

Unipolar Depression Medication

This information is for the purpose of understanding the recommendations of a qualified medical professional and should not be used as medical advice. Work carefully with a medical practitioner to understand medications and their purpose. (CDS 2012)

Types of Medication for Depression

The most popular antidepressants right now are reuptake inhibitors. These prevent cells from reabsorbing neurotransmitters. They include selective serotonin reuptake inhibitors (SSRI). SSRIs are usually the first medication offered to treat depression today. Other antidepressants include ones that affect NRI alone or with SNRI. All of these medications are more refined than older antidepressants. They have fewer side effects. They also pose less risk of overdose.

Tricyclics can also be effective for depression. But they affect many aspects of brain chemistry. This means they have more side effects. They can be used to overdose. This can be a serious risk for a person with depression.

Some drugs inhibit monoamine oxidase (MAO). These are some of the oldest anti-depressants on the market. They work by keeping MAO from destroying serotonin, norepinephrine, and dopamine. It makes more of these chemicals available. MAOIs have serious side effects. They also interact poorly with common medications and foods. This makes them unpopular and at times dangerous. They are used only with depression that has not responded to other medications.

There are also antidepressants that work slightly differently than any of the above. They have a different effect on the neurotransmitters.

General Purpose of the Medication

A person with depression will often feel his or her mood lift with these medications. He or she may feel less anxious. A person may spend less time reviewing painful thoughts. He or she may feel less sensitive to rejection and more capable of handling life's challenges. Thoughts of suicide or self-harm can often become less strong. But some individuals may be likely to commit suicide for a short time after starting treatment. Some people may be able to stop taking medication once the cycle of depression is broken. Ongoing treatment may be necessary for others. Depression symptoms usually disappear faster and stay away longer when other forms of therapy are combined with medication. Non-drug therapy may be the best choice for some people.

Route

Antidepressants are usually taken orally once or more often a day. They are usually in pill form. But some may be available in liquids or patches.

Impact

It can take some time for an antidepressant to work. Some people may begin to feel some effect by the end of the first week. But it typically takes 4-8 weeks to feel the full effect. This wait can be difficult for a person who suffers from serious depression. A person must stop taking these medications slowly. Abrupt withdrawal can be difficult and unpleasant. Future work in antidepressant research is focused on medications and therapies that work more quickly.

Most people will feel some relief with medication. But a certain number will not respond to medication. Many people may have to try more than one medication before finding the right one. A person who needs long term treatment may find that the effects wear off after a period of time. He or she may need to change the dose or try a different medication.

Common Medication Names

Medications often have a generic name. This is the name of the active chemical in the medication. They also have a trade name. This is the name they are marketed under by a particular company. Medications here are listed alphabetically by their generic name below. A trade name may appear in parenthesis next to it. Some people respond differently to generics than trade formulas. This may be related to sensitivity to a non-active ingredient. Be alert to this if a person has different side effects or other issues when switching between generic and trade formulas.

This list is meant only as a basic review of commonly prescribe medications. It is not meant to include all medications for depression. You may be responsible to support a person with medication in your role as a direct support professional. If so, you must learn about his or her specific medications. You need to know why the medication is being taken. You will need to know about the proper management of the medication. This includes storage, dosages, timing, and routes to administer them. You also need to know what to look for with regard to side effects or serious problems.

The following are reuptake inhibitors. All are SSRI's except when noted:

- Bupropion (Wellbutrin) – NDRI
- Citalopram (Celexa)
- Duloxetine (Cymbalta) – SNRI
- Escitalopram (Lexapro)
- Fluoxetine (Prozac& Sarafem)
- Fluvoxamine (Luvox)
- Paroxetine (Paxil)
- Paroxetine-mesylate (Pexeva)
- Sertraline (Zoloft)
- Venlafaxine (Effexor) - SNRI

The following are tricyclics:

- Amitriptyline (Elavil)
- Amoxapine (Asendin)
- Clomipramine (Anafranil)
- Desipramine (Norpramin)
- Doxepin (Sinequan)
- Imipramine (Tofranil)
- Imipramine pamoate (Tofranil-PM)
- Maprotiline (Ludiomil)
- Nortriptyline (Aventyl & Pamelor)
- Protriptyline (Vivactil)
- Trimipramine (Surmontil)

The following are MAOIs:

- Isocarboxazid (Marplan)
- Phenelzine (Nardil)
- Selegiline (Emsam)
- Tranylcypromine (Parnate)

The following are additional medications that may be used for depression:

- Mirtazapine (Remeron)
- Trazodone (Desyrel)