

What are antidepressants?

Antidepressants are drugs that relieve the symptoms of depression. There are almost thirty antidepressants available today and there are four main types:

- SSRIs (selective serotonin reuptake inhibitors)
- SNRIs (serotonin and noradrenaline reuptake inhibitors)
- tricyclics
- MAOIs (monoamine oxidase inhibitors).

The tricyclics and the MAOIs are less commonly used these days – usually by specialists – you can find more information about these in our main leaflet (<http://www.rcpsych.ac.uk/info>).

What can antidepressants be used for?

Antidepressants can be used for:

- moderate to severe depressive illness (*not* mild depression)
- severe anxiety and panic attacks
- obsessive–compulsive disorders
- chronic pain
- eating disorders
- post-traumatic stress disorder

How well do they work?

Research suggests that after 3 months of treatment, around 50–65% of people with moderately severe depression given antidepressants will be much improved compared with 25–30% of the people given an inactive ‘dummy pill’ or placebo.

What are the side-effects of antidepressants?

■ SSRIs

During the first couple of weeks of taking them, you may feel sick and more anxious. Some of these tablets can produce nasty indigestion but you can usually stop this by taking them with food. They may interfere with your sexual function.

■ SNRIs

These have similar side-effects to the SSRIs. Venlafaxine can increase your blood pressure, so this should be monitored.

This may all sound worrying but most people only get mild side-effects which usually wear off over a couple of weeks.

What about driving or operating machinery?

Some antidepressants make you sleepy and slow down your reactions – the tricyclics are more likely to do this. Some can be taken if you are driving. Remember, depression itself will interfere with your concentration and make it more likely that you will have an accident. If in doubt, check with your doctor.

Are antidepressants addictive?

Antidepressant drugs don’t cause the addictions that you get with tranquillisers, alcohol or nicotine. They don’t act quickly, you don’t need to keep increasing the dose to keep getting the effect and you don’t find yourself craving them.

However, some people who stop SSRIs and SNRIs do get withdrawal symptoms. These include stomach upsets, flu like symptoms, anxiety, dizziness, vivid dreams at night or sensations in the body that feel like electric shocks.

In most people these withdrawal effects are mild, but in a small number of people they can be quite severe. It is generally best to taper off the dose of an antidepressant rather than stop it suddenly.

What about feelings of suicide?

There is evidence of increased suicidal thoughts (although not actual suicidal acts) and other side-effects in younger people taking SSRIs. So, apart from fluoxetine, SSRIs are not licensed in the UK for use in people under 18.

There is no clear evidence of an increased risk of self-harm and suicidal thoughts in adults but

individuals mature at different rates. Young adults are more likely to die by suicide than older adults, so any young adult needs close monitoring if they take an antidepressant.

How long will I have to take them for?

Antidepressants don't necessarily treat the cause of the depression or take it away completely. Without any treatment, most depressions will get better after about 8 months. If you have had two or more attacks of depression then treatment should be continued for at least 2 years. If you stop the medication before 8 or 9 months is up, the symptoms of depression are more likely to come back. It is suggested that it is best to take antidepressants for at least 6 months after you start to feel better. During this time, it is worth thinking about what might have triggered off your depression and ways to prevent it happening again.

What if the depression comes back?

Some people have repeated severe depressions and may need to take antidepressants for several years to control these episodes. Sometimes other drugs such as lithium may be recommended. Psychotherapy may be helpful in addition to the tablets.

What other treatments for depression are available?

Other treatments for depression include:

- talking treatments – some of these are now available as self-help books or as self-help courses on the internet
- herbal remedies
- St John's wort
- light boxes for seasonal affective disorder.

How do these other treatments compare with antidepressants?

Recent studies have suggested that over a period of a year, many talking treatments are as effective as antidepressants, particularly in mild to moderate depression. It is generally accepted that antidepressants work faster. Some studies suggest that it is best to combine antidepressants and psychotherapy.