

FREQUENTLY ASKED QUESTIONS ABOUT ANTIDEPRESSANTS

Are you considering medication for depression?

Perhaps your health care provider has mentioned the option of antidepressants to you, or you've wondered whether this option might be helpful based on something you've heard, or based on the experiences of friends or family members. This handout is designed to answer some of the most frequently asked questions about antidepressants. We hope the information will serve as a starting point for a more in-depth discussion with a counselor and/or a psychiatrist or health care provider. If you decide to explore the option of medication further, you will want to meet with a medical care professional experienced in prescribing antidepressants. This may be a nurse practitioner, a physician, or a psychiatrist (a medical doctor whose specialty is the diagnosis and treatment of emotional and mental health problems.)

Q: What is the first step in considering a medication?

A: If you are a student at Cal, the first step in seeking help is to discuss your symptoms with a counselor or health care provider. Stop by Counseling and Psychological Services, 3rd Floor, Tang Center, or call (510) 642-9494 or make an appointment to see a primary care provider online or at (510) 642-2000. Your symptoms will be evaluated and a recommendation will be made whether depression medication may be helpful.

Q: How does an antidepressant work?

A: Depression is an illness in which factors such as genetics, chemical changes in the body and external events may play an important role. Research suggests that depression may be linked to changes in the functioning of brain chemicals called neurotransmitters. Current research focuses on the serotonin, norepinephrine and dopamine systems. Certain genetic factors and changes in body hormones have also been implicated in some depressive conditions. These complex biological changes can produce profound changes in your mood and behavior. Antidepressants are thought to correct some of the chemical imbalances present in a depressive illness.

Q: Shouldn't I be able to feel better without medication? Don't other people get through this without medication?

A: Many people will feel better with the help of counseling, and medication may not be necessary at all. However, if left untreated altogether, depression can last longer or even worsen. It can seriously interfere with your ability to study, work and enjoy relationships. Depression also can be a life-threatening illness when there is a risk of suicide. Many people get better without medication, but sometimes medication is necessary to help lighten your mood and help you to function so that you can begin working through other problems.

Q: What might my health care provider ask me to do before prescribing medication?

A: The first step usually is an appointment with a health care provider to discuss your depressive symptoms. Your provider will need to get a thorough understanding of your symptoms, medical history, medication use, and drug or alcohol use. For female patients, it also will be important to discuss issues of pregnancy and birth control use, since medication may be potentially harmful to a fetus or nursing infant. Since certain drugs, as well as some medical conditions, can produce depressive symptoms, you also may need a physical exam and laboratory tests.

Q: How will my health care provider choose which medication to prescribe me?

A: There are approximately 20 antidepressants currently available and approved for the treatment of depression. Antidepressants generally are classified by the chemical properties of the drug and the way in which they are thought to work. Groups of medication your health care provider may refer to include: Selective Serotonin Reuptake Inhibitors (SSRIs), Tricyclic Antidepressants (TCAs) or Monamine Oxidase Inhibitors (MAOIs). There also are mood stabilizers for those with bipolar disorder. Like shoe sizes, not every medication is the right fit for every individual; a medication that worked well for a friend may not be the best match for you. Your health care provider will consider your particular symptoms when selecting your medication. He/she also will consider potential adverse effects of medication. The goal of treatment is to effectively eliminate depression with a medication that produces minimal problems or adverse effects. Unfortunately, an "ideal" medication that does not pose some

potential problem or risk is not yet available. Side effects generally are mild and decrease with time. Research is focusing on more selective medications for depression that produce fewer and less problematic side effects. It is important that you ask your health care provider about any concerns you might have about a medication or its potential side effects.

Q: How long will it take before the medication helps me? How will I know that the medication is working?

A: All antidepressants take time to work. Don't be discouraged if you don't feel better right away. Therapeutic response typically occurs within two to six weeks, although some people feel better sooner. It is not unusual for your friends and family to notice signs of improvement before you do. When the medication begins to work, you may find yourself increasingly able to accomplish things and enjoy life in a way that is more "normal" for you. If you do not respond to one medication, your health care provider may recommend a change of dosage or in medication(s). Each person is unique in his or her response to medication. Treatment of depression is an ongoing process, with your health care provider monitoring and "fine tuning" your medication, depending on how it is working for you. **Each person is unique in his or her response to medication.**

Q: Is the medication addictive? Will I get "high"?

