

Antidepressant FAQs

Considering an antidepressant medication? Read on.

What is clinical depression?

Everyone gets depressed. Life is full of ups and downs. Stresses, unfulfilled wishes and misfortunes make us feel sad or blue, but usually we bounce back, deal with our issues and move on ... no medication necessary.



But what happens if you get down and can't get back up? What if you are so sad that it affects your studies, friendships, family, work or health? What if life is such a struggle that you want to give up? Then you might have clinical depression. Clinical depression is more than having a bad day.

The diagnosis of clinical depression is a judgment call but there are good guidelines for making that call. Such guidelines are based on well known depressive symptoms, the most prominent of which is a marked change in mood.

Depression is an illness, not a choice.

Depression is an illness, not a choice. It's a problem of brain chemistry, not personal weakness. Unfortunately, many people think that it is their fault or a consequence of poor behavior. It isn't. You didn't "will" yourself into a depression and you can't "will" yourself out of a depression.

How common is depression?

Depression is very common among college students (and everyone else for that matter!). In the 2007 National College Health Assessment survey of 1000 UMW students, about 21% said they are depressed. In the general population, one of out four women and one out of ten men will have depression in their lifetime. You are not alone.

What contributes to depression?

The leading hypothesis is that depression is a chemical imbalance in your brain, a problem with your levels of serotonin, norepinephrine and/or dopamine. These "neurotransmitters" are responsible for the way you feel.

So what causes the imbalance?

Probably a lot of things.

- First and foremost is **genetics**. Depression frequently runs in families and you may have inherited a tendency to it, especially if you have a relative with mental health issues.
Suggestion: Can you spot a trail in your family from one generation to the next? It's common.

- Second is **nutrition**. A deficiency of B vitamins, minerals, and essential omega-3 fatty acids (EPA and DHA found in fish oil) can all contribute to depression but are seldom the only reason. High sugar diets, soft drinks and junk food don't help.
Suggestions: Take a high quality (i.e. expensive) daily multivitamin and 3 fish oil capsules every day. Clean up your diet. Eat less sugar.

You can't will yourself out of a depression.

- Third is **exercise**. Humans are made to move. You can help mild depression with regular physical exercise, particularly walking outdoors. Paradoxically, frequent, heavy exercise probably worsens depression as it wears the body down.
Suggestion: Walk, ride a bike, lift weights for 30 to 60 minutes several days a week, preferably outdoors.

- Fourth is **sunshine**. Many people become depressed in the Autumn, Winter and early Spring, only to feel fine in the summer. This "sunshine deficiency syndrome" is called Seasonal Affective Disorder (SAD) or the Winter Blues. Very common.

Suggestions: Get outdoors when you can. Despite your fear of skin cancer, sunlight is healthy in moderation, just use common sense and don't overdo it. Alternatively, sit in front of a special full-spectrum light for 30 to 60 minutes each day during the darker months. Take 1,000 IU of Vitamin D every day.

One out of four women will be depressed during her lifetime.

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- Fifth is **stress**, typically a combination of heavy academic workload, relationship issues, financial worries, loss of a loved one, and the other misfortunes of life. Sometimes the most stress is that which you put on yourself through high expectations that are unmet. Your personality, life experiences and learned coping skills have a major impact on your resilience to stress and depression. *Suggestion: Talk to someone in CAPS (Counseling and Psychological Services) about managing your stress better.*
- Sixth is **substance abuse**. The usual offenders are caffeine, alcohol, tobacco and illegal drugs. *Suggestion: All things in moderation.*

In summary, your depression is a combination of chemical, genetic, environmental, physical and psychological factors, some of which you can change, some you can't.

What are the symptoms of depression?

Depression may present with many symptoms related to a problem neurotransmitter ... serotonin, norepinephrine or dopamine. If you have five or more of these symptoms for more than two weeks, you may have clinical depression.

You may be serotonin deficient if ...

