

Antidepressants and Side Effects

Antidepressants are thought to work by altering brain concentrations of chemicals called neurotransmitters — primarily serotonin, norepinephrine, histamine and dopamine. There are several different classes / types available:

- Selective Serotonin Reuptake Inhibitors (SSRIs), e.g., Prozac (fluoxetine), Celexa (citalopram), Lexapro (Escitalopram), Paxil (paroxetine), Zoloft (Sertraline)
- Serotonin and Norepinephrine Reuptake Inhibitors (SSNIs), eg, Effexor (venlafaxine), Cymbalta (duloxetine)
- Tricyclic antidepressants (TCAs), eg, Elavil (amitriptyline), Tofranil (imipramine), Pamelor (nortriptyline)
- Monoamine Oxidase Inhibitors (MAOIs), eg, Nardil (phenelzine), Parnate (tranylcypromine)
- Miscellaneous / Others include Remeron (mirtazapine), Trazodone and Wellbutrin (bupropion)

Most non-demented patients respond to the first antidepressant, though some only improve after switching to a different agent or adding a second one from a completely different class. About 10% of persons are treatment resistant and won't respond to any. There is growing evidence that antidepressants are not more effective than placebos (sugar pills) in moderately to severely demented patients.

Patients must take the antidepressant for 3–4 weeks before they are likely to experience a therapeutic effect. Stopping it suddenly may lead to withdrawal symptoms such as anxiety and irritability, or depression may recur. Many people have at least one side effect (see below). Side effects or lack of response are common reasons people stop taking them.

When drugs are used for depression, facilities track outcomes. Periodic input is sought from staff, providers, family and others as well as utilizing depression tools that provide scores that correlate with severity of depression. Situational depression (e.g., adjusting to a new living situation, death of a close friend or family member...) seldom responds solely to medications. If or when there are side effects attributable to the drug, or depression does not seem to be a continuing issue, the facility and providers will taper and/or stop the medication. Federal Regulations require efforts to reduce or discontinue these drugs at specified time intervals or provide evidence why not doing so would cause harm.

Although side effects are drug-specific, most antidepressants share the same sorts of side effects as listed below.

Potential Side Effects of Antidepressants

Serious:	Suicide Mania Neuroleptic Malignant Syndrome Hypoglycemia Glaucoma Hyper- or Hypotension QT Prolongation Increased Cholesterol Levels Decreased Platelets Hyperthermia / Heat Stroke	Worsening Depression Serotonin Syndrome SIADH Anaphylaxis Priapism Heart Attack WBC changes Strokes Hallucinations / Psychosis	Drowsiness / Sedation Hyponatremia Seizures Abnormal Bleeding Falls with Injury Cardiac Arrhythmias Bullous Dermatitis Paralytic Ileus Hepatitis
Common:	Nausea Diarrhea Asthenia Anorexia or Increased Appetite Decreased Libido Edema Palpitations Itching / Pruritis	Headache Xerostomia Tremor Constipation Rash Confusion Sweating Gynecomastia / Galactorrhea	Insomnia Somnolence Dyspepsia Nervousness / Anxiety Visual Disturbance Syncope Urinary Frequency Paresthesias

If you have questions about any of this information at any time, please do not hesitate to ask the primary care provider or a facility staff member such as the social worker.