A: The currently prescribed medications approved for treatment of depression are not considered addictive. Drug addiction implies that you would crave increasing amounts of a substance. While certain medications used in treating unusual forms of depression do have potentially addictive qualities, these medications are not considered standard antidepressants. Although antidepressants are not addictive, you may experience some symptoms that lead you to wonder whether you are getting "high." Early on in treatment, antidepressants may cause you to feel unusually energized, especially compared to your previous state. Feeling "high" or intoxicated suggests an unusual reaction to your medication, an interaction with another medication, complications from drug or alcohol use, or an unwanted side effect. In addition, some patients with bipolar disorder may experience an unwanted episode of euphoria. **Should you experience any of these problems, contact your health care provider immediately.**

Q: Will the medication change my personality?

A: Medication will not change who you are as a person, your unique personal characteristics, or your life circumstances. The goal of antidepressant therapy is to allow you to work toward positive changes in your mood state and thinking patterns. Antidepressant medication assists people in experiencing the full range of human emotions without feeling overwhelmed. Although these positive changes may seem like personality changes, most often they are a sign that you are recovering your ability to react to people and situations in a nondepressed way. Sometimes antidepressant medication produces temporary side effects that feel like negative changes in personality. In particular, you may feel less emotionally sensitive or less "intense" than you did before taking medication. In the event that this occurs and is distressing, don't hesitate to discuss your concerns with your counselor or health care provider.

Q: If I am taking medication, will I still need counseling?

A: For many people the combination of medication and psychotherapy is the most effective way to treat depression. While medication can help improve depressive symptoms, it can't change events, thoughts or behaviors that are problematic or distressing for you. Even before becoming depressed you may have been struggling with personal or family issues that affected how you felt about yourself and your relationships. Psychotherapy can help you explore and resolve these concerns. Individual and/or group psychotherapy also may be recommended to help you to improve self-esteem, relationship skills and strategies for managing stressful events. Good nutrition, quality sleep and exercise also are important elements of your recovery. To feel better as quickly as possible, consider all the recommendations of your counselor and/or psychiatrist or primary care provider.

Q: Will the depression come back when I stop taking medicine?

A: In the majority of cases, depression is an illness that can be effectively treated with medication and counseling. However, there is always a chance that your depression may return once a medication is stopped. Continuing antidepressants and/or therapy for the

recommended time period minimizes this possibility. Unfortunately, in a small number of cases, depression reoccurs after treatment is complete. Recognizing the signs of a new depressive episode and seeking treatment early are very important. You should also discuss this possibility with your health care provider before ending treatment.

Q: What are the possible side effects of antidepressant medication?

A: Antidepressants are a relatively safe treatment option in otherwise healthy individuals being treated for depression. Like most prescribed (and some over-the-counter medications), antidepressants may cause mild, and usually temporary, side effects in some people. Most of the time, side effects are manageable and disappear over time. Common side effects include nausea, loose stools or constipation, dizziness, drowsiness, nervousness, sleep changes, dry mouth, headache and blurred vision. Some people experience a change in sexual interest or functioning. While more severe problems are less common, they are possible. Your health care provider or pharmacist will have information sheets that outline a range of potential side effects. Each time you meet with your health care provider for follow-up sessions, she or he will ask about your response to the medication and check for problematic effects. Unusual side effects or those that could interfere with your ability to work or study should be reported to your health care provider immediately so that changes in the medication can be made. Most side effects are reversible and gradually disappear after a medication is stopped. Don't hesitate to talk to your health care provider if you have questions or concerns.

Q: Can I take other medications along with antidepressants?

A: An important question! Sometimes when antidepressants are taken in combination with other drugs, the chances of side effects or drug interactions increase. It is very important to consult with your prescribing clinician, particularly about allergies to medications. Be sure to tell your health care provider about any medications you use, even over-the-counter or "natural" vitamins and herbal products.

Q: Will the medication interfere with my birth control pills?

A: There is no evidence that antidepressants decrease contraceptive protection. However, like other medications, antidepressants are potentially harmful to the fetus if you are or become pregnant.

Q: Why can't I use alcohol when taking medication?

