- ▶ Will my depression return when I stop taking medication?

Medication isn't your only option for depression relief

Remember, antidepressants aren't a cure. Medication may treat some symptoms of depression, but can't change the underlying issues and situations in your life that are making you depressed. That's where exercise, therapy, mindfulness meditation, social support and other lifestyle changes come in. These [non-drug treatments](/articles/depression/coping-with-depression.htm) (/articles/depression/coping-with-depression.htm) can produce lasting changes and long-term relief.

Guidelines for taking antidepressants

The more you know about your antidepressant, the better equipped you'll be to deal with side effects, avoid dangerous drug interactions, and minimize other safety concerns.

Some suggestions:

- ▶ **See a psychiatrist, not a family physician.** Your family physician might help you or your loved one first realize that you need depression treatment. But although any medical doctor can prescribe medications, psychiatrists are doctors who specialize in mental health treatment. They are more likely to be familiar with the newest research on antidepressants and any safety concerns. Your health depends on your doctor's expertise, so it's important to choose the most qualified physician.

Follow instructions. Be sure to take your antidepressant according to the doctor's instructions. Don't skip or alter your dose, and don't stop taking your pills as soon as you begin to feel better. Stopping treatment prematurely is associated with high relapse rates and can cause serious withdrawal symptoms.

Beware of drug interactions. You should avoid drinking alcohol when taking SSRIs since it can lessen the effects of the medication. Dangerous drug interactions can occur when SSRIs are taken with antihistamines, found in many over-the-counter cold and allergy medicines and sleep aids, or with prescription painkillers. Always talk to your doctor or pharmacist before combining medications.

Monitor side effects. Keep track of any physical and emotional changes you're experiencing and talk to your doctor about them. Contact your doctor or therapist immediately if your depression worsens or you experience an increase in suicidal thoughts. See your doctor on a regular basis.

Be patient. Finding the right drug and dosage is a trial and error process. It takes approximately four to six weeks for antidepressant medications to reach their full therapeutic effect. Many people try several medications before finding one that helps.

Antidepressant withdrawal

Once you've started taking antidepressants, stopping can be tough. Many people have severe withdrawal symptoms that make it difficult to get off of the medication. **If you decide to stop taking antidepressants, it's essential to consult a doctor and taper off slowly.**

Antidepressant withdrawal symptoms

When you stop taking antidepressants, you may experience a number of unpleasant—even disabling—withdrawal symptoms, including:

- ▶ Anxiety, agitation

- ▶ Depression, mood swings
 - ▶ Flu-like symptoms
 - ▶ Irritability and aggression
 - ▶ Insomnia, nightmares
 - ▶ Extreme restlessness

 - ▶ Fatigue
 - ▶ Nausea and vomiting
 - ▶ Dizziness, loss of coordination
 - ▶ Stomach cramping and pain
 - ▶ Electric shock sensations
 - ▶ Tremor, muscle spasms
- ▶ **Tips for stopping your antidepressant safely**

Reduce your dose gradually. In order to minimize antidepressant withdrawal symptoms, never stop your medication “cold turkey.” Instead, gradually step down your dose (many experts recommend reducing in 10% increments), allowing for at least two to six weeks or longer between each dosage reduction.

Don’t rush the process. The antidepressant tapering process may take from several months to years, and should only be attempted under a doctor’s supervision. Be patient. If at any time you experience difficulties, consider spending more time at your current dose before attempting any further reductions.

Choose a time to stop that isn’t too stressful. Withdrawing from antidepressants can be difficult, so it’s best to start when you’re not under a lot of stress. If you’re currently going through any major life changes or significantly stressful circumstances, you may want to wait until you’re in a more stable place.

Authors: Melinda Smith, M.A., Lawrence Robinson, and Jeanne Segal, Ph.D. Last updated: January 2018.

©Helpguide.org. All rights reserved. The content of this reprint is for informational purposes only and NOT a substitute for professional advice, diagnosis, or treatment.

Visit <https://www.helpguide.org/> for the complete article which includes references, related articles and active links.