



There is a great deal of misinformation about antidepressant medication.

Medication can be important in the treatment of moderate to severe depression and in some anxiety and related disorders. This fact sheet explains what antidepressants do, how they work and where to get more information and help.

HOW DO ANTIDEPRESSANTS WORK?

Research shows that more severe forms of depression are associated with specific changes in the brain's chemical message systems. When someone is depressed, they have lower levels of brain chemicals such as serotonin, noradrenaline and dopamine. This makes it more difficult for messages to be conveyed within the brain. Antidepressant medication is designed to correct this imbalance, which helps the brain function in a normal way.

WHEN IS ANTIDEPRESSANT MEDICATION USED?

Antidepressant medication is often prescribed, alongside psychological treatments, when a person experiences a moderate to severe episode of depression and/or anxiety. Sometimes they are also prescribed when other treatments have not been helpful.

WHICH ANTIDEPRESSANTS ARE THE MOST HELPFUL?

This decision should be made in consultation with a doctor after careful assessment and consideration. A person can help the doctor's assessment by providing as much information as possible about themselves and their medical history.

Age

Depression is a common condition that affects people of all ages, including children and young people. In general, psychological therapies are the recommended first option for the treatment of depression in children and young people. Antidepressants are commonly prescribed, however there hasn't been much research into their use in children and adolescents under 18 years of age. This can make it difficult to know how helpful and safe they are for young people with depression.

Based on the available research, tricyclic antidepressants (TCAs) are not very helpful for the treatment of depression in young people and are generally not recommended.

The situation with selective serotonin reuptake inhibitors (SSRIs) is less clear-cut, with only Fluoxetine found to be helpful, when combined with certain types of psychological treatment.

There is concern that young people taking SSRIs for the treatment of depression may experience an increase in suicidal thoughts and behaviour. The risk seems to be small. No deaths from suicide have been reported in any clinical trials. However, a young person will require close medical supervision and monitoring in the early stages of treatment if an antidepressant is prescribed. In these situations the benefits of antidepressants are considered to outweigh the risks.

For more information see the '*beyondblue* Fact sheet for young people: Antidepressants for the treatment of depression in young people', developed in consultation with:

- Australian Medical Association
- Mental Health Council of Australia
- Pharmaceutical Health and Rational use of Medicines (PHARM)
- Royal Australian and New Zealand College of Psychiatrists (Faculty of Child and Adolescent Psychiatry)
- Central Sydney Child and Adolescent Mental Health Service
- National Prescribing Service
- Australian Government Department of Health and Ageing
- Australian General Practice Network
- Royal Australian College of General Practitioners
- Better Outcomes in Mental Health Initiative
- University Medical Faculties at Monash University, University of Sydney, University of Queensland
- Young people.

Chronic illness

Like any medication, antidepressants can produce side-effects. In some cases, taking antidepressants can affect existing symptoms or treatments for other illnesses. It is important for people to let doctors know about any illness they may have and any medication they are taking.

Pregnancy and breastfeeding

The decision to take medication while pregnant or breastfeeding is an individual one. It should be made in consultation with a doctor after considering the risks and benefits to both the mother and baby.

Antidepressant medication

FACT SHEET 11

If a woman is breastfeeding, specific types of medications are generally preferred. While a number of factors will influence the choice of antidepressant, a group of antidepressants called tricyclics, as well as sertraline (Zoloft), citalopram (Cipramil) and fluvoxamine (Luvox) are most commonly prescribed for breastfeeding women.

Studies show that paroxetine (Aropax) is generally not recommended at this time. (Source: Buist, A. 'Guidelines for the Use of SSRIs in Pregnant Women', *Obstetrics and Gynecology*, Vol. 7, No. 4, Summer 2005, pp.18-20).

Symptoms

When deciding on the most appropriate antidepressant medication, it's important to consider what symptoms they treat. Some classes of antidepressant medication are more effective in treating specific depression-related symptoms, while other types can be helpful in managing anxiety disorders.

People who have bipolar disorder and experience an episode of depression will often be given only a mood stabiliser. It can take time for mood stabilisers to work, so antidepressants are often used along with mood stabilisers to help ease the symptoms.

To treat depression in people with bipolar disorder, the most commonly prescribed antidepressant is an SSRI.

Antidepressant medication is generally not recommended for use by itself in people with bipolar disorder as it can trigger mania.

