

MindMATTERS

THE MVP NEWSLETTER FOR MEMBERS WITH DEPRESSION

Antidepressants Used to Treat Depression and Side Effects

Depression is commonly treated with antidepressant medications. Antidepressants work to balance some of the natural chemicals in our brains. These chemicals are called neurotransmitters, and they affect our mood and emotional responses. Antidepressants work on neurotransmitters such as serotonin, norepinephrine, and dopamine.



The most popular types of antidepressants are called selective serotonin reuptake inhibitors (SSRIs). These include:

- **Fluoxetine (Prozac®)**
- **Citalopram (Celexa®)**
- **Sertraline (Zoloft®)**
- **Paroxetine (Paxil®)**
- **Escitalopram (Lexapro®).**

Other types of antidepressants are serotonin and norepinephrine reuptake inhibitors (SNRIs). SNRIs are similar to SSRIs and include venlafaxine (Effexor®) and duloxetine (Cymbalta®). Another antidepressant that is commonly used is bupropion (Wellbutrin®). Bupropion, which works on the neurotransmitter dopamine, is unique in that it does not fit into any specific drug type.

SSRIs and SNRIs are popular because they do not cause as many side effects as older classes of antidepressants. Older antidepressant medications include tricyclics, tetracyclics, and monoamine oxidase inhibitors (MAOIs). For some people, tricyclics, tetracyclics, or MAOIs may be the best medications.

What are the side effects?

Antidepressants may cause mild side effects that usually do not last long. **Any unusual reactions or side effects should be reported to a doctor immediately.**

The most common side effects associated with SSRIs and SNRIs include:

- Headache, which usually goes away within a few days
- Nausea (feeling sick to your stomach), which usually goes away within a few days
- Sleeplessness or drowsiness, which may happen during the first few weeks but then goes away; sometimes the medication dose needs to be reduced or the time of day it is taken needs to be adjusted to help lessen these side effects
- Agitation (feeling jittery)
- Sexual problems, which can affect both men and women and may include reduced sex drive, and problems having and enjoying sex

Tricyclic antidepressants can cause side effects, including:

- Dry mouth
- Constipation
- Bladder problems; it may be hard to empty the bladder, or the urine stream may not be as strong as usual. Older men with enlarged prostate conditions may be more affected
- Sexual problems, which can affect both men and women and may include reduced sex drive, and problems having and enjoying sex

- Blurred vision, which usually goes away quickly
- Drowsiness; usually, antidepressants that make you drowsy are taken at bedtime

People taking MAOIs need to be careful about the foods they eat and the medicines they take. Foods and medicines that contain high levels of a chemical called tyramine are dangerous for people taking MAOIs. Tyramine is found in some cheeses, wines, and pickles. The chemical is also in some medications, including decongestants and over-the-counter cold medicine.

Mixing MAOIs and tyramine can cause a sharp increase in blood pressure, which can lead to stroke. People taking MAOIs should ask their doctors for a complete list of foods, medicines, and other substances to avoid. An MAOI skin patch has recently been developed and may help reduce some of these risks. A doctor can help a person figure out if a patch or a pill will work for him or her.

It is important to continue taking your medication for depression even when you feel better, to keep symptoms from returning. Before you stop medication or therapy, talk to your doctor or therapist. Remember, depression is an illness that requires monitoring and treatment.



Depression and Women

Depression is more common among women than among men. Biological, life cycle, hormonal and psychosocial factors unique to women may be linked to women's higher depression rate. Researchers have shown that hormones directly affect brain chemistry that controls emotions and mood. For example, women are particularly at risk for depression after giving birth, when hormonal and physical changes, along with the new responsibility of caring for a newborn, can be overwhelming. Many new mothers experience a brief episode of the "baby blues," but some will develop postpartum depression, a much more serious condition that requires active treatment and emotional support for the new mother. Some studies suggest that women who experience postpartum depression often have had prior depressive episodes.

Some women may also be susceptible to a severe form of premenstrual syndrome (PMS), sometimes called premenstrual dysphoric disorder (PMDD), a condition resulting from the hormonal changes that typically occur around ovulation and before menstruation begins. During the transition into menopause, some women experience an increased risk for depression. Scientists are exploring how the cyclical rise and fall of estrogen and other hormones may affect the brain chemistry that is associated with depressive illness.

Finally, many women face the additional stresses of work and home responsibilities, caring for children and aging parents, abuse, poverty, and relationship strains. It remains unclear why some women faced with enormous challenges develop depression, while others with similar challenges do not.

Sources for this issue: National Institute of Mental Health (NIMH), part of the National Institutes of Health (NIH), a component of the U.S. Department of Health and Human Services.

MVP Health Care offers a care management program for members living with depression. For more information or to see if you qualify, call 1-866-942-7966. MVP Health Care, as part of its continuing Quality Improvement Program, adopted a depression guideline. The guideline is based on the Institute for Clinical Systems Improvement's guideline: Depression.

How can I help myself if I am depressed?

You may feel exhausted, helpless and hopeless. It may be extremely difficult to take any action to help yourself. But it is important to realize that these feelings are part of depression and do not reflect actual circumstances.

As you recognize your depression and begin treatment, negative thinking will fade. In the meantime:

- Engage in mild activity or exercise. Go to a movie, a ballgame, or another event or activity that you once enjoyed. Participate in religious, social or other activities.
- Set realistic goals for yourself.
- Break up large tasks into small ones, set some priorities and do what you can, as you can.
- Try to spend time with other people and confide in a trusted friend or relative. Try not to isolate yourself, and let others help you.
- Expect your mood to improve gradually, not immediately. Do not expect to suddenly "snap out of" your depression. Often during treatment for depression, sleep and appetite will begin to improve before your depressed mood lifts.
- Postpone important decisions, such as getting married or divorced or changing jobs, until you feel better. Discuss decisions with others who know you well and have a more objective view of your situation.
- Be confident that positive thinking will replace negative thoughts as your depression responds to treatment.

