

# SRI Antidepressant Medications

## Healthful Hints

Health information from  
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**P**LEASE read the following directions until you are certain that you understand them thoroughly. Please talk with me if you have any questions.

1. I've circled the name of your antidepressant medication.

Names in boldface are brand names, and the generic names follow:

|               |                |
|---------------|----------------|
| <b>Zoloft</b> | <b>Paxil</b>   |
| Sertraline    | Paroxetine     |
| <b>Celexa</b> | <b>Lexapro</b> |
| Citalopram    | Escitalopram   |
| <b>Prozac</b> |                |
| Fluoxetine    |                |

2. What are antidepressants?

They are a family of medications developed to treat depressions. They have also been found to be effective in a number of other disorders not related to depression. They are among the safest medications available.

3. Are they tranquilizers, pep pills, sleeping pills, pain pills, hormone pills, sex pills, or nerve pills?

No, none of these. They are a unique family of medications completely different from Valium, narcotics, etc. They work by restoring normal balance to chemicals in the brain.

4. Are they addicting?

**Absolutely not.** A person could not become addicted if he wanted to, even if he takes these medications for months or years.

5. Aren't these the same as "pep pills" or "uppers"?

**Absolutely not.** Pep pills give anybody a sudden boost or energy, whether they are depressed or not. They are dangerous, and I rarely use them. Antidepressant pills, on the other hand, will do *nothing* to a person without depression, but will greatly help a person who has a depression. They are among the safest pills in medicine, much safer than, for example, aspirin or penicillin.

6. Do they have undesirable side effects?

Antidepressants in this drug family, the "serotonin reuptake inhibitors" or "SRIs," have the fewest side effects of any of the medications for depression. Most people never have a problem taking them.

Sometimes during the first few days of treatment, you'll feel a little "weird," like how you feel the day before coming down with a cold. This effect goes away quickly.

Many people lose a few pounds during the first six months of treatment. However, sometimes after that, they may begin to gain weight. If this occurs, we'll work together to find a new medication without that side effect.

Some people taking SRIs have interference with sexual function. You may notice lack of interest or desire, or you may have difficulty achieving orgasm. If you're not in a relationship or this effect is mild, most people don't mind. If it's severe, we may need to find another medication.

7. Are there any interactions with other drugs?

Usually not. Sometimes, people taking high doses of SRIs become anxious or have other nervous-type symptoms if they take other antidepressant medications or certain cold remedies like dextromethorphan (in many over-the-counter cough syrups) or pseudoephedrine (a common decongestant). Read labels before buying cold drugs.

Also, Paxil or Prozac may interfere with the metabolism of other medications you may be taking.

8. How do I use this medication?

This medication must be taken regularly, not just when you feel like you need it. In other words, never stop taking the medication because you feel better and think you don't need it. Stop it only when I tell you to.

*(The biggest problem with this medicine is that people stop taking it as soon as they feel better. Then their symptoms come back.)*

### What else are they used for besides depression?

SRIs-type antidepressants are the treatment of choice for:

- Panic attack syndrome
- All kinds of anxiety
- Obsessive compulsive disorder
- Bulimia and anorexia

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## 9. How long will I have to take this medication?

Usually at least three months, but often a year or two. Fortunately, the medications can be taken safely as long as needed, even for a lifetime.

## 10. What else should I know about SRI-type antidepressants?

a) It usually works best to take all your pills in one dose in the morning.

**If the medicine makes you groggy, take it 2–3 hours before bedtime.** This is sometimes a problem with Paxil, but most people prefer taking Paxil in the morning. Feel free to figure this out yourself.

If a medication makes you persistently sleepy after the first few days of treatment, call me. I'll change to another antidepressant that will not make you feel so drowsy.

b) These medications may cause you to feel a little nervous at the beginning of the treatment. This is temporary. Occasionally, Zoloft will make it hard to sleep, even if you take it early in the day. This is also a temporary effect. If these effects continue for more than a week or two, call and we'll change you to a different medication. (If you have *manic-depressive disorder*, an antidepressant may cause severe agitation. If this occurs, stop the medication and call.)

**c) Most of the good effects of this medication will not show themselves for one to two weeks.** When the medication does begin to work, many things will become much better—energy will increase, sex drive will return to nor-

mal, headaches will go away, and the tendency to cry and feel irritable will go away; in other words, you will feel like you are back to normal.

d) When you do begin to feel back to normal, **do not stop the medication.** If you do, you will feel worse again in a few days or a week or two.

**e) You cannot get “hooked” on these medications. They are not dope. It makes no difference how much or how long you take these medications. Habituation is simply not possible.**

f) Once you've been taking this medication for a month or more, *do not* stop it suddenly. (You may get side effects that are the reverse of the initial start-up effects.) Instead, taper the medication slowly over a month and then stop it. (But there's no need to taper Prozac; you can just stop.)

g) Everyone differs in how much of these medications they need. The usual dose ranges from 10–60 mg. per day. With Zoloft, the range is 25–200 mg. per day. We'll work together to determine the best dose.

Occasionally, someone who has done well on a lower dose for a few months may begin to feel depressed again. Often, they will feel better again with a small increase in dose.

h) It is extremely important that I see you again after about the first two weeks of treatment in order to evaluate whether our diagnosis and treatment are correct. *Do not stop taking the medications until you do see me, unless side-effects are intolerable on the lowest doses.*

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i) If anything troublesome happens which you think may be due to the medication, call and let me know what is happening. Many times the problem will have nothing to do with the medication at all.

j) You should be able to work, drive and carry out your usual activities while taking the medication. When first beginning the antidepressant, you should use some caution about driving or engaging in other possibly dangerous activity until you see how the medicine will affect you.

k) The safety of these medications lies in the fact that *you cannot hide from troublesome life situations with them.* If for example, *you do not have the true medical illness of depression*, but instead are only working too hard, you will receive no “energy” from these pills.

They work only when the disease of depression is present (or one of the other indications for this medicine), and, in that situation, they give dramatic and gratifying relief of your symptoms. Thus, you can see the difference between these medications and such drugs as alcohol, “uppers,” “nerve pills,” sleeping pills and the like. All of these drugs can be used as an “escape” from life's problems and, as such, can be habituating. The antidepressants *cannot* be used that way. This is their greatest safety feature. (In fact, they are *safe* to use if you have a problem with alcoholism or addiction that is in remission—you've stopped using.)