TYPES OF ANTIDEPRESSANTS

There are many different types of antidepressant medication. Below is a description of the different classes of antidepressants.

Selective serotonin reuptake inhibitors (SSRIs)

This class includes:

- sertraline (Zoloft)
- citalopram (Cipramil, Ciazil, Talohexal)
- paroxetine (Aropax, Paxtine)
- fluoxetine (Prozac, Erocap, Lovan, Zactin, Auscap)
- fluvoxamine (Luvox, Faverin).

SSRIs are:

- the most commonly prescribed antidepressants in Australia
- often a doctor's first choice for most types of depression
- effective with relatively few side-effects
- generally non-sedating and considered safer if a person overdoses.

Serotonin and noradrenaline reuptake inhibitors (SNRIs)

This class includes:

- venlafaxine (Efexor, Efexor-XR).

SNRIs:

- have fewer side-effects compared to the older antidepressants and are safer if a person overdoses
- are effective in severe depression.

Reversible inhibitors of monoamine oxidase – A (RIMAs)

This class includes:

- Moclobemide (Aurorix, Arima).

RIMAs:

- have relatively few side-effects at standard doses (e.g. nausea, headaches, insomnia, agitation), but may require higher doses to be fully effective
- are non-sedating
- may be less effective in more severe forms of depression than some other antidepressants
- are helpful for patients who are experiencing problems with anxiety or difficulty sleeping.

Tricyclic antidepressants (TCAs)

This class includes:

- nortriptyline (Allegron)
- clomipramine (Anafranil)
- dothiepin (Prothiaden, Dothep)
- imipramine (Tofranil)
- amitriptyline (Tryptanol, Endep).

TCAs are:

- effective, but have more side-effects than newer drugs
- more likely to cause low blood pressure – so this should be monitored by a doctor.

Noradrenaline-serotonin specific antidepressants (NaSSAs)

This class includes:

- Mirtazapine (Avanza, Remeron).

NaSSAs are:

- relatively new antidepressants
- particularly helpful when there are problems with anxiety or difficulty sleeping
- generally low in sexual side-effects.



Noradrenaline reuptake inhibitors (NARIs)

This class includes:

- Reboxetine (Edronax).

NARIs are:

- designed to act selectively on one type of brain chemical – noradrenaline – which is associated with improving mood and increasing energy
- less likely to cause sleepiness or drowsiness than some other antidepressants
- more likely to make it difficult for people to sleep
- more likely to cause increased sweating after the initial doses, as well as sexual difficulties, difficulty urinating and increased heart rate.

Please note:

- When the symptoms described are directly due to depression, these symptoms are likely to improve following four to six weeks of effective therapy. For example, although SSRIs commonly make sleep disturbance/insomnia worse initially, they are associated with improved sleep four to six weeks later.
- TCAs are commonly prescribed for their wide range of general benefits, but are also the most toxic compounds available if taken in large quantities.
- All of these drugs have been shown to be effective antidepressants, but their effectiveness differs from person to person.

WHAT SIDE-EFFECTS DO ANTIDEPRESSANTS HAVE ON THE PERSON TAKING THEM?

Antidepressant medication can help rebalance chemicals in the brain and reduce symptoms of depression by restoring a person's mood to its usual state. This can make people feel better, but it will not change their personality or make them feel happy all the time.

Like any other medication, some people who take antidepressants also experience some side-effects. Common side-effects include:

- nausea
- headaches
- sweating
- dizziness
- weight gain
- dry mouth
- sexual difficulties (e.g. difficulty becoming/staying aroused).

Some of these symptoms are short-lived. However, people taking antidepressants who experience any of these symptoms should tell their doctor, as there are ways of minimising these or other side-

effects. The likelihood of a particular side-effect happening varies between people and medication.

It is not uncommon for people with depression to have suicidal thoughts. Treating the depression effectively will reduce the likelihood of a person hurting him/herself. In the period of time between the person starting antidepressant medication and responding to treatment – which can be more than two weeks – the person should still be monitored by the doctor and their progress reviewed, as the risk of suicidal behaviour may even be slightly increased.

FOR HOW LONG DO PEOPLE NEED TO TAKE ANTIDEPRESSANTS?

