

Coping With Antidepressant Side Effects

Antidepressants can cause unpleasant side effects. Many of these side effects last only a few weeks and then go away on their own. Even if a side effect doesn't go away, you can learn ways to manage it. Don't stop taking your antidepressant or reduce the dosage without first talking to your doctor or mental health provider. Suddenly stopping can cause withdrawal-like health problems. Always tell your health care provider about your side effects, because some can be serious. Listed below are some coping strategies for the most common side effects of antidepressants.

Nausea

Nausea typically begins within a week of starting an antidepressant. It often goes away within a few weeks, when your body adjusts to the medication.

Coping strategies

- Take antidepressants with food
- Eat smaller, more frequent meals
- Suck on sugarless hard candy
- Drink plenty of fluids, such as unsweetened fruit juice, cool water or ginger ale that's lost its carbonation
- Try an antacid or bismuth subsalicylate (Pepto-Bismol)
- Talk to your doctor about a dosage change or a slow-release form of the medication

Increased appetite, weight gain

You may gain weight because of fluid retention, lack of physical activity, or development of a better appetite when your depression symptoms decrease. Bupropion (Wellbutrin) and certain selective serotonin reuptake inhibitors (SSRIs) are generally less likely to cause a lot of weight gain.

Coping strategies

- Eat healthy foods, such as plenty of fruits, vegetables and whole grains
- Cut back on sweets, sugary drinks and fast foods
- Try to exercise at least 30 minutes a day
- Seek advice from a nutritionist or dietitian
- Talk to your doctor about switching medications

Sexual Side Effects

Sexual side effects include decreased desire (libido), erectile dysfunction, delayed ejaculation and decreased orgasm. These can last throughout treatment. Selective serotonin reuptake inhibitors (SSRIs) are more likely to cause sexual side effects, particularly delayed orgasm or inability to achieve orgasm (anorgasmia). Tricyclic antidepressants (TCAs) are more likely to cause erectile dysfunction.

Coping strategies

- Talk to your doctor about changing your dose.
- Consider a medication that requires only a once-a-day dose, and schedule sexual activity before taking that dose
- Talk to your doctor about adding or switching to an antidepressant that may counteract these effects, such as bupropion (Wellbutrin, Wellbutrin SR, Wellbutrin XL)
- Talk to your doctor about taking a medication intended to directly treat sexual dysfunction
- Talk to your doctor about a "drug holiday" — stopping medication for a day or so each week

Fatigue, drowsiness

Fatigue and drowsiness are common, especially during early weeks of treatment with antidepressants.

Coping strategies

- Take a brief nap during the day
- Get some mild exercise, such as walking
- Avoid driving or operating machinery until the fatigue passes
- Take the medication one to two hours before bedtime

Insomnia

Insomnia can result because some antidepressants give you an energy boost. While that may sound appealing, it can also make it difficult to get to sleep or stay asleep — and you may be tired during the day.

Coping strategies

- Take medication in the morning
- Avoid caffeinated food and drinks
- Get regular exercise at least four or five hours before bedtime
- Develop a relaxing bedtime routine
- Talk to your doctor about temporarily taking a sedating medication at bedtime

Dry Mouth

Dry mouth is a common side effect of antidepressants, such as tricyclic antidepressants (TCAs) that have anticholinergic effects — they block the action of the neurotransmitter acetylcholine. That, in turn, disrupts functioning of the digestive tract and other organ systems, reducing mucus and saliva secretions.

Coping strategies

- Sip water regularly
- Suck on ice chips
- Chew sugarless gum
- Suck on sugarless hard candy
- Breathe through your nose, not your mouth
- Brush your teeth twice a day
- Visit your dentist regularly to help prevent tooth decay
- Talk to your doctor about saliva substitutes

Blurred vision

Blurred vision is a common side effect, but it usually goes away on its own within a couple of weeks. It's usually associated with antidepressants, such as tricyclic antidepressants (TCAs) that block the neurotransmitter acetylcholine, which can dry out your eyes and cause blurriness.

Coping strategies

- Get an eye exam to rule out other causes of your eye problems
- Talk to your doctor about using special eyedrops to relieve dryness
- Talk to your doctor about a dose adjustment

Constipation

Constipation is often associated with tricyclic antidepressants (TCAs) because they block the neurotransmitter acetylcholine. That, in turn, disrupts normal functioning of the digestive tract and other organ systems.

Coping strategies

- Drink six to eight glasses of water daily.
- Eat high-fiber foods, such as fresh fruits and vegetables, brans and whole grains.
- Get regular exercise.
- Take fiber supplements.
- Consider taking stool softeners if other measures don't work.

Dizziness

Dizziness is more common with tricyclic antidepressants (TCAs) and monoamine oxidase inhibitors (MAOIs). These medications can cause low blood pressure, resulting in dizziness. This side effect is more common in older people.

Coping strategies

- Rise slowly from sitting or standing positions.
- Use handrails, canes or other sturdy items for support.
- Avoid driving or operating machinery.
- Avoid caffeine, tobacco and alcohol.
- Drink plenty of fluids.
- Take medication at bedtime.

