

# QUESTIONS ABOUT ANTIDEPRESSANT MEDICATIONS

## Is there a stigma to medication?

Years ago it was believed that mental illness was a sign of weakness. Many people suffered needlessly instead of asking for help. They feared the label of being “crazy”. Today we recognize Depression as an illness just like high blood pressure and diabetes. We now recognize depression as a medically treatable disease and not a sign of personal failure.

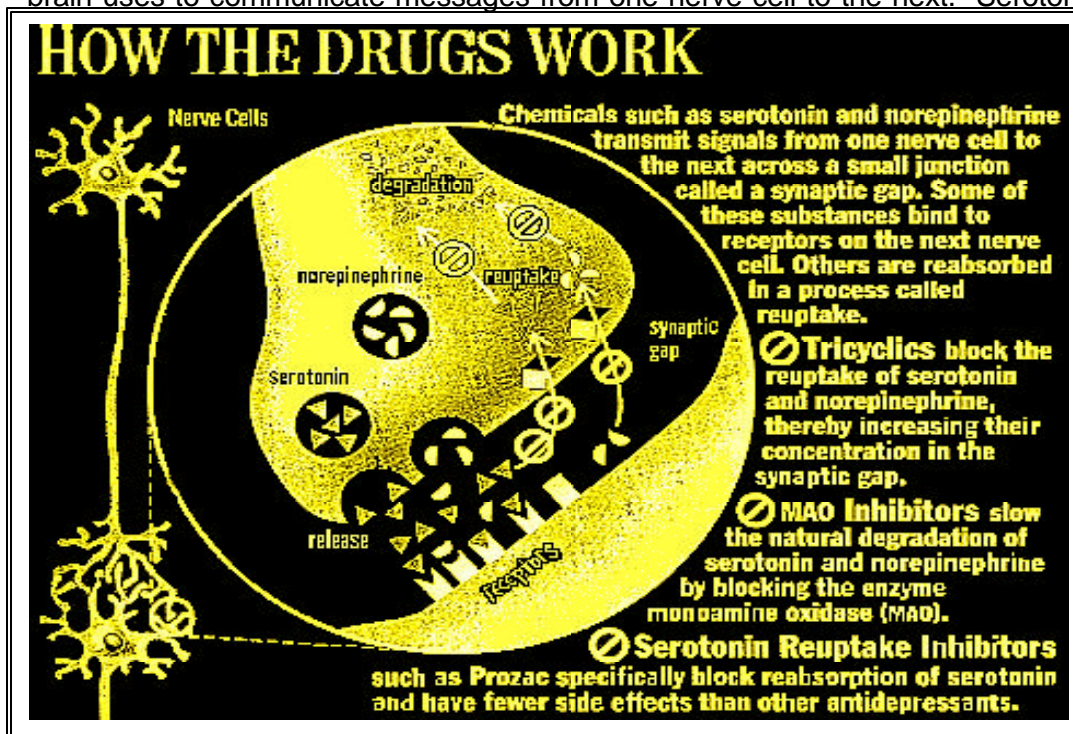
## What types of antidepressants are available?

There are several “classes” of antidepressant medication. Each class is associated with different medication side effects, which dictate how well a person’s system can handle it. They also work differently by affecting different neurotransmitters in the brain.

The earliest medication class is called the TCA’s (Tricyclic Antidepressants). These medications are very effective, but some people who take them complain of side effects like dry mouth, blurred vision, and constipation. The next class of medications developed are known as MAOI’s (Monoamine Oxidase Inhibitors). These medications require a strict diet and have some serious drug interactions. In the past 8 years, a new class of medication called SSRI’s (Serotonin Selective Reuptake Inhibitors) have been released on the market. Even more recently, SNRI’s (Serotonin Norepinephrine Reuptake Inhibitors) have been developed. These last 2 classes of medication are associated with more mild side effects, such as headache, insomnia, and some gastrointestinal upset. (See Table 1)

## How do antidepressants work?

Depression is thought to be caused by a change in the brain’s neurotransmitters. These are chemicals that the brain uses to communicate messages from one nerve cell to the next. Serotonin and Norepinephrine are the



primary focus of antidepressants. These medications, in general, enhance the effectiveness of our own neurotransmitters. Some do this by acting on serotonin and norepinephrine together, such as the TCA’s and SNRI’s. Others are more specific for one or the other, such as the newer SSRI’s, which selectively increase serotonin in the brain. Lastly, the MAOI’s prevent the breakdown of the chemicals in the brain, thereby allowing more of them to be available for the brain to use for neurotransmission.

