

SSRI Antidepressants

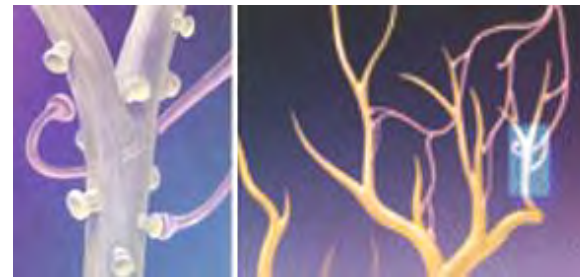
Selective Serotonin Reuptake Inhibitors (SSRIs) include fluoxetine (prozac), paroxetine (paxil), fluvoxamine (luvox), sertraline (zoloft), citalopram (celexa), escitalopram (lexapro). Although classified as antidepressants, SSRIs also treat generalized anxiety disorder, post-traumatic stress disorder, social phobia, panic disorder, obsessive-compulsive disorder, bulimia and other conditions.

How can SSRIs help me?

How they will help you depends on your condition. In general, they reduce anxiety and depression by returning serotonin to its normal levels in the brain. Sometimes chronic stress can lower serotonin and cause those symptoms, other times serotonin falls for no clear reason. In either case, SSRIs can help.

It usually takes 3-6 weeks to see their effects, although some people do respond sooner.

They do not change who you are, although they may allow you freedom to develop in ways that those emotions had prevented. Some people say that they feel more like their usual self, or are better able to deal with stress, after taking them. New research shows that SSRIs can prevent the damaging effects that stress and depression have on brain cells by enhancing brain growth in the hippocampus and amygdala, which are involved in mood and memory (see below).



Before treatment: the effects of depression and stress have caused this nerve cell to shrink back like a tree with few branches.



After treatment: SSRIs have strengthened the roots and connections of the brain cell. The result is better communication within the brain and better stress management.

When should I take it?

SSRIs can be taken morning or night, once per day. If the medicine makes you drowsy, it is best to take in the evening. Otherwise the morning may work best as they sometimes can disrupt sleep. Most can be taken with or without food, although sertraline (zoloft) is absorbed better if taken with food. Taking with food can also reduce nausea on them.

What should I do if I forget a dose?

Take the missed dose as soon as you remember it. However, if it is almost time for the next dose, skip the missed dose and continue your regular dosing schedule. Do not take a double dose to make up for a missed one. Do not take more than the prescribed daily amount in 24 hours.

How long do I need to take it?

In general, the medicine should be taken at least 6-12 months after the symptoms resolve in order to prevent the problem from returning. That gives the brain time to build up habits of stability. Some people may need to take the medication longer to prevent the return of depression, especially if they have had 3 or more episodes of depression in their life.

What happens if I stop it?

Most SSRIs need to be stopped gradually to prevent withdrawal symptoms. These are flu-like symptoms that are unpleasant but not dangerous; examples include:

- Dizziness, nausea, lethargy, sensory changes (numbness, tingling, shock-like feelings), blurred vision, headache, vivid dreams, anxiety.

You cannot become addicted to SSRI medications. In other words, if you stop the medicine, you will not crave it or be more likely to have depression or anxiety than before. In fact, treatment, either with psychotherapy or medication, allows the brain to reorganize itself in ways that help prevent future symptoms.

Are there differences between them?

Most evidence suggests that all SSRIs are equally effective for the conditions mentioned above. Although it is difficult to predict which SSRI is best for you in advance, it is known that if you do not respond to or cannot tolerate one SSRI a switch to a different one may still help.

There are a few important differences among them. Fluoxetine is the safest in children and is the only one that improves weight loss and reduces binge-eating. Fluoxetine leaves the body slowly (over several weeks) so has no withdrawal syndrome; it is also available as a weekly tablet.

Paroxetine and fluvoxamine leave the quickest and have the greatest risk of causing withdrawal symptoms. Paroxetine and fluvoxamine are also available in extended-release (ER) forms which may slightly improve their side effects but do not reduce the withdrawal symptoms. Citalopram and

escitalopram both contain the same chemical, but it is more concentrated in the escitalopram form. Sertraline is the safest in heart disease.

The SSRIs also differ in how they interact with other medications you may be taking.

Can they cause harm?

SSRIs may worsen certain psychiatric conditions, such as bipolar disorders (“manic-depression”). If you notice these signs while taking them, call me:

> Feeling hyper, irritable, speeded up, giddy or “too happy”; decreased need for sleep, paranoid feelings, racing thoughts, high anxiety, talking fast.

People may also feel worse on SSRIs because of side effects (see below). For example, although SSRIs usually relieve anxiety, anxiety is also a rare side effect.

What side effects can I expect?

