

Brighter Days

Issue 3: 6 Questions About Antidepressants, Answered

So far, you've learned more about your depression diagnosis and available treatment options. This month, WellFirst Health's Behavioral Health Medical Director, Dr. Scott Bohon,* answers some of the most common questions about antidepressant medication.

Introduction

Antidepressants are the most common form of treatment for depression, according to the National Alliance on Mental Illness (NAMI). However, taking antidepressant medications isn't without risks and can lead to a lot of questions about safety and use.

Q1: How does an antidepressant work?

A: Antidepressants ease depression by increasing levels of chemicals in the brain, known as serotonin and norepinephrine. These chemicals carry signals between neurons. Antidepressants work by decreasing the reuptake of these chemicals by the brain cells, which increases the levels of both. Increased levels of serotonin and norepinephrine are associated with improved mood and decreased anxiety. There are some new antidepressants in development that probably work on different nerve receptors.

Q2: What types of antidepressants are there?

A: There are many different types of antidepressants, such as SSRIs, SNRIs, TCAs and MAOIs, all of which work on serotonin, in particular. Each type of antidepressant has unique potential side effects, but the most common ones are SSRIs (serotonin specific reuptake inhibitors). The doctor chooses among the medications based on the symptoms the patient has and which drug is likely to work best and be most tolerable. Some people respond to one type of antidepressant much better than another because their brain chemistry is different.

Q3: What are the possible side effects of antidepressant medications?

A: Antidepressant medicines can be associated with sexual dysfunction, weight gain, sedation, anxiety, dry mouth, and excessive sleep. There are other less common side effects as well, depending on the agent in question. For most people, the side effects are temporary and manageable. Side effects are more common with rapid dose escalation.

**While Dr. Bohon is a licensed psychiatrist and subject matter expert, it is still important to consult your doctor to make a well-informed decision about depression medication.*



Resources

WellFirst Health - Provided by SSM Health

For assistance in finding a behavioral health therapist or psychiatrist, call the Customer Care Center number on the back of your insurance card or use the "Find a Provider" feature on [wellfirsthealth.com](https://www.wellfirsthealth.com).

SSM Health also provides free phone education and resource coordination for members with complex, unstable behavioral health needs. To learn more, visit [wellfirsthealth.com](https://www.wellfirsthealth.com) or call our Customer Care Center.



We are here to help

Call the Customer Care Center number on the back of your insurance card or visit [wellfirsthealth.com](https://www.wellfirsthealth.com)



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Q4: Are antidepressant medications addictive?

A: Antidepressants are not addicting and if stopped, brain chemistry tends to revert back to where it was in many cases. Antidepressants do not cause permanent structural changes in the brain (brain damage).

Q5: How long will it take before I notice symptom improvement?

A: It takes at least six weeks to find out if a particular medicine is going to work since there are also longer term effects of these drugs in the brain. If you are still experiencing symptoms after this time, talk to your doctor. You may need to increase the dose of your current antidepressant medication or try another one altogether. **Do not quit antidepressant drugs prematurely. Abrupt discontinuation may lead to relapse or side effects from withdrawal.**

Q6: How long should I stay on an antidepressant?

A: It's a good idea to stay on an effective antidepressant for at least a year after mood improvement. For second or third depressive episodes, most people decide to stay on the medication long-term.

Tip: Consider Psychotherapy and Medication

Antidepressants are the primary treatment option for people with depression. However, for most people, psychotherapy and medications give better results together than either alone, but this is something to review with your doctor. Examples of psychotherapy:

- Cognitive behavioral therapy (CBT), which helps assess and change negative thinking patterns and behaviors associated with depression. CBT is often time-limited and may be limited to 8-16 sessions in some instances.
- Interpersonal therapy (IPT), which helps patients have better and more effective relationships with others. IPT is often time-limited like CBT.

Other Resources

National Suicide Prevention Lifeline:
1-800-273-TALK (8255)

National Alliance on Mental Illness (NAMI):
nami.org

Depression and Bipolar Support Alliance:
dbsalliance.org

Anxiety and Depression Association of America:
adaa.org

▶ Next Month

Learn how engaging in pleasant activities can increase mood and improve resilience.