

Taking and stopping antidepressants

Medicines can be very effective in relieving the symptoms of depression. But many people worry that they'll become addicted to their treatment or that the depression will come back as soon as they stop the tablets.

This issue of *Treatment Notes* is about treating depression with antidepressants. It covers how long you need to take the medicines, what might happen when you stop them, and how best to stop safely.

Included inside

- What is depression?
- Treating depression with medicines
- How long is treatment needed?
- What to expect when you stop
- Avoiding problems

2

What is depression?

People often say they feel 'depressed' when they mean they are feeling a bit down. But, in medical terms, depression is a real illness that often goes unrecognised. If you are depressed you may have had some of the symptoms shown in the box (right) for at least a few weeks.

Depression is very common – around 1 in every 5



Depression can affect anyone

people will suffer from major depression at some point in their lives. But many people are ashamed about depression and wrongly assume it's a sign of personal weakness. This can make them unwilling to seek the help and support they need. See *Further information* (page 6) for sources of advice and support for people with depression and their families.

Treating depression with medicines

It might seem to others that someone with depression has just 'given up' or is 'moping around'. But, in fact, people with severe depression need treatment just as much as people with any other illness. In some cases, depression can be treated without medicines, for instance with counselling or psychotherapy. But, in many cases, successful treatment needs antidepressant medicines to be used instead of, or with, these other approaches.

Common symptoms

- Feeling low and not able to enjoy yourself
- Crying a lot
- No interest in normal activities (e.g. work, hobbies, sex)
- Lack of energy, feeling tired
- Difficulty concentrating
- Feelings of guilt
- Feeling life's not worth living
- Loss of appetite, or, occasionally, increased appetite
- Trouble sleeping, or waking up early in the morning

3

Most people with depression can be successfully treated by their GP.

Antidepressants

There are two main types of medicine for depression – these are called ‘tricyclics’ and ‘SSRIs’. Although both types are effective, their side-effects are different (see the box on page 4). See the box (right) for examples of common antidepressants.

It is crucial to realise that neither of these types of medicines are ‘tranquillisers’, such as diazepam (also called Valium).

How long is treatment needed?

It usually takes 2–3 weeks for an antidepressant to start working. Your doctor will probably suggest that you take it for at least 6–8 weeks before you can be sure whether or not it’s helping you. If that particular antidepressant doesn’t improve your symptoms very much, your doctor might advise you to try a higher dose for a while. But if that doesn’t work, you might be able to try a different type of antidepressant.

Most people are used to taking medicines until they get better and then stopping. But depression is slightly different because it’s best to carry on taking the antidepressants for several more months. This is because if people stop taking their antidepressants as soon as they feel better, up to 1 in 3 of them will become depressed again within 6 months. Whereas, if they carry on taking the medicine for longer, their chance of becoming depressed again is halved. So, the current advice is for you to keep on taking antidepressants for 4–6 months after you get better.

Your medicine

This is a list of common antidepressants. It gives the standard drug name (‘generic’ name) which is always found on the label of your medicine.

Examples of tricyclics are:
amitriptyline
clomipramine
dothiepin imipramine
lofepramine.

Examples of SSRIs (which stands for selective serotonin re-uptake inhibitors) are:
citalopram
fluoxetine
fluvoxamine
paroxetine
sertraline.

Examples of other antidepressants are:
mirtazapine
reboxetine
venlafaxine.

4

Taking antidepressants long term

Some people have repeated and long bouts of depression that can have a devastating effect on their life and the lives of their family and friends. They may need to stay on antidepressants for much longer, perhaps several years – this is called ‘maintenance treatment’. This sort of treatment is usually only advised for someone who has had at least two previous bad bouts of depression (perhaps needing hospital treatment) in the last 5 years. Maintenance treatment is normally a continuation of the treatment that you are on already, and is usually supervised by a psychiatrist.

Deciding when to stop antidepressants

It is best to carry on your treatment for 4–6 months after feeling completely better unless there is an urgent reason to stop (such as side-effects or illness). If you have been on maintenance treatment, you may also reach a stage when you feel well enough to stop your antidepressants. It’s important to discuss the pros and cons of stopping treatment with your doctor and those close to you, and to avoid a sudden stop in treatment (see *Avoiding problems*, page 5).