Agitation, restlessness, anxiety

Agitation, restlessness and anxiety can result from the stimulating effect that some antidepressants have. Although having more energy may sound appealing, it may mean you can't relax or sit still even if you want to. Be alert for racing or impulsive thoughts along with high energy. If these develop, talk to your doctor right away because they may be signs of mood instability or another serious disorder.

Coping strategies

- Get vigorous exercise, such as jogging, biking or aerobics.
- Practice deep-breathing exercises and muscle relaxation.
- Consult your doctor about temporarily taking a relaxing medication

How Do I Know If I'm Depressed?

What Does Depression Feel Like?

In the past month, have you had little interest or pleasure in doing things? Are you feeling down, sad, or hopeless?

If the answer to either question is “yes,” you may suffer from depression. Depression is a feeling of sadness that lasts for many weeks and does not go away. It interferes with your daily activities and may keep you from eating, sleeping, or enjoying yourself. You may also feel more tired than usual and have difficulty concentrating or remembering.

Depression is not just "feeling blue" or "down in the dumps." It is not just being sad or feeling grief after a loss. Depression is a medical disorder — just like diabetes, high blood pressure, or heart disease — that day after day affects your thoughts, feelings, physical health, and behaviors.

What Causes Depression?

Depression is usually caused by low levels of special brain chemicals that change the way the brain sends messages. These brain chemicals can change as we get older, but they can also change after a time of stress, after a medical illness, or after taking certain medications.

Like many medical disorders, depression has an effective treatment that can relieve the bad feelings and thoughts. Treatment is available from your family doctor.

When Should I Seek Help?

If you think you or someone you know might have depression, seek help quickly. The longer treatment is delayed, the more difficult depression is to treat. Remember, depression is not caused by personal weakness, laziness, or lack of will power. It is a medical illness that can be treated.

Patient Satisfaction Survey

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous. Thank you for your time.

Please rate our services (5-Almost Always, 1-Almost Never)

Your Primary Care Provider					
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Gives you good advice and treatment	5	4	3	2	1
Takes your symptoms and care seriously	5	4	3	2	1
Is knowledgeable about depression	5	4	3	2	1
Answers your questions	5	4	3	2	1
Provides you with educational materials and other resources about depression	5	4	3	2	1
Other Providers in Our Practice that Help with Your Care					
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Gives you good advice and treatment	5	4	3	2	1
Takes your symptoms and care seriously	5	4	3	2	1
Is knowledgeable about depression	5	4	3	2	1
Answers your questions	5	4	3	2	1
Provides you with educational materials and other resources about depression	5	4	3	2	1
Please let us know in what areas we could improve:					

Quick Facts About Psychological Counseling

- In psychological counseling, patients with depression work with a qualified mental health care specialist who listens to them, talks, and helps them correct overly negative thinking about improve their relationships with others
- Psychological counseling for depression does not mean talking about your childhood

Treating Depression With Psychological Counseling

Psychological counseling has been shown to be just as effective as antidepressant medication in treating many patients with depression. Psychological counseling can be done individually (only you and a mental health specialist), in a group (a mental health specialist, you, and other people with similar problems), or it can be family or marriage therapy where a mental health specialist, you and your spouse or family members participate. More than half of the people with mild to moderate depression respond well to psychological counseling. While the length of time that persons are involved in counseling differs, people with depression can typically expect to attend a weekly hour-long counseling session for 8-20 weeks. If your depression is not noticeably improved after 6-12 weeks of counseling, this usually means that you need to try a different treatment for your depression. Psychological counseling by itself is not recommended as the only treatment for persons whose depression is more severe. Medication is needed for this type of depression, and it can be taken in combination with psychological counseling.

What Can You Do to Help Your Clinician Most Effectively Treat Your Depression With Psychological Counseling?

- Keep all of your appointments with the mental health specialist
- Be honest and open, and ask questions
- Work cooperatively with the mental health specialist (eg, complete tasks assigned to you as part of the therapy)
- Keep appointments with your primary care clinician and tell him/her how the therapy is working (eg, whether your depression is getting better or worse)

Self-Care Action Plan

Setting goals and taking steps to reach them

Name: _____ Date: _____

Choose something you want to do, not something you think you should do.

Set a goal you think you can meet.

Think about the small steps you can take to help you reach your goal.

My goal is _____

I will make the following small change as I work toward my goal: _____

The things that could make it difficult to reach my goal are:

My plan for overcoming these difficulties includes:

Support/resources I will need to achieve my goal include:

(For example: Is there a friend, family member, counselor or clergy member who might help you track success in meeting your goal?)

How important is it that I reach this goal? _____

(0 = not at all important; 10 = extremely important)

How confident am I that I can achieve this goal? _____

(0 = not at all confident; 10 = totally confident)

Some types of activities to consider as you choose your goals:

Exercise

Socialize

Eat Well

Relax

