

Depression

A handy chart to help you compare the medicines to help the symptoms of depression

Anxiety and depression often occur together, you might also want to look at the Handy Chart for anxiety

Please note: You are unique and this is only a guide!

This guide will be about right for most people, but not everyone. Some people may get better but some may stay the same. Some may improve quicker than other people. Some may get all the side effects in the book, others none at all. What happens to you will depend on your unique brain and your genes. However, this guide should help you to be able to choose between the many medicines. There are many other ways you can be helped e.g. talking therapies, help with coping with the symptoms, relaxation, and self-help.

No guide can be 100% unbiased, but we have tried hard to stick to the facts about medicines. We hope you take this guide in the way in which it is intended i.e. an honest attempt to inform, educate and help.

What the sections in the table mean:

Medicine – these are the main medicines to help treat the symptoms of depression, and a few others that are sometimes used.

- These are in no special order but the SSRIs are usually the first choice
- We have listed them as their “generic name” (the name of the actual medicine)
- This is only a short guide so see the rest of our website for more details
- Not all these medicines work as well as each other. Your clinician may be able to help you choose which one (or ones) might be best for you.
- Some of these medicines might not be used in your area

Usual dose per day – this will depend on how well you do and what side effects you get. Some people need higher, some need lower doses. It is usually best to start a medicine slowly; it's kinder to your brain.

How we think it might work – this is how we think the medicine works in the brain. There is more on this on our website. Taking two medicines with the same way of working doesn't often help much. Serotonin and noradrenaline are two of the brain's chemical messengers. Serotonin helps control mood, emotions, feeding and sleep. Noradrenaline helps control drive, motivation, alertness and sleep.

How long it takes to work – this is just a guide as some people may get better quicker or slower. But don't give up too early.

Some of the main side effects – these are just a few of the main side effects. Many are worse at higher doses, but most wear off after a few weeks.

- = Most people will get this side effect
- = Quite a few will get this side effect
- = Only a few people will get this side effect
- o = This is very rare or not known

The side effects here are:

- **Drowsiness** – feeling sleepy or doped up
- **Weight gain** – feeling more hungry and putting on weight
- **Nausea** – feeling sick, but not usually being sick
- **Dry mouth etc** – plus blurred vision, constipation, poor memory, difficulty passing urine (sometimes called “anticholinergic side effects”)
- **Sexual problems** – lack of desire or pleasure
- **Sleep problems** – sleep not being as refreshing as usual

There are many other possible side effects.

Please see our website for more details of each of the medicines and side effects.

How long you could or should take it for - how long you take any medicine for will be up to you. Taking a medicine means remembering every day and may be also getting some side effects. It also often means you get well and stay well. You will need to decide what helps you best and what helps you get on with your life.

How to stop it – some medicines can be stopped quickly. Others should be stopped slowly. It is best to try to stop all medicines slowly – it's kinder to your brain.

Tips on how to get the best out of medication:

- Read our website to make sure you know what the medicine is for, when and how to take it and for how long to take it
- Try to get the best out of one medicine before trying another. Get the right dose for you, try taking it at different times, and try to cope with any side effects
- Take it regularly every day (*find ways to remember e.g. leave the pack by your bed, in the kitchen, next to your toothbrush, in your car if you have one, next to the TV or computer, but don't forget to keep them out of the sight and reach of children*)
- Although medicines can help most people's symptoms, they are not always the only answer. Please see our website for ideas for self-help, and help from others

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Medicine	Usual dose	How we think it might work (probably)	How long it takes to work	Some of the main side effects *						How long you could or should take it for	How to stop it		
				Drowsi-ness	Weight gain	Nausea	Dry mouth	Sexual problems	Sleep problems				
SSRIs: citalopram, escitalopram, fluvoxamine, paroxetine, sertraline, fluoxetine	Citalopram, paroxetine and fluoxetine 20mg a day. Sertraline 50-100mg a day. Escitalopram 10mg a day.	Boost serotonin	They take about 4 weeks for the full effect. But you should start to feel a bit better after a week or two.	●	●	●●●	●	●●●	●	Taking an antidepressant for 6 months after a first bout of depression will really reduce the chances of becoming depressed again. For a second episode, 1-2 years seems best. For a third episode or more of depression, taking an antidepressant for at least 3-5 years reduces the chance of relapse. You might want to think about taking an antidepressant life-long.	Stop paroxetine slowly over several weeks. No big problems with the others		
Venlafaxine	75-225mg each morning	Boost the amount of serotonin and noradrenaline		●	●	●●●	●●	●●●	●●●		Stop slowly over at least 4 weeks		
Mirtazapine	30mg at bedtime (<i>15mg is too low</i>)			●●●	●●●	0	0	0	●		Should be no problems		
Tricyclics e.g. amitriptyline, clomipramine, dosulepin, doxepin, imipramine, lofepramine, trimipramine	Usually 125-150mg a day. Lofepramine 140-280mg a day			●●●	●●	●●	●●●	●●	●●●		Stop slowly over about 4 weeks		
Duloxetine (Cymbalta®)	60mg each morning	Regulates melatonin, boosts noradrenaline and dopamine		●	●	●●●	●	●●	●●		No known problems		
Agomelatine (Valdoxan®)	25-50mg at bedtime			0	0	0	0	0	0				
Trazodone	100-300mg at bedtime			Boosts serotonin	●●●	●	●●	0	●			0	Stop slowly over about 4 weeks
Reboxetine	8-12mg each morning			Boosts noradrenaline	0	0	0	●●●	0			●	Should be no problems
MAOIs e.g. tranylcypromine, phenelzine, isocarboxazid (<i>needs special diet</i>)	Tranylcypromine and isocarboxazid 30mg a day. Phenelzine 45-90mg a day.	Stop the breakdown of serotonin and noradrenaline		●	●●●	●●	●●	●	●●●		Stop slowly over about 4 weeks		
Moclobemide	300-600mg a day			●	●	●●	●●	●	●●				
Tryptophan (Optimax®) <i>only for resistant depression</i>	3-6g a day	Increases serotonin production	0	0	0	0	0	0	Should be no problems				
Lithium (usually with other antidepressants)	Around 400-1000mg a day	We don't really know	May be a month or so	●	●●	●	0	0	0	At least two years	Slowly over at least 4 weeks		

Although the information here may help you choose a medication, please remember that local (e.g. your GP practices) and national (e.g. NICE) guidance and rules may also affect the final decision.

* See other page for more advice about these side effects.