A: Alcohol itself is an extremely potent depressant. The use of alcohol and drugs can complicate the diagnosis and treatment of a depressive illness. Many depressive conditions are associated with the excessive use of alcohol and some drugs. Using drugs or alcohol can increase the risk of dangerous behaviors, including suicide, or cause complicated interactions with your prescribed medication. Consuming alcohol while on antidepressants can potentially cause blackouts, impairment or other unpredictable behavior. Alcohol or drug use can reduce the effectiveness of your treatment, and prolong your illness. **Alcohol and drugs can make your depression worse.**

Q: What if I forget to take my medication on schedule?

A: This is something you should discuss with your health care provider. In most cases, if you miss a dose, don't take a double dose next time. Simply continue with the next scheduled dose and try not to miss again. If you miss several consecutive doses, you may experience problems such as headache and nausea. Most important, if you often forget to take the medication, your recovery is likely to take longer.

Q: How long do I take a medication?

A: You and your treatment professional(s) will meet regularly after medication is prescribed to evaluate how the medication is working for you. Typically, people take antidepressant medications for eight to twelve months or longer. While it is often tempting to stop taking the medication when you feel better, it is important to continue until you and your health care provider agree your depression is treated. Stopping the medication early can result in the return of your original symptoms or adverse reactions. You may be asked to gradually decrease or "taper off" the medication. "Tapering off" is particularly important with some medications to give your body an adjustment period.

Q: What is “antidepressant withdrawal”?

A: Antidepressant withdrawal or antidepressant discontinuation syndrome refers to a unique set of symptoms that can develop after you stop taking an antidepressant. About 1 in 5 people who take an antidepressant for 6 or more weeks will experience withdrawal symptoms if they suddenly stop it. The symptoms may feel like the flu, a stomach virus or cause muscle spasms, electric shock sensations, dizziness, balance problems, trouble sleeping, difficulty thinking, disturbing thoughts, or other symptoms. Gradually tapering down the medication dose can help avoid or minimize symptoms but it is still possible for it to occur. Speak with your health care provider about a plan for stopping your medication. For more information, see WebMD search “withdrawal from antidepressants”.

Q: How much will antidepressant medication cost?

A: Although the cost of medication may be difficult for some students to budget, the costs of not treating a depression also are high. You’ve invested considerable time and money to attend Cal. Your ability to function in school, relationships and outside employment may be significantly affected by an untreated episode of depression. The average cost of medication for depression will be about \$10 to \$70 per month (taking one medication at the average dose level). Many insurance companies pay a portion of medication costs. You will need to check your individual insurance policy to find out what is covered.

Q: How do I tell my family and friends?

A: Often people who care about you already are aware of and concerned about the changes in your mood and energy levels. They may be very relieved you are getting help. Since depression can leave you feeling exhausted or helpless, getting support from others is important. However, many people have never experienced serious depression and may have trouble understanding how disabling it can be. They might not mean to be insensitive or unsupportive but they may say or do things that hurt. It may help to share this information with those you most care about so they can better understand and help you.

Q: Are there “natural” substances I can use to treat depression?

A: There has been a great deal of publicity about herbal preparations, such as St. John’s Wort, for the treatment of depression. Unfortunately, in the U.S., there currently are no adequate studies to prove that this or other herbal remedies are an effective treatment, especially when compared to standard antidepressants for certain forms of clinical depression. In addition, herbal preparations may not have any significant impact on severe forms of depression. Currently it is not recommended that traditional antidepressants be mixed with herbal antidepressants. If you are curious about any new developments in the research on herbal preparations, talk with your health care provider before “self-medicating.”

FIND MORE RESOURCES...

UNIVERSITY HEALTH SERVICES - TANG CENTER

University of California, Berkeley
2222 Bancroft Way
Berkeley, CA 94720

DEPRESSION/SUICIDE PREVENTION WORKSHOPS

Counseling and Psychological Services (CPS)
(510) 642-9494

APPOINTMENTS

- Counseling, mental health, and anti-depressant medication evaluation appointments.
Call CPS (510) 642-9494 to schedule
- Medical appointments, including medication evaluations. Call (510) 642-2000 to schedule. Or go to the UHS website <https://uhs.berkeley.edu>
- Health education appointments to discuss diet, exercise, and stress management.
Call (510) 642-2000 to schedule.

EMERGENCY CONSULTATIONS

- Counseling and Psychological Services - Monday-Friday 8am-5pm, CPS opens at 9am on Thursdays; (510) 642-9494
- After Hours Assistance - (510) 643-7197
- Crisis Support Service, Alameda County - (800) 309-2131