

Antidepressants

What is depression?

Feeling sad or "depressed" happens to everyone from time to time. The sensation passes quickly for most people. However, for a person with clinical depression, the low feeling lasts for a longer period of time and can interfere with their daily life. Depression is caused by an imbalance of chemicals in the brain. These chemicals include serotonin and noradrenalin which are involved in mood. The reason why certain people develop depression is not fully understood but there is a genetic influence, meaning that it tends to run in families. Stressful life events such as a bereavement of someone close, relationship breakdowns, etc can trigger depression. Alcohol and certain drugs can also trigger depression.

Symptoms of depression

With major depressive episodes, the person experiences five or more of the following symptoms for at least two weeks, with at least one of them being either low or a loss of pleasure or interest:

1. Depressed mood 2. Markedly diminished pleasure or interest in nearly all activities 3. Significant weight loss or gain or significant loss or increase in appetite 4. Slow down in movements 5. Agitation 6. Loss of energy or fatigue 7. Decreased ability to concentrate or marked indecisiveness 8. The symptoms cause significant impairment and distress 9. Preoccupation with death or suicide; person plans or attempts suicide.

Types of Antidepressant

Antidepressants are drugs that relieve the symptoms of depression. The first antidepressants were developed in the 1950s. There are about thirty different kinds of antidepressants available. They are only available with a doctor's prescription. There are six main types:

- **Tricyclics**

Older antidepressants which are prescribed less frequently nowadays because of their side effects.

- **MAOIs (Monoamine oxidase inhibitors)**

Because of their potentially dangerous dietary and drug interactions, MAOIs are traditionally reserved as a last line of treatment. They are generally only prescribed after other classes of antidepressant have failed (eg) SSRIs, Tricyclics. They are usually reserved for severe depression. Up to 40% of people suffering from depression may have severe depression

- **SSRIs (Selective Serotonin Reuptake Inhibitors)**

The most common type of antidepressant now prescribed.

- **SNRIs (Serotonin and Noradrenaline Reuptake Inhibitors)**

SNRIs are among the most popularly prescribed antidepressants since they were first launched in 1994 (Efexor[®] was the first to be launched). There is some evidence that they are marginally more effective than SSRIs while side effects are similar to SSRIs. Generally prescribed for more severe depression

- **NASSAs (Noradrenaline and Specific Serotonergic Antidepressants)**

Studies have shown Mirtazapine to be more effective than SSRIs and SNRIs. Mirtazapine is beneficial when sleep is a problem as it causes drowsiness.

- **Melatonergic agonists**

Recently, the first melatonergic agonist was launched. It is called agomelatine (Valdoxan[®]). It is licensed for major depressive episodes. Agomelatine appears to cause less sexual side effects and withdrawal symptoms than other antidepressants.

How antidepressants work

Antidepressants increase the activity of chemicals called neurotransmitters in the brain. The neurotransmitters most involved in depression are thought to be Serotonin and Noradrenaline. Melatonergic agonists increase the release of melatonin in the brain which has a positive effect on mood and sleep. Valdoxan[®] is the only drug in this class so far.

What are they used for?

This may seem like an obvious question but in fact antidepressants are used for more than just depression. Antidepressants should never be used for mild depression; they should only be used for moderate to severe depression. Antidepressants are also used for the following conditions:

- Severe anxiety and panic attacks
- Obsessive compulsive disorders
- Chronic pain
- Eating disorders
- Post-traumatic stress disorder.

How well do they work?

After 3 months of treatment, it is estimated that 50% to 65% of people with depression show improvement when treated with anti-depressants.

This compares with 25 to 30% of people who are treated with a placebo (i.e.) treated with an inactive or “dummy” pill.

Are newer antidepressants better?

Older tablets such as tricyclic antidepressants are just as effective as the newer ones (SSRIs) but the newer ones generally have less side-effects. A major advantage with newer antidepressants is that they are not as dangerous if someone takes an overdose. However, older antidepressants still have some benefits. For example, because tricyclic antidepressants cause more drowsiness, they are sometimes prescribed to be taken at night in people suffering from severe insomnia due to depression. SSRIs and SNRI's are examples of newer antidepressants.

