

## **SSRI FAQ's**

### Selective Serotonin Reuptake Inhibitors - Frequently Asked Questions

#### **Which is the best SSRI for me?**

The best predictor of your response to medications is how you have responded to medications in the past. How family (blood-relatives) have responded to medications in the past can also help your doctor choose the best medication for you. If the first medication is ineffective, there are many other medications that can help; unfortunately we don't have more sophisticated ways of selecting medications as of yet so it sometimes comes down to trial and error.

#### **Do SSRI's really work?**

The simple answer, is yes, 90% of people with depression will eventually respond to medications. However, like treating high blood pressure, sometimes the first medication that is tried doesn't work completely, thus different medications may need to be tried before symptoms are completely treated. Response rates to the different SSRI's vary, but all are around 67%. This is more effective than placebos, which has response rates of 33%. The good news is that this percentage increases to 90% if the patients who don't initially respond are given more trials or combinations of antidepressants.

#### **How long does it take to feel better?**

Generally within 4-6 weeks people start feeling better. They may not feel completely well until several months - of responders: 50% have complete remission (completely well) within 6 months, and 67% within 2 years. The remainder of people may have residual symptoms of depression but again, 90% of people with depression will eventually gain significant benefit from antidepressants.

#### **What are the common side effects?**

Gastro-intestinal (GI) side effects like nausea or diarrhea can happen because there are serotonin receptors in the GI tract that are affected by the medication. The good news is that within a week or two your body will adjust to the presence of the medication and most side effects will disappear. Some people experience increased anxiety at the beginning of treatment as your body adjusts to the medication, but within a week or two the medication will actually help *relieve* anxiety. Sexual side effects like decreased libido or delayed ejaculation can be a troublesome side effect for some that does not tend to go away with time. In these cases, different medications can be tried that can relieve the sexual side effects. Although antidepressants decrease suicidal thoughts once they begin working, in a small portion of people, at the start of medications, suicidal thoughts can actually *increase*; thus it is key that you are in close contact with your doctor to watch for side effects.

#### **Are SSRI's addictive?**

No. SSRI's are no more addictive than high blood pressure medications. You may have side-effects similar to the effects of first starting the medication when stopping the medication as your body gets used to NOT having the medication in your body, but there are no "cravings", physiologic dependence, or addiction.

### **What will the SSRI do to me?**

Unfortunately, we don't yet have a great scientific answer to this question. We do know it is not as simple as changing the serotonin levels in the brain – receptors and downstream effects are involved as well. We know that antidepressants act on parts of the brain that tend to be affected in depression – mood, concentration, sleep, appetite, energy, etc. The goal is to restore you to the person you were before you became depressed by counter-acting the effects of depression on your brain. Subjectively, people report that they have "thicker skin" – able to handle stressful situations better and less feelings of hopelessness, helplessness, and worthlessness. They are once again able to experience happiness whereas before the medications sadness dominated because of depression's effects.

### **Will I become a different person?**

The simple answer is no. *Depression* made you a different person – more sad, more isolated, less functional, etc; the medications will take away the depression and allow the old, normal you to come through. It is not a happy pill – even while you are on the medication you will still experience emotions like happiness, sadness, anger, and anxiety; but instead of having an unhealthy balance of mostly negative emotions and few positive emotions, it will restore the balance back to the healthier balance that existed before depression hit. If for some reason the medication produces bad changes, this would be a reason to switch medications to try to find one that has the most positive effects and the least negative effects.

### **How long do I have to take the SSRI's?**

Generally at least a year after the initial response to antidepressants. The reason to continue antidepressants for a period of time even after you feel better is to prevent relapse (re-emergence of symptoms) in first 6-12 months after initial response: 50% of people relapse if switched to placebo instead of continuing the antidepressants, while only 10% of people relapse if continued on antidepressants. Thus generally treatment continues for a year following initial response for uncomplicated cases.

### **Do I have to take SSRI's for the rest of my life?**

The simple answer is no. This decision needs to be weighed with your doctor, balancing benefits and risks. The benefits of eventually stopping medications is cost, stopping side effects, preventing medication interactions, etc. The biggest risk of stopping medications is that the depression can return. After one episode of depression, 50% of people have another depressive episode at some point. After two episodes of depression, 70% have another episode. After three episodes of depression, 90% have another episode. Continuing SSRI's can prevent depression from coming back, or at least can decrease the severity of future depressive episodes.

With your doctor, you can choose either to stop medications after a year of treatment and plan to return to your doctor if the depression returns. Stopping medications may be a good choice if the depressive episodes are relatively mild and there are warning signs that the depression is returning (it will again take 4-6 weeks for the medication to start working again upon restarting). However, some people (especially if there are no medication side effects and the depression is severe) choose to continue the medication long-term to keep the depression from coming back and disrupting their lives.

*The ultimate decision whether to start, continue, or restart the medications is always up to you.*