- You feel unusually agitated, anxious and nervous nearly every day. (About 80% of depressed patients have anxiety/depression while 20% do not report anxiety).
- You worry excessively about things.
- You have the same thoughts over and over, you obsess about things.
- You cry for no reason.
- You feel sad, empty, down, blue or depressed most of the day, nearly every day.
- You have feelings of worthlessness or guilt nearly every day. Your inner voice is negative and pessimistic.
- You have low self-esteem or confidence.
- You crave sugar, alcohol or marijuana to improve your mood.
- You have chronic unexplained pains like headaches and back aches.
- You are irritable, impatient or edgy at times for no reason.
- You have recurrent thoughts of death or wish you wouldn't wake up in the morning.

You may be dopamine deficient if ...

- Your motivation is low.
- You are socially withdrawn. You avoid people and social situations and want to be alone.
- You have little interest or pleasure in almost all activities most of the day. You can't enjoy things.

You may be norepinephrine deficient if ...

- You have difficulty concentrating, making decisions, thinking and maintaining focus.
- Your short term memory is not very good.
- You have ADD.
- You are tired with a low energy level.

Other Symptoms

- You have had a marked increase or decrease in weight without trying.
- You sleep too much or don't sleep well.
- You have felt like harming yourself.

Should I take a medication?

It's your choice. If you are unhappy or dissatisfied with life or your depression is mild, then no. Get counseling and improve your health habits instead. If you are miserable and depression is ruining your life and grades, then yes. The doctor can help you with your decision but the final choice should be yours.

We realize that this is not an easy decision. Your parents and peers may have strong opinions against medication. You may worry how others will view you. You may want to "be strong" and not rely on a medication.

Remember that antidepressants correct a chemical problem much like medications for high blood pressure or diabetes. Unlike street drugs, they do not make your body do something it was not intended to do.

Psychotherapy is beneficial whether you decide to take a medication or not. Research supports that a combination of medication and psychotherapy work the best.

Depression is more than having a bad day.

I tried a medication in the past and it didn't work.

You may have taken the right medication but didn't take it long enough (4 to 6 weeks). Perhaps the dose was wrong for you. Maybe you needed a different medication. Finding the right medication requires time and patience. Try again under the close guidance of the physician.

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Role of the University Physician

For patients with mild to moderate depression, the vast majority of antidepressants are prescribed by primary care physicians such as the University Physician. Many times, one medication is all you need. If you have not responded to multiple antidepressants or you are severely depressed, you should be under the care of a psychiatrist.

Which medication should I take?

With your input, the doctor will make the final prescribing decision. All antidepressants work equally well ... whether the older medicines from 50 years ago or the newest medicines.

Cost does not equal effectiveness.

However ... the older medicines have worse side effects and the newer medicines are safer. The doctor will consider:

- **Preferences** – Do you have a strong preference?
- **Experience** – What medicines have you or your relatives used before?
- **Side effects** – Some medicines make you calm, others active.
- **Cost** – Is cost an issue? Generics are much cheaper.
- **Coverage** – Will your insurance company pay?
- **Convenience** – Twice or once a day?

How much do they cost?

Some generic antidepressants are as inexpensive as \$4 per month while some branded antidepressants cost \$100 per month.

We recommend that you NOT use your insurance card to buy a generic antidepressant. Most insurance companies require a \$10 co-pay for any generic medication while the cash price is \$4. The math is simple but don't assume the pharmacist will tell you this.



Many generic antidepressants cost only \$4 per month.

How well do antidepressant's work?

You have a 70% chance that an antidepressant will make you feel better. Though not effective in everyone, there is a good chance that the medicine will relieve many of your depressive symptoms. You will feel and function better.

What is the dose?

The physician will determine your dose based on your symptoms and your bodyweight. Typically we will start you at a low dose and gradually increase the dose. This limits side effects and allows you to take the least amount of medication.

How long before it starts working?

Most antidepressants take 4 to 6 weeks to reach their full effect. You may feel some effect after only 1 or 2 weeks but don't decide the medication isn't working until you have taken it for one month.