Side effects of antidepressants

Side effects from antidepressants are relatively rare, however, like all medicines; antidepressants can have side-effects. Generally, the benefits of taking an antidepressant will out way the risk of side effects if a person is suffering from severe depression. Not everyone suffering from depression requires an antidepressant; there are other options which I discuss later in this article.

Your doctor should discuss all the options with you before deciding if you need an antidepressant. It is important the patient is involved in the decision after discussing all the pros and cons of treatment.

Tricyclics

Tricyclics are the older type antidepressants and are less often prescribed nowadays. However, they still have an important role, especially in situations where insomnia is a major symptom of the person's symptoms. Tricyclics commonly cause dry mouth, a slight tremor, fast heartbeat, constipation, sleepiness, and weight gain. These effects are reduced if a low dose is given to start and the dose is then slowly increased. Other side effects which are more common in older people include confusion, inability to pass urine, and postural hypotension (low blood pressure which can lead to faintness and falls). They should be avoided with heart conditions as they can cause irregular heart beat. They can cause erectile dysfunction and delayed ejaculation in men. Tricyclic antidepressants are dangerous in overdose as they can cause heart problems. This is especially true for amitriptyline which should not be used for depression. Amitriptyline is generally only used for nerve pain nowadays. Examples of antidepressant brands which contain tricyclics include Prothiaden[®], Gamanil[®] and Molipaxin[®].

SSRIs

SSRI's can make you feel sick and more anxious initially; however these side effects often wear off after a few weeks. They can cause indigestion but this can be avoided by taking with food. They rarely cause sexual problems such as loss of libido. There have been reports of episodes of aggression, although these are rare.

However, most people only get a small number of mild side-effects (if any). The side-effects usually wear off over a couple of weeks as the body gets used to the medication. The more serious ones - problems with urinating, memory problems, falls, confusion - are uncommon in healthy, younger or middle-aged people. Examples of antidepressants which contain SSRIs are citalopram (Cipramil[®]), escitalopram (Lexapro[®]), fluoxetine (Prozac[®]), paroxetine (Seroxit[®]) and sertraline (Lustral[®]). Paroxetine has more reports of side effects and withdrawal side effects than other SSRIs so is less often prescribed in recent years. Less expensive but equally effective versions of these antidepressants are available in Whelehans. Ask our pharmacist for more details.

SNRIs

The side-effects are very similar to the SSRIs, although Venlafaxine should not be used with a serious heart problem. It can also increase blood pressure, so this should be monitored, especially initially. Examples of SNRI's include duloxetine (Cymbalta[®]), reboxetine (Edronax[®]) and venlafaxine (Efexor XL[®]).

MAOIs

This type of antidepressant is rarely prescribed these days. This is because they can cause hypertensive response (dangerously high blood pressure) if foods containing a substance called tyramine are eaten with them. Foods containing tyramine include mature cheese, pickled herring, broad bean pods, yeast extracts including brands like Bovril[®], Oxo[®] and marmite[®]. Even stale or gone off food can cause this reaction. Manerix[®] is an example of a MAOI.

NASSAs

Mirtazapine (Zispin[®]) is the most common drug used in this group. The side-effects are very similar to SSRIs. It can make you feel drowsy, encourages weight gain, but it causes less sexual problems. Because it causes drowsiness, it is often prescribed for people suffering from depression who find it difficult to sleep. It should be taken at night. Mirap[®] is a less expensive generic version of Zispin[®] available in Whelehans.

Melatonergic agonists

This is a new drug that is used only for severe depression. Side effects include headache, migraine and dizziness. It is considered to have less sexual side effects and fewer withdrawal symptoms than other antidepressants. The drug is called agomelatine (Valdoxan[®]).

Are antidepressants addictive?

