



# Patient education: Medicines for depression (The Basics)

Written by the doctors and editors at UpToDate

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## What do medicines for depression do?

Medicines for depression, also called "antidepressants," can:

- Help you feel better
- Make it easier to do everyday tasks
- Help with the symptoms of depression
- Help with anxiety

Depression is caused by problems with chemicals in the brain called "neurotransmitters." Antidepressants work by changing the levels of certain neurotransmitters in the brain. Each type of antidepressant works in a somewhat different way.

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## Which medicine should I take?

Your doctor will decide which medicine is best for you. Remember that:

- They might ask if any of your family members have had good results with a particular antidepressant. If so, that might be a good one to try. The section at the end lists the most common antidepressant choices. Most people take just 1 antidepressant, but some people take 2 medicines together.
- The first medicine you try might not help enough. If that happens, tell your doctor or nurse. But don't give up. You might need to try a few different medicines before you find the one that works for you. You might also need to combine more than 1 medicine. Your doctor will help you safely switch to a new medicine if the one you are taking is not helping you feel better.

The section at the end includes some basic information on the main medicines used to treat depression. For more detailed information about your medicines, ask your doctor or nurse for the patient handout from Lexicomp available through UpToDate. It explains how to use each medicine, describes its possible side effects, and lists other medicines or foods that can affect how it works.

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## **When will I start to feel better?**

Most antidepressants start to help within 2 weeks of when you start taking them. But it usually takes at least 4 to 6 weeks before you feel the full effect. In some cases, it might take as long as 12 weeks.

If you don't feel any better after 2 to 4 weeks, ask your doctor or nurse what you can do. They might suggest:

- Waiting to see if things change
  - Taking a higher dose
  - Taking a second medicine
  - Trying another solution
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## **How long do I keep taking the medicine?**

Most people who feel better with their medicine keep taking it for at least 6 to 9 months. If you have severe depression or have had lots of episodes of depression, it might make sense to keep taking your antidepressant for a year or longer. People with depression who recover and then stop taking their medicines often get depressed again.

Talk to your doctor or nurse if you want to stop taking your medicine. They can help you make a plan. You will need to slowly lower your dose over a few weeks or longer. Stopping most antidepressants all of a sudden can make you feel sick.

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## **What if I have side effects?**

If you have minor side effects when you start taking an antidepressant, try staying on the medicine for a few weeks. Minor side effects often go away after your body gets used to the new medicine.

If side effects do not go away or worry you, tell your doctor or nurse. They might have ideas for how to lessen or deal with your side effects. They can also help you switch your medicine safely if it isn't the right one for you.

Each medicine is different. In general, side effects from the most commonly used medicines can include:

- Feeling anxious, jittery, or restless
- Trouble sleeping
- Feeling tired
- Headaches
- Nausea, diarrhea, or constipation
- Dry mouth
- Problems with sex
- Weight gain

The tables list the generic and US brand names of several antidepressants and how likely each medicine is to cause certain side effects ( [table 1](#) and [table 2](#)).

Drinking less alcohol and getting regular physical activity can lower the chance of side effects. These things can also help you feel better.

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## What are the different antidepressants?

Below is some general information about the different types of medicines used to treat depression:

- **Selective serotonin reuptake inhibitors ("SSRIs")** – These are usually the first medicines that doctors prescribe when they treat someone with depression. They often work well, are safe, and have fewer side effects than many of the other medicines. Some examples of SSRIs include [citalopram](#) (brand name: Celexa), [fluoxetine](#) (brand name: Prozac), and [sertraline](#) (brand name: Zoloft).
- **Serotonin-norepinephrine reuptake inhibitors ("SNRIs")** – These work in a similar way to SSRIs, but they also have other effects. Doctors sometimes suggest these medicines when SSRIs do not help enough. Examples of SNRIs include [duloxetine](#) (brand name: Cymbalta), [venlafaxine](#) (brand name: Effexor), and [desvenlafaxine](#) (brand name: Pristiq). SNRIs can raise your blood pressure. Talk to your doctor if you have high blood pressure.

- **Atypical antidepressants** – Atypical antidepressants include [bupropion](#) (brand name: Wellbutrin) and [mirtazapine](#) (brand name: Remeron). These medicines do not tend to cause problems with sex, so doctors sometimes give them to people who have those side effects with other medicines. Bupropion does not cause weight gain. It can also be especially helpful to people who lack energy or who smoke, but it can cause jitteriness. Mirtazapine increases appetite and can cause weight gain, so doctors sometimes give it to people with low appetite.
- **Serotonin modulators** – These include [trazodone](#), [vilazodone](#) (brand name: Viibryd), and [vortioxetine](#) (brand name: Trintellix). Trazodone is often used to help with sleep, so doctors sometimes give it to people who have trouble sleeping. Vilazodone is more likely than other medicines for depression to cause nausea, vomiting, and diarrhea.
- **Tricyclic and tetracyclic antidepressants ("TCAs")** – These are not used as much as SSRIs, SNRIs, and atypical antidepressants. That's because TCAs can cause more side effects, such as constipation and drowsiness. TCAs can also disrupt the heart's rhythm and cause other serious problems. In older people, these medicines can also cause falls, confusion, and memory problems. But TCAs can help some people with depression, especially if they do not get better with SSRIs, SNRIs, or atypical antidepressants. Some examples of TCAs include [nortriptyline](#) (brand name: Pamelor) and [desipramine](#) (brand name: Norpramin).
- **Monoamine oxidase inhibitors ("MAOIs")** – These are not used very often, because they can cause a lot of side effects. Also, people who take them can't have certain foods and medicines. But MAOIs can help people who have depression and do not get better with other medicines. Examples of MAOIs include [isocarboxazid](#) (brand name: Marplan), [moclobemide](#) (brand name: Manerix), [phenelzine](#) (brand name: Nardil), [selegiline](#) (sample brand name: Emsam patch), and [tranylcypromine](#) (brand name: Parnate). If you need to follow a special diet, your doctor or nurse can give you list of foods that are safe to eat.

The right medicine for you depends on several different things, including your health, other medicines you take, and your feelings about possible side effects. There are more safety concerns about TCAs and MAOIs than with the other types. But TCAs and MAOIs might be an option if you don't get well with other medicines.

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## What can I do to stay safe?

Take your medicines exactly as your doctor tells you to, so you get the correct amount of each medicine. Some people find it helpful to use reminders or a weekly pill box ( [picture 1](#)).

Antidepressants can cause serious problems if taken with certain other medicines. Your doctors and pharmacists need to know all of the medicines you take to help avoid this. This includes any over-the-counter medicines, vitamins, and herbs. Bring a list of the names and doses of all of your medicines each time you visit any doctor. You can find an example of this kind of list at the following website: [www.fda.gov/drugs/resources-you-drugs/my-medicine-record](http://www.fda.gov/drugs/resources-you-drugs/my-medicine-record).

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## More on this topic

[Patient education: Depression in adults \(The Basics\)](#)

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[Patient education: Premenstrual syndrome \(PMS\) and premenstrual dysphoric disorder \(PMDD\) \(The Basics\)](#)

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