The following side effects are usually mild and often improve over time:

Nausea, vomiting, constipation, diarrhea, stomach distress, dry mouth, dizziness, headache, palpitations, tingling or numbness, sweating, drowsiness, vivid dreams, anxiety, yawning, blurred vision.

The following side effects may persist and can be treated or will go away if the medicine is stopped:

Decreased sex drive, delayed orgasm, tiredness or low motivation. SSRIs have mild blood-thinning effects, so you may notice increased menstrual flow or other bleeding. You may need to stop them if you undergo surgery.

The following side effects indicate that the medicine may need to be stopped; call me if they occur:

Agitation, intense mood swings, racing thoughts, insomnia, restless feelings like you can't stop moving.

Serotonin Syndrome: this condition is very rare with SSRIs but can be more common if they are taken with other antidepressants or with lithium, tryptophan, buspar, or St. John's Wort. It is caused by too much serotonin

in the brain. Symptoms include fever, muscle jerks, diarrhea, sweats, racing heart, stomach pain, confusion and mood swings. If this occurs, stop the medication and call me or go to your local emergency room.

An allergic reaction is possible with any medication. Symptoms include the following; stop the medication and call me if these occur: *Pounding heartbeat; swelling of the face, throat, tongue, lips, eyes, hands, feet, ankles, or lower legs; hoarseness; difficulty swallowing or breathing; hives; rash.*

All SSRIs may decrease bone strength in post-menopausal women.

Citalopram may increase the risk of heart arrhythmias at doses of 60mg and above.

Paroxetine may make your skin sensitive to sunburn.

Interactions

Recreational drugs: Although alcohol does not have dangerous interactions with SSRIs, drinking too much can prevent them from working. Recreational drugs can also prevent them from working.

Over the counter medicines: Do not take Saint John's Wort with SSRIs; this can cause Serotonin Syndrome (see above) and other interactions.

Prescribed medications: Do not take MAOI antidepressants (phenelzine, nardil, tranylcypromine, parnate, isocarboxazid, marplan, procarbazine, matulane, selegiline, eldepryl) with SSRIs. Other medication interactions vary for each SSRI; talk to me or check with your pharmacist about other medicines you are taking.

How to store and dispose of medication

- Keep out of the reach of children.
- Store away from heat, direct light and damp places.
- To safely dispose of unwanted pills: Do not pour in the toilet or sink (it will enter the water supply). To prevent children or pets from eating it, mix unwanted pills in a bag with a little water and inedible trash (such as coffee grounds or kitty litter) and throw in the trash.

–Chris Aiken, MD, updated 1/29/2015

Quick facts

| Generic (brand) | Sizes | FDA Approval, Typical doses |
|---|--|---|
| Fluoxetine (prozac, sarafem) <i>Released 12/29/1987</i> | > Tabs: 10, 20, 60mg > Caps: 10, 20, 40mg > Weekly: 90mg | Depression in adults and children (20-40mg/d) OCD (40-80mg/d) Panic disorder (20-60mg/d) Premenstrual dysphoric disorder (20mg/d) Bulimia (60mg/d) |
| Sertraline (zoloft) <i>Released 12/30/1991</i> | > Tabs: 25, 50, 100mg > Liquid: 20mg/ml | Depression (50-100mg/d) OCD (100-300mg/d) Panic disorder (100-200mg/d) PTSD (50-100mg/d) Social anxiety (100-200mg/d) Premenstrual dysphoric disorder (25-100mg/d) |
| Paroxetine (paxil, brisdelle, pexeva) <i>Released 12/29/1992</i> | > Tabs: 10, 20, 30, 40mg > Caps: 7.5mg (brand only) > XR: 12.5, 25, 37.5mg > Liquid: 10mg/5ml | Depression (20-40mg/d) Generalized anxiety (20-60mg/d) OCD (40-60mg/d) Panic disorder (20-75mg/d) PTSD (20-60mg/d) Social anxiety (20-60mg/d) Premenstrual dysphoric disorder (20mg/d) Vasomotor symptoms of menopause (7.5mg/d) |

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| Fluvoxamine (luvox) | > Tabs: 25, 50, 100mg > ER: 100, 150mg | OCD in adults and children (100-300mg/d) |
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| <i>Released 12/5/1994</i> | | |
| Citalopram (celexa) <i>Released 7/17/1998</i> | > Tabs: 10, 20, 40mg > Liquid: 10mg/5ml | Depression (20-40mg/d) <i>Note: doses beyond 40mg/d may cause heart arrhythmias</i> |
| Escitalopram (lexapro) <i>Released 8/14/2002</i> | > Tabs: 5, 10, 20mg > Liquid: 5mg/5ml | Depression (10-20mg/d) Generalized anxiety (10-20mg/d) |