Antidepressant drugs do not have addictive properties like tranquillisers, alcohol or nicotine. Therefore, you will not need to keep increasing the dose to get the same effect or you will not find yourself craving them when you stop taking them.

However, up to a third of people who stop SSRIs and SNRIs have withdrawal symptoms which can last between 2 weeks and 2 months.

Withdrawal effects include gastrointestinal disturbance such as nausea, headache, dizziness, sleep disturbance, fatigue, sweating and sensations in the body like electric shocks. In most people these withdrawal effects are mild, but for a small number of people they can be quite severe. They seem to be most likely to happen with Paroxetine (Seroxat[®]) and Venlafaxine (Efexor[®]). Withdrawal effects can be minimised by reducing them slowly when going off them.

Some people have reported that, after taking an SSRI for several months, they have had difficulty managing once the drug has been stopped and so feel they are addicted to it. However most experts agree this is due to the depression returning due to discontinuation of the drug.

The Committee of Safety of Medicines in the UK reviewed the evidence in 2004 and concluded 'There is no clear evidence that the SSRIs and related antidepressants have a significant dependence liability or show development of a dependence syndrome according to internationally accepted criteria.'

SSRIs in younger people

There is some evidence of increased suicidal thoughts (although not actual suicidal acts) and other side-effects in young people taking antidepressants. So, SSRI antidepressants are not licensed for use in people under 18. However, the National Institute for Clinical excellence in the UK has stated that Fluoxetine, an SSRI antidepressant, can be used in the under-18s. There is no clear evidence of an increased risk of self-harm and suicidal thoughts in adults of 18 years or over. But, individuals mature at different rates. Young adults are more likely to commit suicide than older adults, so a young adult should be particularly closely monitored if he or she takes an SSRI antidepressant.

How long do they need to be taken for?

Antidepressants do not necessarily treat the cause of the depression or take it away completely. Without any treatment, depression will get better after about 8 months in most people.

If they are stopped before 8 or 9 months is up, the symptoms of depression are more likely to come back. The current recommendation is that it is best to take antidepressants for at least six months after you start to feel better. If you have had two or more attacks of depression then treatment should be continued for at least two years.

What if depression comes back?

Some people have severe episodes of depression over and over again. Even when they have got better, they may need to take antidepressants for several years to stop their depression coming back. This is particularly important in older people, who are more likely to have several periods of depression. For some people, mood stabilisers such as Lithium may be recommended.

Antidepressants during pregnancy

While it is advised to take as little medication during pregnancy as possible, the benefits of antidepressants sometimes outweigh the risks during pregnancy. Non-drug methods such as Cognitive Behavioural Therapy should be tried before drugs in pregnancy. If medication is needed, for example in cases of suicidal feelings, SSRI's the most commonly prescribed. Tricyclics are best avoided in pregnancy.

Antidepressants in breastfeeding mothers

A baby will get only a small amount of antidepressant from mother's milk. Babies older than a few weeks have very effective kidneys and livers. They are able to break down and get rid of medicines just as adults do, so the risk to the baby is very small.

While it is up to your doctor, most doctors allow mothers taking antidepressants to breastfeed as the amount of drug entering the breast milk is very small. Due to post-natal depression, more breastfeeding mothers require antidepressants than the general population.

Important points when taking antidepressants

- They should be taken every day otherwise they will not work
- They don't work straight away. Most people find that they take 1-2 weeks to start working and maybe up to 6 weeks to give their full effect.
- It is important to persevere; stopping too early is the commonest reason for people not getting better and for the depression to return.
- Keep in touch with your doctor in the first few weeks. With some of the older Tricyclic drugs it's best to start on a lower dose and work upwards over the next couple of weeks. If you do not go back to your doctor and have the dose increased, you could end up taking too little.
- The dose of SSRI antidepressant generally does not have to be increased slowly. The dose you start with is usually the dose you carry on with.
- It doesn't help to increase the dose above the recommended levels.
- Many people are put off by the initial side-effects such as nausea. Many of them wear off in a few days. They should not be stopped unless the side-effects are very severe. If side effects are severe, you should notify your doctor immediately.