Like any medication, the length of time a person takes antidepressants depends on the severity of the illness and how the person responds to treatment. For some people, antidepressants are needed only for a short time (generally 12 months) with psychological treatments and self-help techniques being sufficient. For others, antidepressants are needed on an ongoing basis – in the same way that someone with diabetes would use insulin or someone with asthma would use respiratory medication.

Antidepressants are safe, effective and not addictive.

People often want to stop taking antidepressants quickly because they are concerned they are addictive. This may be because they confuse them with sedatives, a group of medications that are used to help a person feel relaxed and, in some cases, fall/stay asleep.

Unlike antidepressants, sedatives are designed to be used only for a short time. If used for long periods of time, sedatives may be needed in higher doses in order for them to have the same effect. This is not the case with antidepressants.

Stopping medication should only be done gradually, on a doctor's recommendation and under supervision.

WHERE TO GET HELP

- **A doctor** who is a General Practitioner (GP) is a good first step. In some cases, the person may then be referred to a mental health specialist like a psychiatrist or psychologist. For a list of GPs with expertise in treating depression, anxiety and related disorders visit the *beyondblue* website www.beyondblue.org.au and click on Get Help or call the *beyondblue* info line on 1300 22 4636 (local call).
- **Psychiatrists** are doctors who specialise in mental health. They can make medical and psychological assessments, conduct medical tests and prescribe medication. Many psychiatrists use psychological treatments such as Cognitive Behaviour Therapy (CBT) and Interpersonal Therapy (IPT).



FACT SHEET 11

- **Psychologists, Social Workers and Occupational Therapists** specialise in providing non-medical (psychological) treatment for depression and related disorders. A rebate can now be claimed through Medicare for psychological treatments when a GP, psychiatrist or paediatrician refers a person to a registered psychologist, social worker or occupational therapist. A rebate can be claimed for part of the cost for up to 12 individual consultations (18 in exceptional circumstances) and 12 group sessions in a calendar year. For more details, ask the referring medical practitioner. For a list of mental health professionals who provide psychological treatment for which a Medicare rebate can be claimed, go to the *beyondblue* website: www.beyondblue.org.au and click Get Help, then Find a Doctor or other Mental Health Practitioner.

MORE INFORMATION

beyondblue: the national depression initiative

www.beyondblue.org.au

Information on depression, anxiety and related substance-use disorders, available treatments and where to get help

beyondblue info line 1300 22 4636

Information on depression, anxiety and related substance-use disorders, available treatments and referral only (local call)

www.youthbeyondblue.com.au

beyondblue's website for young people – information on depression and how to help a friend

Learn more about self-help techniques

beyondblue Fact sheet 6: Reducing stress

beyondblue Fact sheet 7: Sleeping well

beyondblue Fact sheet 8: Keeping active

beyondblue Fact sheet 9: Reducing alcohol and other drugs

beyondblue Fact sheet 10: Changing your thinking

Black Dog Institute

www.blackdoginstitute.org.au

Information on depression and bipolar disorder – including causes, treatments, symptoms, getting help and current research findings

Lifeline

13 11 14

24 hour counselling, information and referral (local call)

Lifeline's Information Service

1300 13 11 14

Rural Mental Health Information Service

Mensline Australia

1300 789 978 or www.menslineaus.org.au

24 hour support for men with family and relationship problems especially around family breakdown or separation – this service provides anonymous telephone support, information and referral (local call)

Suicide Call Back Service

1300 659 467

Telephone support for those at risk of suicide, their carers and those bereaved by suicide.

SANE Australia

1800 187 263 or www.sane.org

Information and referral on a range of mental health issues, including medical treatments

Climate.tv – interactive e-health

www.climate.tv

Developed by medical experts, this is a self-management system for people with depression and anxiety.

CRUfAD

www.crufad.org

Information about depression, anxiety and its management

THINGS TO REMEMBER

- Medication can be important in the treatment of moderate to severe depression and in some anxiety and related disorders.
- Antidepressants are safe, effective and not addictive.
- Stopping medication should only be done gradually, on a doctor's recommendation and under supervision.

© *beyondblue: the national depression initiative*, 2008.

PO Box 6100, Hawthorn West VIC 3122

T: (03) 9810 6100

beyondblue info line 1300 22 4636

F: (03) 9810 6111

E: bb@beyondblue.org.au

W: www.beyondblue.org.au