

# What You Should Know

# Sleep

# Weight Change

# Stopping Approach

## Will this medicine work for me?

- The antidepressants presented in this decision aid all work the same for treating depression.
- Most people with depression can find one that can make them feel better.
- 6 out of 10 people will feel better with the first antidepressant they try and the rest will have to try other antidepressants before they find the one that is right for them.

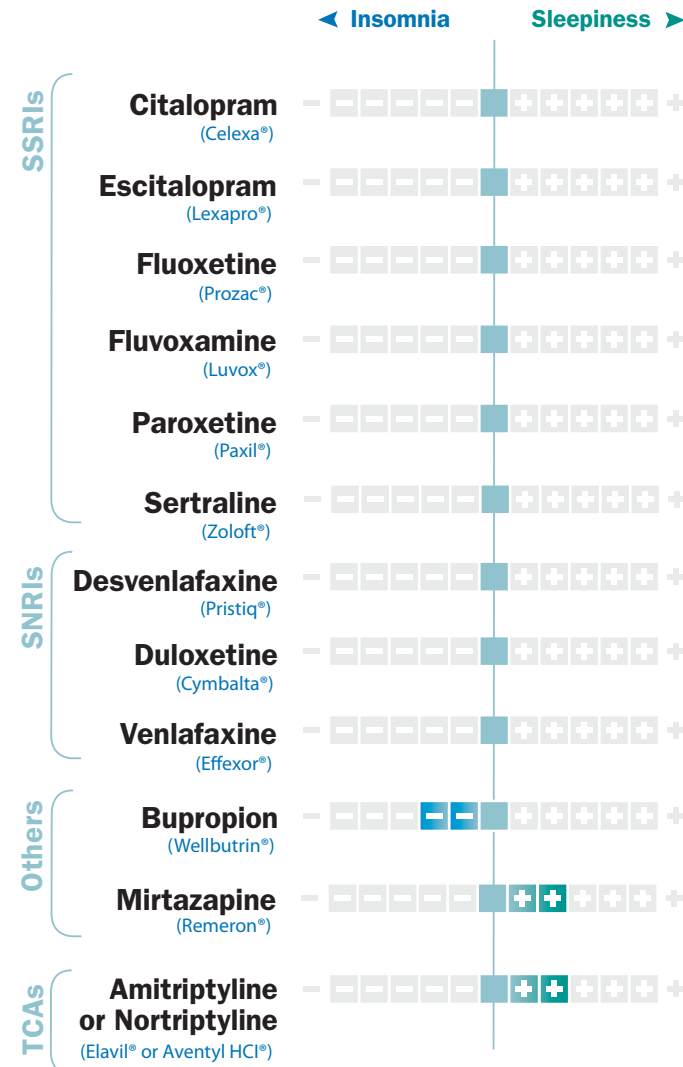
## How long before I feel better?

- Most people need to take an antidepressant regularly for at least 6 weeks to begin to get the full effect.