- The doctor should be informed about any major changes in mood when the dose of antidepressant is changed.
- Alcohol should be taken in moderation only. Alcohol on its own can make depression worse, but it can also make people slow and drowsy when taking antidepressants.

Non drug treatments

Medication on its own should not be considered the only treatment option for depression. Non-drug treatment may be considered instead of antidepressants initially, especially if the depression is not severe. These can include finding someone you can talk to, taking regular exercise, drinking less alcohol, eating well, using self-help techniques to help relax and finding ways to solve the problems that have brought the depression on. If antidepressants are prescribed, using non-drug treatments in combination with the antidepressant medication increases the chances of success.

Talking treatments

There are a number of effective talking treatments for depression. Counselling is useful in mild depression. Problem solving techniques can help where the depression has been caused by difficulties in life. Cognitive Behavioural Therapy was developed to treat depression and helps the person to look at the way they think about themselves, the world and other people.

Light

Some people find they get depressed every winter but cheer up when the days become sunnier. This is called seasonal affective disorder (SAD). SAD is a recognised disorder which is characterised by suffering from depression during winter time. Its cause in susceptible people is believed to be due to less exposure to natural light during winter months. Many people suffering from SAD find a light box helpful. This is a source of bright light which the sufferer has on for a certain time each day and which can make up for the lack of light in the winter. A light box can be ordered for you in Whelehans. Antidepressants may also need to be prescribed.

Fish oils and the benefit to depression

Evidence shows omega 3 fatty acids reduce depression and anxiety. A 2008 study in the Australian and New Zealand Journal of Psychiatry showed that PlusEPA[®] is as effective as Prozac[®] in reducing the symptoms of depression. When PlusEPA[®] was used in combination with anti-depressants; results were enhanced effectiveness of the anti-depressant. PlusEPA[®] is a 95% concentration of omega 3 containing a daily dose of 1000mg of EPA designed for emotional health. It is available from Whelehans Pharmacy. Omega 3 enhances serotonin in the brain to boost mood. In Japan, where people eat on average 70kg of fish a year, the rate of depression is 0.12%. Whereas in New Zealand, where people eat only 18kg of fish a year, the rate of depression is almost 50 times higher.

Check out Westmeath county Library

Westmeath County Library, Dublin Road, Mullingar operate a Healthy Reading Scheme where they offer access to books on all areas of mental help including depression, anxiety, self esteem, alzheimers, stress, schizophrenia etc. For those feeling overwhelmed and isolated, a book can offer a first step in a way that offers no judgement. Contact Westmeath County Library at 04493 32270 or library@westmeathcoco.ie for more information.

More help

Frances Sills is psychologist who operates a clinic in Millmount Mullingar. Apart from her general psychotherapy for anxiety, insomnia, fibromyalgia, chronic fatigue, eating disorders etc, Frances treats patients with depression using psychotherapy.

Her approach to this is to:

- **Monitor Activity Levels (Activity diary for few weeks to see what pattern of living patients are in)**
- **Monitor Sleep Patterns - just to see how much they sleep and what quality of sleep they are getting**
- **Set target and goals which are both realistic and achievable for the patient**
- **Stabilise activity and rests - this means that it is important to PACE. PACING is the most important part of recovery in chronic fatigue syndrome**
- **Look at increase or changing activities. This takes into account the patient recognising their boundaries and keeping to them.**
- **Look at unhelpful thoughts and beliefs and challenging these**
- **Looking at 'what stress patient has in their lives' and ways of managing and resolving these.**
- **Facing fears (such as going back to work), socialising etc.**

Contact her at 0868301465 for more details. Her e-mail address is francesills@yahoo.co.uk. A consultation is €50.

Disclaimer: Please ensure you consult with your healthcare professional before making any changes recommended

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