

Side effects - Antidepressants

The side effects of antidepressants can cause problems at first, but they generally improve with time.

It's important to continue treatment, even if you're affected by side effects, as it will take several weeks before you begin to benefit from treatment. With time, you should find that the benefits of treatment outweigh any problems from side effects.

During the first few months of treatment, you'll usually see your doctor or a specialist nurse at least once every 2 to 4 weeks to see how well the medicine is working.

For more information about your specific medicine, see the patient information leaflet that comes with it.

SSRIs and SNRIs

Common side effects of selective serotonin reuptake inhibitors (SSRIs) and serotonin-noradrenaline reuptake inhibitors (SNRIs) can include:

- feeling agitated, shaky or anxious
- feeling and being sick
- [indigestion](#) and [stomach aches](#)
- [diarrhoea](#) or [constipation](#)
- loss of appetite
- [dizziness](#)
- not sleeping well ([insomnia](#)), or feeling very sleepy
- [headaches](#)
- [loss of libido \(reduced sex drive\)](#)
- difficulties achieving orgasm during sex or masturbation
- difficulties obtaining or maintaining an erection ([erectile dysfunction](#))

These side effects should improve within a few weeks, although some can occasionally persist.

Tricyclic antidepressants (TCAs)

Common side effects of TCAs can include:

- [dry mouth](#)
- slight blurring of vision
- constipation
- problems passing urine
- drowsiness
- dizziness
- weight gain
- [excessive sweating](#) (especially at night)
- heart rhythm problems ([arrhythmia](#)), such as noticeable [palpitations](#) or a [fast heartbeat \(tachycardia\)](#)

The side effects should ease after a couple of weeks as your body begins to get used to the medicine.

Potential health risks

Serotonin syndrome

Serotonin syndrome is an uncommon, but potentially serious, set of side effects linked to SSRIs and SNRIs.

Serotonin syndrome occurs when the levels of a chemical called serotonin in your brain become too high. It's usually triggered when you take an SSRI or SNRI in combination with another medicine (or substance) that also raises serotonin levels, such as another antidepressant or St John's wort.

Symptoms of serotonin syndrome can include:

- confusion
- agitation
- muscle twitching
- sweating
- shivering
- diarrhoea

If you experience these symptoms, you should stop taking the medicine and get immediate advice from your GP or specialist. If this is not possible, call NHS 111.

Symptoms of severe serotonin syndrome include:

- seizures (fits)
- irregular heartbeat (arrhythmia)
- unconsciousness

If you experience symptoms of severe serotonin syndrome, get emergency medical help immediately by dialling 999 to ask for an ambulance.

Hyponatraemia

Elderly people who take antidepressants, particularly those who take SSRIs, may experience a severe fall in sodium (salt) levels, known as hyponatraemia. This may lead to a build-up of fluid inside the cells of the body, which can be potentially dangerous.

This can happen because SSRIs can block the effects of a hormone that regulates levels of sodium and fluid in the body. Elderly people are vulnerable because fluid levels become more difficult for the body to regulate as people age.

Mild hyponatraemia can cause symptoms similar to depression or side effects of antidepressants, such as:

- feeling sick
- headache
- muscle pain
- reduced appetite
- confusion

More severe hyponatraemia can cause:

- feeling listless and tired
- disorientation
- agitation
- [psychosis](#)
- seizures (fits)

The most serious cases of hyponatraemia can cause you to stop breathing or enter a [coma](#).

If you suspect mild hyponatraemia, you should call your GP for advice and stop taking SSRIs for the time being.

If you suspect severe hyponatraemia, call 999 and ask for an ambulance.

Hyponatraemia can be treated by feeding a sodium solution into the body through an intravenous drip.

Diabetes

Long-term use of SSRIs and TCAs has been linked to an increased risk of developing [type 2 diabetes](#), although it's not clear if the use of these antidepressants directly causes diabetes to develop.

It may be that the weight gain some people using antidepressants experience increases the risk of them developing type 2 diabetes.

Suicidal thoughts

In rare cases, some people experience suicidal thoughts and a desire to self-harm when they first take antidepressants. Young people under 25 seem particularly at risk.

Contact your GP, or go to A&E immediately, if you have thoughts of killing or harming yourself at any time while taking antidepressants.

It may be useful to tell a relative or close friend if you've started taking antidepressants and ask them to read the leaflet that comes with your medicines. You should then ask them to tell you if they think your symptoms are getting worse, or if they're worried about changes in your behaviour.

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