

The Most Basic Basics of SSRI Antidepressants

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The drugs of choice for treatment of depression and long-term anxiety nowadays are the “SSRI” antidepressants (such as Zoloft, Prozac, citalopram, etc.) or their relatives the “SNRIs” (such as Effexor or Wellbutrin). Once in a while, an older class of antidepressants called “Tricyclic” antidepressants (such as Elavil, amitriptyline, trazodone) are sometimes used also.

Antidepressant medicines are meant to make a person less prone to chronic feelings of despair and/or fear. This allows the person taking them to have more control of their mood, and avoid the extreme emotional lows of depression or hypersensitivity to stress and worry which can be obstacles to normal functioning. They work best when added to counseling, exercise, and other methods of coping. Like any medicines the SSRIs and SNRIs have their advantages and disadvantages:

Advantages of SSRIs:

- Safe: Dangerous interactions with other medicines seldom occur, and overdose is not lethal;
- Effective up to 60% of the time;
- Cheap (generics at our pharmacy run about \$10 per month);
- Convenient: most are taken once daily;
- Once your body gets used to the medicine, you don't feel “drugged”;

Disadvantages of SSRIs:

- They're a long term commitment. Usually they should be taken for at least six months before considering stopping (since the relapse rate is higher if stopped sooner than that), and you need to see your Provider every 2 to 4 weeks for ongoing follow up.
- They take a while to work: it takes from two to six weeks (occasionally longer) for the medicine to begin to help; when the medicine or the dose is changed, another two to six weeks are needed to notice the full effect; this can be a long wait sometimes!
 - We're not here in the summer or during winter break, so we avoid starting patients on antidepressants near the end of a semester.
- There are noticeable “start-up” side effects during the first two weeks of treatment, before the medicines start to help.
 - The main ones are sexual (less interest in sex, trouble getting aroused or having orgasm), digestive (perhaps some nausea or diarrhea), or increased anxiety, shakiness, or insomnia (which can be a real problem for people who are already having these symptoms). These are very often gone within two weeks, at which time the medicine can start to help if it continues to be taken.
- There is some concern that people can have increased thoughts of suicide during the first two weeks. This is not proven; if they do, it does not seem to happen very often.
- When it is time to quit taking the medicine, it is best to gradually taper off rather than stop abruptly. Stopping abruptly can cause uncomfortable (though not dangerous) symptoms such as headache, dizziness, ringing in the ears, nausea or electric shock-like feelings in the arms.

More information: <http://www.nami.org/Learn-More/Treatment/Mental-Health-Medications>