How do I know if it is the right dose?

You and the physician will meet regularly to discuss how you feel on the medication. Unlike diabetes and cholesterol medications, there are no blood tests to determine the correct dose. Our goal is to make you feel better with the least side effects.

How long should I take an antidepressant?

A typical episode of clinical depression lasts 6 to 24 months. We recommend that you take the antidepressant for 9 to 12 months and then wean off. If your depressive symptoms return within one to two years, you may need to take the antidepressant for a full two years.

If you have a lifelong depression rather than an acute episode, you may need to stay on the medication for life. Once treated for an acute depression, you will have a 50% chance that you will need it again sometime in your life. If you quit the antidepressant too early you risk having a relapse.

What are the common side effects?

Most people report a dry mouth when taking antidepressants. During the first week of treatment or after increasing the dose, many people feel a little tired and yawn more than usual. This typically goes away rapidly. Occasionally some people have nausea, lightheadedness, nightmares, change in sleep, cramps

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or diarrhea. Rarely does anyone have an acute allergic reaction.

Weight gain can be an issue with some medications. The official weight increase is five pounds over six months, though some people gain more. Part of this is from an increased craving for carbohydrates so try to avoid sweets and sugar. Antidepressants can also reduce interest in sex and delay orgasm. While continuing the antidepressant, most side effects improve with time. The doctor will not force you to stay on the medication if it makes you feel bad.

If you have bipolar disorder (manic-depression) or schizophrenia and take a serotonin enhancing antidepressant, you may get suddenly worse. Stop the medication immediately and contact us if there is any question. Fortunately, this is rare and we don't expect this to happen.

Also, if you become restless, agitated or constantly moving stop the medicine and see the doctor.

Will an antidepressant make me suicidal?

There have been some cases, particularly in teenagers, where the patient has an increase in suicidal thinking while taking an antidepressant. The vast majority of people do not. Your doctor will be monitoring you to see if this side effect is occurring.

Are Antidepressants Addictive?

No

Most people worry that antidepressants are addictive. Unlike fast acting tranquilizers, sleep medications and pain pills, slow acting antidepressants are not addictive ... they don't provide the reward that drug seekers crave. They do not make you feel high or change your sensory experiences like street drugs.

However, antidepressants, like many prescription drugs, can cause physical dependency ... so what's the difference?

Dependency means that your body has developed a physical tolerance and adaptation to a medication or substance. When you stop that medication, you may have withdrawal symptoms such as bodyaches, headache, fatigue, dizziness or a general feeling of not being well. These symptoms last from a few days to a week and then go away.

Be aware that 80% of adults in America have a substance dependency ... caffeine. Should you suddenly decrease or stop your usual intake of caffeine you may feel tired and headachy.

Many medications cause withdrawal symptoms but NOT addiction.

Addiction means that you CRAVE the medication or substance. Even if you know the drug is causing you harm, you can't stop taking it and you will do illogical or illegal behavior to continue taking it. Nobody craves antidepressants. This is because antidepressants are slow acting and do not cause euphoria.

At what time of day should I take an antidepressant?

Most people will take the medication in the morning. You are more likely to remember to take it then. However, if the antidepressant causes fatigue or drowsiness, then take it at night several hours before bedtime.

You and your doctor can explore the best time for you.

What about alcohol?

There is no absolute contraindication to drinking alcohol while taking an antidepressant but we don't recommend it.

Why?

- Alcohol is a depressant and may nullify the antidepressant effects of your medication.
- Combining alcohol with an antidepressant may cause drowsiness and decreased coordination leading to accidents or falls.
- The combination of alcohol and **Wellbutrin** (bupropion) will increase your risk of a seizure.
- Mixing alcohol with an MAO inhibitor (which we do not prescribe) could be lethal.

If you decide to drink while on an antidepressant, please limit yourself to one or at the most two drinks. Avoid getting drunk.

