

# A Brief Guide To Anti Depressants

## How Do They Work?

Put very simply, anti depressant medication helps to balance out the chemicals in your brain. Normally the brain releases enough chemicals, called neurotransmitters, which then stimulate the other cells in your brain. The neurotransmitters are broken down and reabsorbed into your brain cells as a natural process and this keeps your mood OK. But in depression fewer of these get released and this leads to a reduced level of stimulation. The levels of neurotransmitters in your brain are raised by anti depressant medication and/or they are stopped from being broken down and reabsorbed by your brain so quickly depending on the type of anti depressant you take.

## So What Are They?

Anti depressants are divided into various categories and some are more commonly prescribed than others.

The more modern anti depressants (available in the UK since 1988 and Citalopram since 1995) are called Selective Serotonin Re-uptake Inhibitors (SSRIs) and they tend to have fewer side effects. They work by blocking the re-uptake of only one neurotransmitter, called serotonin. They can help with anxiety, obsessive compulsive disorders and eating disorders as well as depression.

Tricyclic Antidepressants (TCAs) can cause drowsiness which can be helpful if your depression is causing sleeplessness. They work by blocking the re-uptake of neurotransmitters serotonin and also norepinephrine (noradrenaline). Monoamine Oxidase Inhibitors (MAOIs) which work in the same way as TCAs, can help people who are anxious as well as depressed and also can help with phobias.

You may also come across Serotonin & Noradrenaline Reuptake Inhibitors (SNRIs,) Noradrenergic & Specific Seretonegic Antidepressants (NaSSAs) and Reversible Inhibitors of Monoamine Oxidase-A (RIMAs)

Here is a list of some (but not all) common anti depressants (their trade names are in brackets):

### **TCAs:**

Amitriptyline (Tryptizol)  
Amoxapine (Asendis)  
Clomipramine (Anafranil)  
Dothiepin (Prothiaden)  
Doxepin (Sinequan)  
Imipramine (Tofranil)  
Lofepramine (Gamanil)  
Nortriptyline (Allegron)  
Trimipramine (Surmontil)

### **MAOIs:**

Isocarboxazid (Marplan)  
Phenelzine (Nardil)  
Tranlycypromine (Parnate)  
Moclobemide (Manerix)

### **SSRIs:**

Citalopram (Cipramil)  
Fluoxetine (Prozac)  
Fluvoxamine (Faverin)  
Paroxetine (Seroxat)  
Sertraline (Lustral)

### **SNRIs:**

Reboxetine (Edronax)  
Venlafaxine (Efexor)

### **RIMA:**

Moclobemide (Manerix)

### **NaSSA:**

Mirtazapine (Zispin)

## **How Long Do They Take To Work?**

For most anti depressants to become fully effective usually takes up to a month, or even 6-8 weeks in an older person, but you may feel a change within 2 to 3 weeks. Make sure you take them every day or they won't work. Unpleasant side effects such as feeling sick, restless and having headaches can be around for you particularly in the first week, but if you persist with taking the tablets regularly then these should go away. If your side effects are severe or don't go away, however, then do go back to your GP as there are lots of anti depressants to choose from and your GP may be able to prescribe you a different one that suits you better.

## **Can I still Drink Alcohol?**

This varies according to what you've been prescribed so it's always a good idea to carefully check the information that is included in your tablet packet. With many modern anti depressants (the SSRIs) it's still OK to drink some alcohol but you may find that your anti depressants don't work so well. Alcohol itself is a depressant and may cancel out the benefits of the tablets, so you may end up feeling worse. Or you may just find that you feel physically ill or become very anxious, panicky or drowsy. It's best to avoid alcohol or at least cut right down whilst you are taking your medication and try to stick to just one or two drinks. With the MAOIs and TCAs then you will be told not to drink alcohol at all.

Most importantly, if your instructions or GP tell you to avoid alcohol, then do!

## **When Do I Have To Come off Them?**

The good thing about modern anti depressant medication is that you can stay on them for as long as you and your GP think they are benefitting you. This may be some months, or in some cases, years. Unlike the old fashioned tranquilliser type medicines, modern anti depressants aren't physically addictive, although you may feel some psychological dependency and anxiety about whether you can cope without them, which you can discuss with your GP.

You will eventually reach a point when you feel that anti depressants are no longer having an impact and you are ready to experience the world again free from the medication. This timescale is different for everyone.

## **...And How?**

It's very important that when you do decide to come off anti depressants, you do so gradually, under the guidance of your doctor, as stopping suddenly may plunge you back into negative physical symptoms like nausea, headaches and a recurrence of the depression. If you are on a higher dose, your GP may first lower it, or with lower doses you may need to take them every other day instead of daily. Your GP will advise you on how to achieve coming off. Often you will be advised to continue taking your tablets for a period of time – the current recommendation is six months – after your depression has gone to ensure that it doesn't return. Remember, if you come off and feel very depressed again, you can see your GP and discuss re-taking them.

Do contact your **GP or nurse** for more information. If you have an urgent non-emergency health need and live in Nottingham City, phone 111 for help and advice.