What to expect when you stop

Antidepressants are not generally thought of as addictive – in the way that morphine, tranquillisers, sleeping tablets or nicotine can be – and you should not experience the craving associated with withdrawing from addictive drugs. However, it’s quite common to get symptoms when you stop taking an antidepressant. The technical term for these ‘withdrawal symptoms’ is ‘discontinuation syndrome’.

Risk factors

Examples of other risk factors for heart and circulation illnesses:

A previous blood clot

Smoking

Family history of blood clots

High blood pressure

Being overweight

Certain types of migraine

Reduced mobility

Severe varicose veins

5

For tricyclics, withdrawal symptoms appear within a few days of stopping treatment. Sickness and diarrhoea, symptoms similar to flu, tiredness, anxiety, nightmares and disturbed sleep are all quite common. With SSRIs, symptoms also begin within 1–3 days and usually last 1–2 weeks. The most common problems are dizziness, feeling sick, tiredness and a headache. Other symptoms can include feeling anxious, or sensations similar to small electric shocks.

As you stop or reduce the dose of your anti-depressants you should keep your doctor informed of how you are feeling. For many people, the withdrawal symptoms are quite mild and clear up quickly. For others, symptoms can be severe and unpleasant and make it difficult to stop the treatment. Sometimes these symptoms can be confused with a return of the depression.

Stopping treatment suddenly, rather than gradually reducing the dose, makes withdrawal symptoms more likely. The worst symptoms of stopping antidepressants are most likely when the medicines have been taken for 6 months or more and then stopped quickly.

Avoiding problems

Working out a plan with your doctor for slowly reducing the dose of your antidepressant can help to avoid withdrawal symptoms. After 6–8 months of treatment, the dose should normally be reduced gradually over 6–8 weeks, and more slowly still if you have been on antidepressants for longer.

Knowing what might happen as you come off treatment can make it much easier for you to deal with any symptoms you experience. Your doctor will want to

What's the advice based on?

Most evidence about antidepressant treatment (including how long it should continue, and how to stop it) comes from research with patients treated at hospital rather than by their GPs.

We can't be absolutely certain that the same evidence applies to patients who are treated by their GP. But for now this is the best information there is.

6

know whether you have experienced symptoms and will be on the lookout for the depression coming back. If you do begin to feel depressed again, or your withdrawal symptoms are severe, your doctor may put you back on a higher dose of antidepressant for a while, and then reduce it again even more slowly.

Conclusion

Antidepressants can be an effective way of treating depression. Most doctors recommend that patients should stay on antidepressants for at least 4–6 months after recovery from a bout of depression. If the depression is very severe or keeps coming back, carrying on treatment for even longer (maintenance treatment) can help.

Deciding whether or exactly when to stop antidepressants is an important step. You should discuss the benefits and risks carefully with your doctor. Treatment can usually be reduced gradually to avoid symptoms that might be caused by stopping the medicine suddenly. It's crucial to tell your doctor of any problems that develop while you are stopping your antidepressants.

Further information

Depression Alliance ☎ 020 7633 0557
A self-help network www.depressionalliance.org

MIND ☎ 0845 7660 163
Information & support www.mind.org.uk



This issue of *Treatment Notes* is part of a series produced by Consumers' Association (CA). It is based on matching information from *Drug and Therapeutics Bulletin (DTB)* – a monthly publication for doctors and pharmacists, also produced by CA.

The original *DTB* article is called *Withdrawing patients from antidepressants* and was published in July 1999. For information on *Treatment Notes* or *DTB*, ☎ 0845 983 0082, email dtb@which.net or visit www.dtb.org.uk/dtb/tnotes/index.html

Treatment Notes contains general medical information that will not always apply to your child. Don't start, or stop, prescribed medicines without speaking to your doctor or pharmacist first.

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Printed by WPG Ltd, Welshpool, powys, Wales

Revised

April 2002

Originally published 2000