

Medicin mod depression, engelsk

For adults

Information about

ANTIDEPRESSANTS



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This brochure is about antidepressants – medication to counteract depression. It is written for people like yourself, being treated for depression in Region Midtjylland, and for your relatives. This brochure will also benefit you if you take antidepressants for anxiety.

It might also be relevant if you take antidepressants to treat bipolar disorder (previously known as manic depression). Note: You will usually also be prescribed other medication in addition to antidepressants.

This brochure describes what depression is and how depression can be treated with medication.

We hope this brochure will help you and your relatives to learn more about antidepressants.

Yours faithfully
The psychiatric service in Region Midtjylland
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WHAT IS DEPRESSION?

Depression affects your emotions, your body, your thoughts, your behaviour and your motivation.

If you are depressed, you will have at least two out of three of these core symptoms: feeling down, a lack of energy, and lack of interest or not feeling like doing things.

In addition to the core symptoms, you might also have a number of accompanying symptoms: lack of self-confidence, self-reproach, difficulty thinking and concentrating, suicidal thoughts, sleep disorders and changes in appetite.

Most people are familiar with several of the symptoms of depression. It is common to feel sad from time to time, to not want to or not have the energy to do things, or to have mild problems with sleeping – that does not mean you are depressed.

DID YOU KNOW...?

Depression can be mild, moderate or severe. The type of depression you have depends on the number of symptoms and their severity.

With actual depression, the symptoms are severe. Several symptoms have to be present, and they must have been present most of the time for at least 14 days.

CORE SYMPTOMS

- ➔ Feeling down
- ➔ Lack of interest or not feeling like doing things
- ➔ Lack of energy or increased feeling of tiredness

ACCOMPANYING SYMPTOMS

- ➔ Lack of self-confidence or poor self-image
- ➔ Self-reproach or feelings of guilt
- ➔ Thoughts of death or suicide
- ➔ Difficulty thinking or concentrating
- ➔ Physical restlessness or slow speech and movements
- ➔ Disturbed sleep
- ➔ Changes in appetite and weight
- ➔ Other symptoms, e.g. anxiety, physical pain, loss of libido

WHAT ARE ANTIDEPRESSANTS?

Medication to treat depression is used particularly to treat moderate or severe depression.

This medication can also be used to treat other mental disorders, e.g. anxiety.

WHAT HAPPENS IN THE BRAIN?

A depressed person has an imbalance in some of the chemical processes of the brain. For example, the level of the body's stress hormone, cortisol, is elevated, and there is a reduced level of some of the brain's neurotransmitters, serotonin and noradrenaline.

Antidepressants work by normalising the level of these substances to create a better balance in the brain.

TYPES OF MEDICATION

Antidepressants can be subdivided into different classes:

SSRI

(selective serotonin reuptake inhibitors)

- Sertraline
- Citalopram
- Escitalopram
- Fluoxetine
- Paroxetine
- Fluvoxamine

SSRIs are used to treat moderate and severe depression. SSRI drugs are often the first choice for treatment because they generally have fewer side-effects than other types of medication.

This medication can also be used to treat anxiety, as it has both an antidepressant and an anxiolytic effect.

The most frequent side-effects are nausea, vomiting or constipation, but these do not usually persist. When treatment starts, you may experience difficulty sleeping, nervousness, anxiousness and physical restlessness. Other symptoms which frequently occur are sexual irregularities, e.g. reduced libido or erectile difficulties.

In very rare cases, in particular young people with depression have experienced new or aggravated thoughts of suicide when starting on the medication.

TCA (tricyclic antidepressants)

- Nortriptyline
- Amitriptyline
- Clomipramine
- Imipramine

TCA-type drugs are used particularly to treat severe depression, or if other medication is ineffective.

Dry mouth is a frequent side-effect; this usually persists throughout the treatment period.

Some people experience a slight drop in blood pressure if they stand up too quickly. Others may experience cardiac arrhythmia, so in some cases it may be necessary to switch to a different kind of medication. Your GP will monitor your blood pressure and heart rhythm to ensure they are normal.

Other types of antidepressants

- Venlafaxine
- Agomelatine
- Duloxetine
- Vortioxetine
- Mirtazapine

These drugs can be used to treat moderate or severe depression if SSRIs are not effective.

Mirtazapin is often used if you have difficulty sleeping.

The most common side-effects are dry mouth and nausea.

If you take Venlafaxin, you may also find you perspire more than you normally would.

HOW DO YOU TAKE THE MEDICATION?

Medication to treat depression is taken in capsule or tablet form. You generally only need to take medication once daily, usually in the morning or at night.

WHAT MEDICATION IS RIGHT FOR YOU?

The right treatment for you depends on factors such as the severity of your depression and whether you have previously been depressed.

Mild depression

If you have mild depression, you will usually not be given medication. Instead, your therapist – usually your GP – will monitor your condition and assist you by means of guidance and support.

Moderate depression

If you have moderate depression, you will generally be offered medication.

Most people with moderate depression will need medication to get better. However, some people get through depression on their own with supportive counselling or talking therapy – e.g. cognitive therapy or interpersonal therapy.

If you have moderate depression and have not previously been depressed, your therapist will usually suggest SSRI-type drugs.