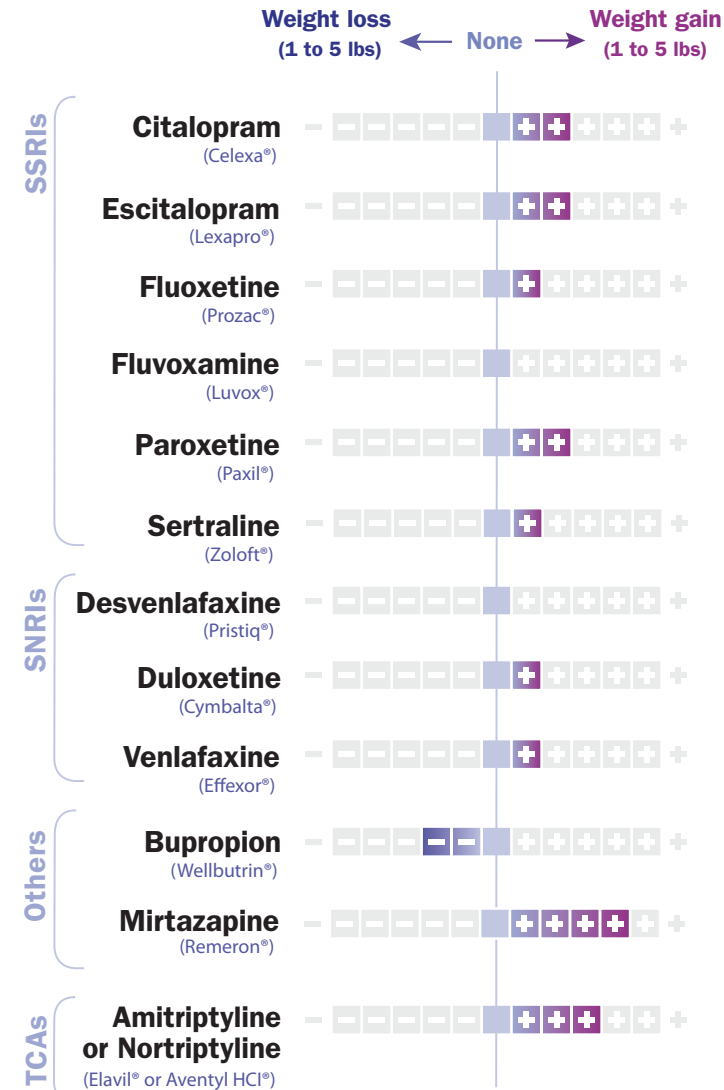
## Understanding side effects

- Most people taking antidepressants have at least one side effect.
- Many side effects go away after a few weeks, but some only go away after you stop the medicine.

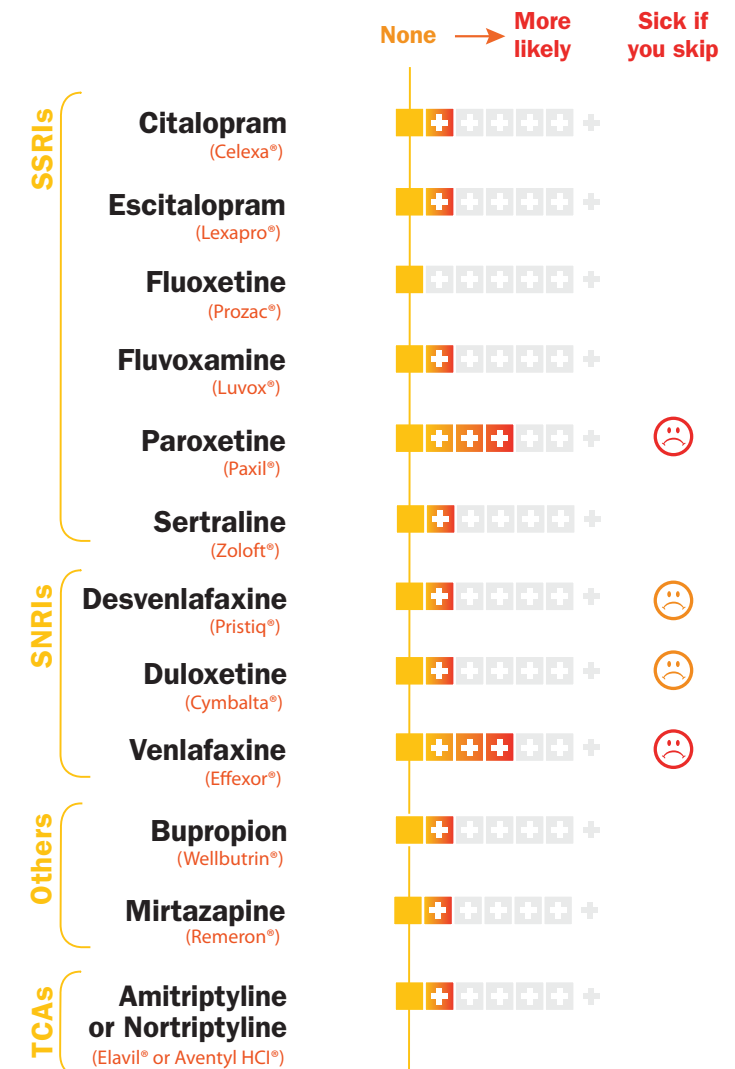
Some people may experience sleepiness or insomnia because of their antidepressant.



