

Antidepressants (ADs) are the most frequently prescribed psychiatric medications. In fact, considering all medicines, ADs are 3 of the 10 most commonly prescribed medications by all doctors. More than a dozen ADs are currently available and they can be broken down into four classes. Two classes of antidepressants have been used for more than 30 years—the monoamine oxidase inhibitors (MAOIs) and the tricyclic antidepressants (TCAs). These agents work as well as the newer classes of ADs, but they are more likely to cause bothersome side effects. Also, when taken in overdose they can be lethal. Ten years ago the treatment of depression was advanced with the availability of the serotonin reuptake inhibitors (SSRIs) such as Prozac. The major advantages of the new generation of medications are that they have fewer side effects than the older generation, and they are not lethal in overdose. In the past 10 years 7 additional medications have been approved by the FDA for the treatment of depression including three other SSRIs (Zoloft, Paxil, and Celexa), and other medications that have different biological effects (Effexor, Remeron, Serzone, and Wellbutrin). In this brochure, some of the most frequently asked questions about ADs are addressed.

### **ARE ANTIDEPRESSANTS ADDICTIVE?**

To put it simply, no. An essential feature of being addicted to a prescribed drug is misusing it by taking more than is prescribed. This does not occur with ADs because they will not make you feel high or euphoric. As evidence that they are not addictive, ADs are prescribed to alcoholics and drug addicts who have problems with depression, and they are not abused.

### **HOW LONG DO THEY TAKE TO WORK?**

ADs do not work overnight. The general rule of thumb is that the benefits of ADs are noticed after you have been taking them for 2 to 4 weeks. You may feel better within the first week of taking an AD, but this is not to be expected. Sometimes the benefits are not achieved until you have been taking them for 6 to 8 weeks; thus it is important to be patient in order to determine whether the medicine will work for you.

### **WHAT IS AN ADEQUATE TRIAL OF MEDICATION?**

It is important that AD medication be given an adequate chance to work before concluding that it does not work for you. If a potentially helpful medicine is stopped prematurely then you might be deprived of successful treatment. Two factors are important to consider: is the dosage of the medicine high enough and have you been taking it for a long enough time. If the medicine is not helping after taking it for 3 or 4 weeks, and side effects (if present) are not too bothersome, then the dosage should be increased. If there is no improvement by the end of 6 to 8 weeks, and the dosage has been raised, then it is time to make a change.

### **WHICH ANTIDEPRESSANT WORKS THE BEST?**

There are more than a dozen ADs, and there is no consistent evidence that one of them works better than the others. For every AD the response rate is estimated to be about 70-80%. However, failure to improve with one medication does not mean that you will not get better with another one.

### **SO, HOW DOES THE DOCTOR PICK THE RIGHT ANTIDEPRESSANT FOR ME?**

Depression is characterized by many different symptoms (e.g. increased or decreased sleep, increased or decreased appetite, fatigue, restlessness, etc.). The different ADs differ in their ability to target different symptoms. Thus, choice of antidepressant medication depends on the symptoms you have, as well as which side effects you would be most bothered by.

### **WHAT SIDE EFFECTS DO ANTIDEPRESSANTS CAUSE?**

Although there is no difference between ADs in their efficacy, there are substantial differences between them in the side effects that they might cause. The MAOIs are rarely used nowadays because you need to be on a special diet in order to take them. The TCAs can cause dry mouth, constipation, weight gain, tiredness, urinary difficulty, and light-headedness upon standing. Also, they can be dangerous if you have a heart condition. The newer generation of medicines can cause mild nausea or heartburn, excessive sweating, restlessness, insomnia, weight gain, tiredness, and sexual problems. This is just a brief list of the more common side effects that can be caused. Other side effects may also occur, and the likelihood of particular side effects differs with the different medicines. It is important to tell your doctor what you are experiencing and ask whether it might be a side effect.

### **HOW LONG DO SIDE EFFECTS LAST?**

Many side effects such as nausea, fatigue, or restlessness usually go away after a short period of time (e.g. within a week or two). Some side effects such as dry mouth and sexual problems are more likely to persist, though they also may go away after being on the medicine for a few months.

### **DO I STILL NEED TO TAKE ANTIDEPRESSANTS EVEN AFTER I FEEL BETTER?**

Yes. ADs are not like antibiotics, which are only taken for a couple of weeks. Antibiotics kill the bacteria that cause you to feel sick. When you feel better after taking an antibiotic that is an indication that the infection is gone (or almost gone). You can stop the antibiotic soon afterwards. ADs do not work the same way. They work more like aspirin for a headache—they relieve the symptoms, but when the medicine is stopped then the symptoms can come back. A headache, just like depression, is associated with a problem in the brain. Aspirin does not “cure” the problem; instead it covers up the symptom until the biological cause of the headache corrects itself. If the headache’s biology lasts a day then you will feel the headache again after about 4 hours when the aspirin wears off; thus, you take the aspirin again. The next day, however, you might not need the aspirin because the biology of the headache has run its course. Depression works in the same way, except in contrast to a headache the biology causing depression lasts a lot longer. Thus, it is important to continue to take your AD medication even after you are feeling better. The number one cause of relapse is stopping the medication too soon after recovery.

### **HOW LONG DO I NEED TO TAKE ANTIDEPRESSANTS?**

It is recommended that ADs be taken for 6 to 9 months after you have recovered. This makes it more likely that the biology of depression has run its course and that you are less likely to relapse after stopping. Recent research has suggested that some individuals who have had chronic depression, or multiple episodes over a few years, may need to take ADs for longer periods. The depressive illness in these individuals may be similar to other chronic medical illnesses such as diabetes and thyroid disorder in which long-term treatment is needed in order to remain symptom free.

### **ARE THERE ANY RISKS TO TAKING ANTIDEPRESSANTS LONG-TERM?**

For the older ADs (the MAOIs and TCAs) that have been around for more than 30 years there is no evidence of long-term complications of treatment. That is, there is no evidence that life threatening conditions such as heart, kidney or liver problems are more likely to develop as a result of being on the AD for many years. The newer generation of ADs has only been available for 10 years; thus sufficient time has not passed to definitively answer the question about long-term risk. To date, however, there is no evidence that chronic treatment with these medications cause any type of long-term complications.

### **ARE THERE CERTAIN MEDICINES I CANNOT TAKE WHILE TAKING ANTIDEPRESSANTS?**

Yes, therefore it is important to consult your doctor before taking a new medication, even one that is over-the-counter. Also, you should inform your doctor if you are taking any herbal preparations.

### **WILL TAKING ANTIDEPRESSANTS CHANGE ME AS A PERSON?**

No, ADs will not change your basic personality. However, if your behavior, interactions with others, and view of yourself and the world has been changed by depression then this will hopefully change.