BECOMING A BETTER CONSUMER OF ANTI-DEPRESSANT MEDICATIONS
AUGSBURG CENTER FOR WELLNESS & COUNSELING

Here are some things to think about in using anti-depressant medications most effectively, taken from consultations with CWC’s former consulting psychiatrist Henry Emmons (author of The Chemistry of Joy and The Chemistry of Calm):

• If this is the first time you are using anti-depressant medication, **for most people it is best to take the medication short-term (maximum 6-8 months) while working in counseling on the dynamics underlying the depression or anxiety.** After this time, it can be a little more difficult to get off the medication because of short-term changes in the brain’s metabolizing of serotonin. If you do take the medication for longer than 6-8 months (this may be necessary for individuals with a significant biological component of depression as indicated by a family history, or who have had recurrent major depressions) it is important to taper off the medications more slowly in order to minimize side effects. Please note: MD’s have differing opinions on appropriate length of time for first-time use of an anti-depressant, and determine this based on the individual patient’s needs.

• Standard practice is to have a **follow-up session** scheduled with your doctor 2-3 weeks after you start taking your medication. This is important because it will help you review any side effects related to the medication and adjust dosage or timing of dosages. Schedule a follow-up with your doctor at your initial appointment.

• **It is very important that you take the medications consistently, exactly as your physician prescribes.** If you are prescribed daily medication and have difficulty remembering, find a gimmick that works to use daily (e.g., a pill box with day and time of day; place by toothbrush or breakfast cereal bowl; have a friend or family member remind you; set an alarm on a watch or phone). If you don’t take the medication as prescribed, you will lose the effectiveness of the medication and may experience more side effects.

• It is very important to **monitor your symptoms and any possible side effects** to report back to your MD (you may want to try keeping a daily or weekly log of your mood, energy level, sleepiness, and anxiety). This will help your MD determine the need for any adjustments in your medications. Educate yourself on the common side effects of your particular medication (these will be listed by the pharmacist).

*Sometimes you may need to talk to your MD about switching medications or adjusting the dosage of the current medication. For example, when taking an SSRI anti-depressant, some people may initially feel a good response from a particular SSRI, but several weeks later may feel tired all the time – this may indicate that their dosage is too high, or that they need a different medication. Only make changes after consulting with your MD. Be cautious about making any changes the week before or week of finals.

• **If you use alcohol,** discuss this with your MD, as many anti-depressant medications will affect the way your body processes alcohol (you may get intoxicated much more quickly when on an SSRI, for example). Further, as alcohol is a depressant, it may work against the positive effect of the anti-depressant in your body.
• **If you are having trouble sleeping at night after starting the medication**, talk to your MD; your doctor may direct you to take the medication at a different time of day (morning), add an anti-depressant such as Trazodone for sleep, or adjust the dosage of your medication.

• **When you are ready to stop taking the medication, talk with your doctor about timing and dosages for tapering off the medication** (usually over a couple of weeks, several weeks for some medications such as Paxil). It is best not to stop taking the medication at a high-stress time. If you do stop taking the medication “cold turkey” you have an increased likelihood of experiencing negative withdrawal symptoms (e.g. increased depression, anxiety, flu-like symptoms).

• Anti-depressants may become ineffective over time for some individuals; time frame tends to be about 6-8 months for those individuals that have this problem with the medication.

• Some individuals may experience symptoms of serotonin “withdrawal” from several weeks to several months after stopping taking an anti-depressant medication. Symptoms of this include moodiness, uncontrolled crying, and anxiety. These symptoms will level out over time. If the symptoms are interfering with your daily life, consult your MD.

**IMPORTANT CAUTION**

• If someone in your family (parents, siblings, aunt or uncle, grandparent) has been diagnosed with **bipolar depression**, make sure to let your MD know about this. There is a risk that manic or hypomanic symptoms may be precipitated by taking SSRI’s in individuals with this family history. This may not mean that you cannot try the SSRI, but your doctor may want to start you on a lower dosage, and it would be important for you to report right away to your doctor any side effects such as becoming more angry, irritable, restless/can’t sit still, or difficulty sleeping.

**QUESTIONS YOU MAY WANT TO ASK YOUR MD**

Why did you choose this particular medication for me?
What time of day should I take the medication? What should I do if I miss a dose?
What side effects should I watch out for?
What should I do if I am experiencing side effects (call you, call your nurse)?
Can I use alcohol while on this medication?
When can I expect to start feeling better?
When should I schedule a follow-up appointment?
How will I know when I am ready to go off the medication?
(If you are having trouble sleeping) Will this medication help with my sleep?

Disclaimer: This handout is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding your medical condition.