

Depression and Depression Medications

SSRIs - Selective serotonin reuptake inhibitors

Source: <https://www.nhs.uk/conditions/ssri-antidepressants/>

SSRIs are usually the first-choice medication for **depression** because they generally have fewer side effects than most other types of antidepressant.

There are currently 8 SSRIs prescribed in the UK:

- **citalopram** (Cipramil)
- dapoxetine (Priligy)
- escitalopram (Cipralex)
- fluoxetine (Prozac or Oxactin)
- fluvoxamine (Faverin)
- paroxetine (Seroxat)
- sertraline (Lustral)
- vortioxetine (Brintellix)

Used for:

As well as depression, SSRIs can be used to treat a number of other mental health conditions, including:

- generalised anxiety disorder (GAD)
- obsessive compulsive disorder (OCD)
- panic disorder
- severe phobias, such as agoraphobia and social phobia
- bulimia
- post-traumatic stress disorder (PTSD)

SSRIs can sometimes be used to treat other conditions, such as premature ejaculation, premenstrual syndrome (PMS), fibromyalgia and irritable bowel syndrome (IBS). Occasionally, they may also be prescribed to treat pain.

SSRIs usually need to be taken for 2 to 4 weeks before the benefit is felt. A course of treatment usually lasts for at least 6 months.

Common side effects of SSRIs can include:

- feeling agitated, shaky or anxious
- feeling or being sick
- dizziness
- blurred vision
- low sex drive
- difficulty achieving orgasm during sex or masturbation
- in men, difficulty obtaining or maintaining an erection (erectile dysfunction)

Less common side effects of SSRIs can include:

- bruising or bleeding easily, including vomiting blood or blood in your stools
- confusion



- movement problems, such as stiffness or shaking
- seeing or hearing things that aren't real (hallucinations)
- being unable to pee

Some people have suicidal thoughts and a desire to self-harm when they first take SSRIs. Young people under 25 seem particularly at risk.

Speak to your doctor or go to your nearest hospital immediately if you vomit blood, have blood in your poo, or have problems peeing.

Stopping SSRIs

You shouldn't suddenly stop taking SSRIs, even if you feel better. Stopping suddenly can lead to withdrawal symptoms such as:

- stomach upsets
- flu-like symptoms
- anxiety
- dizziness
- sensations in the body that feel like electric shocks
- seizures (fits)

If your GP or mental health specialist decides to stop your course of SSRIs, they'll reduce the dose gradually over a few weeks.

SNRIs - Serotonin and noradrenaline reuptake inhibitors

Source: <https://www.nhsdirect.wales.nhs.uk/encyclopaedia/a/article/antidepressants>

<https://www.gov.uk/government/publications/ssris-and-snr-is-use-and-safety/selective-serotonin-reuptake-inhibitors-ssris-and-serotonin-and-noradrenaline-reuptake-inhibitors-snr-is-use-and-safety>

SSRIs are commonly prescribed for anxiety (see above). If they are not effective, SNRIs might be prescribed.

SNRIs are similar to SSRIs. They were designed to be a more effective antidepressant than SSRIs. However, the evidence that SNRIs are more effective in treating depression is uncertain. It seems some people respond better to SSRIs, while others respond better to SNRIs.

Examples of SNRIs include:

The SNRIs prescribed in the UK are:

- Venlafaxine - brand names:
 - Bonilux
 - Depefex
 - Foraven
 - Politid
 - Venlalic
 - Winfex
 - Efexor



- Duloxetine - brand names:
 - Cymbalta
 - Yentreve

Venlafaxine was the first SNRI to be marketed (in 1994) and is the most commonly used medicine in this class. It is used to prevent recurrence of major depressive episodes and to treat:

- major depressive disorders
- generalised anxiety disorder
- social anxiety disorder and panic disorder

Duloxetine (marketed as Cymbalta) is used for the treatment of:

- major depressive disorder
- generalised anxiety disorder
- diabetic peripheral neuropathic pain

Duloxetine (marketed as Yentreve) is used for the treatment of:

- stress urinary incontinence

Cymbalta and Yentreve should be prescribed for their correct intended use, and should not be used together.

Stopping SSRIs

All SSRIs and SNRIs may be associated with withdrawal reactions on stopping or reducing treatment.

Paroxetine (SSRI) and venlafaxine (SNRI) seem to be associated with a greater frequency of withdrawal reactions than other SSRIs - the most commonly experienced withdrawal reactions are:

- dizziness
- numbness and tingling
- gastrointestinal disturbances (particularly nausea and vomiting)
- headache
- sweating
- anxiety
- sleep disturbances

Suicide and SSRIs/SNRIs

The UK/EU review concluded that the risk of suicidal acts and behaviour is increased with the use of SSRIs or SNRIs in young people aged up to 25 years. The risks of sertraline, citalopram, escitalopram, paroxetine, venlafaxine, and mirtazapine outweigh the benefits when used in children and adolescents with depression and should not be used in this patient group.

The risk of suicide is greatest in the early stages of SSRI treatment. This may be due to the fact that SSRIs and SNRIs need to be taken for a few weeks before they are effective in treating depression (which is itself associated with an increased risk of suicidal behaviour).