Some people may experience weight change. It is most likely to occur over six to twelve months and depends on your actual weight. The chart below is based on a 150 lb person.



Quitting your medicine all at once can make you feel sick, as if you had the flu (e.g. headache, dizziness, light-headedness, nausea or anxiety).



# Sexual Issues

# Cost

# Keep in Mind

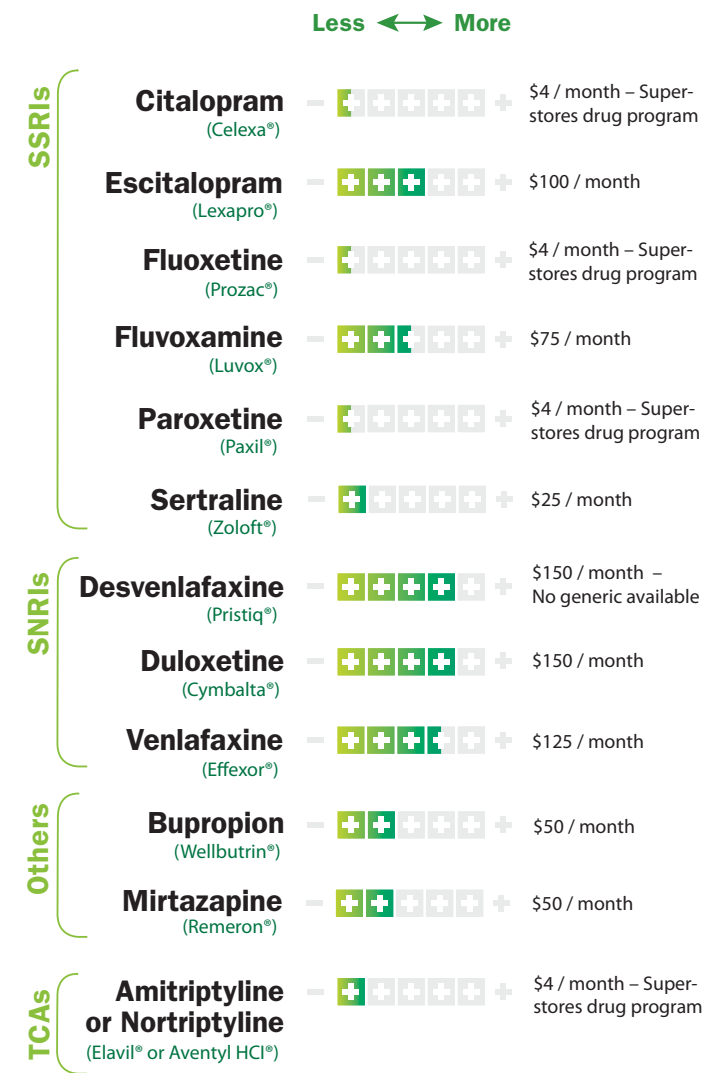
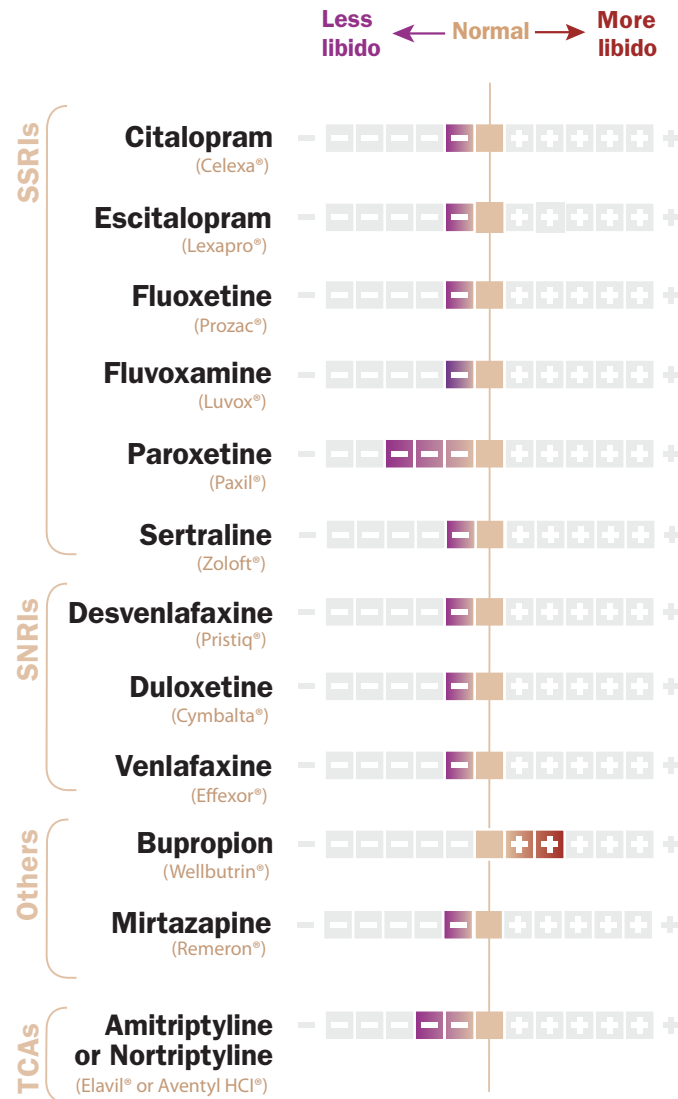