## Do I definitely need an antidepressant?

In some patients psychotherapy is effective in treating mild to moderate depressive symptoms. We know through many years of experience though that psychotherapy alone may not be effective, and medication may be necessary. In Major Depressive Illness, medication is very important to successful treatment. Over the years it also became known that medication alone may not be effective without psychotherapy, especially in Major Depressive Illness.

### Can I become addicted or dependent on an antidepressant?

Over four decades of experience with antidepressants has shown that there is no proof of addiction with the use of these medications. However, some people must be tapered or weaned off these medications. This is not due to addiction, but to prevent rebound side effects from abrupt discontinuation of some antidepressants.

### Will the first antidepressant given to me work?

In general, all antidepressants are equally effective. It depends on the person as to how well they work and which ones work best. Sometimes a variety of the medications may need to be tried before the right one is identified for you.

### When will I see changes in how I feel?

Antidepressants generally take effect between 2 to 4 weeks after the patient starts taking them. Some people may begin to respond with some of their symptoms in as little as a week, but maximum improvement takes time. Just as with many other types of drugs, the dosage may need to be "fine-tuned" to be most effective for you.

### How long will I have to take antidepressant medication?

Each individual may vary in the time they need to stay on their medication. Treatment of a first-time depression is for 9 to 12 months. If there is a second episode, we treat for approximately 24 months. A third episode may necessitate lifetime treatment to prevent a relapse. For many people, taking an antidepressant medication to prevent further depressive illness may become as necessary as a diabetic who takes insulin every day to prevent complications from that condition.

### Conclusion:

If you are prescribed antidepressant medication, your doctor will make a careful choice of which one to give you based on various factors. He or she may then adjust it as needed or tolerated so that it will be given the best chance to work for you. Hopefully, the first medication prescribed will be the one that you will be successful with. If not, it may take several trials before finding the one that works best for you. When that happens, it will be very important to stay with that medication until you are better.

**Table 1. CURRENTLY AVAILABLE ANTIDEPRESSANT MEDICATIONS**

| <u>Generic</u>   | <u>Brand Name</u>  | <u>Generic</u>         | <u>Brand Name</u>     |
|--|--------------------|------------------------|-----------------------|
| <b><u>Tricyclic Antidepressants (TCAs)</u></b>                     |                    |                        |                       |
| Amitriptyline  | Elavil®            | Nortriptyline          | Pamelor®              |
| Imipramine   | Tofranil®          | Desipramine            | Norpramin®            |
| Doxepin  | Sinequan®, Adapin® | Protriptyline          | Vivactil®             |
| Trimipramine   | Surmontil®         | Amoxapine              | Asendin®              |
| Clomipramine   | Anafranil®         | Maprotiline            | Ludiomil®             |
| <b><u>Monoamine Oxidase Inhibitors (MAOIs)</u></b>                 |                    |                        |                       |
| Phenelzine   | Nardil®            | Tranylcypromine        | Parnate®              |
| <b><u>Selective Serotonin Reuptake Inhibitors (SSRIs)</u></b>      |                    |                        |                       |
| Fluoxetine   | Prozac®            | Citalopram - Celexa®   | Paroxetine            |
| Sertraline   | Zoloft®            | Fluvoxamine            | Paxil®<br>Luvox®      |
| <b><u>Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)</u></b> |                    |                        |                       |
| Venlafaxine  | Effexor®           | Nefazodone             | Serzone®              |
| <b><u>Miscellaneous Others</u></b>                                 |                    |                        |                       |
| Trazodone  | Desyrel®           | Mirtazapine - Remeron® | Bupropion Wellbutrin® |