SUPPORTIVE COUNSELLING

Medication plays a vital role in the treatment of most cases of severe and many cases of moderate depression. Medication is not enough, however. It is also important for you to receive supportive counselling with your GP, nurse or psychologist.

During counselling, you will talk about what may have triggered your depression. You will also talk about what you can do to prevent any recurrence of depression.

If your therapist considers that you may need more in-depth talking therapy, you may be offered a course of cognitive therapy or interpersonal psychotherapy, for example.

- Cognitive therapy – here, you work systematically with your thinking, emotions and behaviour.
- Interpersonal psychotherapy – here, you receive help to deal with loss and resolve conflicts with other people.



Severe depression

If you have severe depression, medication is almost always necessary.

If you have severe depression with psychotic symptoms you will usually be admitted to a psychiatric ward. Here, in addition to antidepressant medication, you might also be put on antipsychotic medication for a while.

Some severe cases of depression are also treated with electroconvulsive therapy (ECT).

ELECTROCONVULSIVE THERAPY (ECT)

- ECT is an extremely effective treatment for severe depression where there is major danger to life due to the risk of suicide. ECT can also be used where other forms of therapy are ineffective.
- The treatment, given under general anaesthetic, involves applying a current to specific parts of the cranium in order to cause a brief seizure.
- The ECT device delivers a current to the brain for just a few seconds. The amount of energy is roughly one-tenth of the energy used to treat cardiac arrest.
- Various studies indicate that ECT works by stimulating the formation of new brain cells.

HOW IS TREATMENT MONITORED?

When you are prescribed antidepressants, a doctor in charge of your treatment renews your prescriptions and ensures that the guidelines for your treatment are followed.

The doctor will ask how you are getting on with the effect and side-effects of the medication. In some cases, the treatment is accompanied by blood tests, an electrocardiogram (ECG) and blood pressure measurements.

HOW LONG DO YOU HAVE TO BE ON MEDICATION?

It can take 2–6 weeks to see whether your medication is working. If you have unpleasant side-effects, or if you do not experience the desired effect, it may be necessary to increase the dose or switch to a different kind of medication.

Once you and your GP have identified medication that works well, it is a good idea to continue the treatment for quite some time after you have come out of depression.

The length of time you will need to keep taking medication depends on factors including whether this was your first bout of depression or whether you have had one or more bouts of depression previously.

If this is your first bout of depression, generally speaking you will be able to taper off the treatment six to twelve months after you have come out of depression. Remember to speak to your GP before you taper off your medication.

If you have had one or more bouts of depression previously, the norm is to continue taking the medication for a prolonged period. Some people require treatment for many years; others need life-long treatment.

COMING OFF MEDICATION

It is common to consider stopping taking medication as soon as you have got over your depression. In order to prevent another bout of depression, however, it is important to continue taking your medication for quite some time after you have come out of depression.

If you wish to stop taking your medication, it is very important to

devise a plan together with your GP for gradually tapering off the treatment.

If you do not taper off the medication but instead stop the treatment abruptly, you risk having withdrawal symptoms. These could be trembling hands, involuntary movements, sweating bouts, nightmares, nausea, and influenza-like symptoms.

PREVENTING RELAPSE: KNOW YOUR EARLY WARNING SIGNS

Once you have had depression, there is an increased risk of becoming depressed again. This is why it is important to work on preventing relapses. You can do this in part by following your GP's directions regarding medication, but also by recognising your early warning signs of depression.

It is important to talk through the progression of your depression thoroughly, e.g. with your GP, nurse or psychologist. You will then be in a better position to put it behind you and learn from it. Did any particular circumstances or stressful situations trigger your depression? If so, it is important, as far as possible, to avoid getting into situations like those in future, or to learn new ways of dealing with stress.

- 20–30% of all people affected by depression only experience a single bout of depression.
- 70–80% have two or more bouts of depression in their lifetime.
- The more bouts of depression someone has had, the greater the risk of another one.
- The greatest risk of relapse is in the first six months after the depression is over.
- There is a high risk that depression will return later in life. Especially if you have already been depressed more than once previously. This is why prevention matters, e.g. with medication.

For example, if you were very stressed when you became depressed, it is important to work on avoiding stress factors in your everyday life. You can also plan what you will do if, at some point, you do become stressed.

Knowing your early signs of depression will make it easier for you to seek help in time.

Early signs of depression may include starting to wake up early, having a lot of negative thoughts or having difficulty remembering things.

INVOLVE YOUR RELATIVES

Your relatives play an important role in your treatment. They can participate in appointments with your GP, nurse or psychologist and gain knowledge about the disorder, its course and treatment. Your relatives can also receive guidance about how best to support you during the course of your disorder.

If you are starting to become depressed, your relatives will often be the ones who pick up on the first signs of the disorder. They can support you in that situation and help you to seek professional help.

DID YOU KNOW...?

As a patient or relative, you can contact a psychiatric advice line if you are facing an acute psychiatric crisis. The lines are open 24/7.

**PSYCHIATRIC
ADVICE LINE:
78 470 470**

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Where can you find **MORE INFORMATION** ?

➤ psykinfomidt.dk

Here you will also be able to find articles on
psychiatric diagnoses in different languages

➤ Min.medicin.dk

➤ Depressionsforeningen.dk