Some people may experience loss of sexual desire (libido) or loss of ability to reach orgasm because of their antidepressant.

These figures are estimates and are for comparative reference only. Actual out-of-pocket costs vary over time, by pharmacy, insurance plan coverage, preparation and dosage.

Depression medicines may cause some:

- constipation, diarrhea and nausea
- increased risk of suicidal thoughts and behaviors (18- to 24-year-olds)
- harm to an unborn child
- risk of developing serotonin syndrome, a potentially life-threatening condition
- possible drug-drug interactions



SSRIs	Additional considerations
<b>Citalopram</b> (Celexa®)	Can cause problems with your heart
<b>Escitalopram</b> (Lexapro®)	Currently no other issues
<b>Fluoxetine</b> (Prozac®)	More likely to interact with other drugs you are taking
<b>Fluvoxamine</b> (Luvox®)	More likely to cause constipation, diarrhea or nausea Not officially recognized as a treatment for Major Depressive Disorder
<b>Paroxetine</b> (Paxil®)	If you are pregnant, this medicine is more likely to cause problems with your unborn child
<b>Sertraline</b> (Zoloft®)	More likely to cause diarrhea
SNRIs	
<b>Desvenlafaxine</b> (Pristiq®)	Tell your doctor if you have high blood pressure
<b>Duloxetine</b> (Cymbalta®)	Can help with pain Tell your doctor if you have high blood pressure
<b>Venlafaxine</b> (Effexor®)	More likely to cause nausea and vomiting Can cause problems with your heart Tell your doctor if you have high blood pressure
Others	
<b>Bupropion</b> (Wellbutrin®)	Higher risk of seizures
<b>Mirtazapine</b> (Remeron®)	Starts to work more quickly
TCAs	
<b>Amitriptyline or Nortriptyline</b> (Elavil® or Aventyl HCl®)	More likely to cause constipation, diarrhea or nausea Can help with pain If you are elderly, this medication may not be the best option

## MAKING WISER CHOICES ABOUT MEDICINES

A take-home guide to help patients compare depression medicines.

This information reflects the best available research studies. It was prepared by Mayo Clinic researchers without funding from makers of depression medicines.