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Antidepressant Medications: A Patient Reference

SSRIs, SNRIs, and other options — key safety points everyone should know

Antidepressants are the most commonly prescribed psychiatric medications. They treat depression and — despite the name — are also **first-line treatment for most anxiety disorders**, as well as OCD, PTSD, and panic disorder. This handout covers what they do, the main groups, and the safety points every patient should know.

Key Counseling Points (Read First)

- **Give it time:** most antidepressants take **4–6 weeks** for full effect, though sleep and appetite may improve sooner. Do not judge the medication after one week.
- **Do not stop abruptly.** Stopping suddenly can cause discontinuation symptoms: flu-like feelings, nausea, dizziness, "brain zaps" (brief electric-shock sensations), anxiety, and vivid dreams. If you want to stop, your prescriber will taper the dose gradually.
- **FDA black-box warning:** antidepressants can increase suicidal thoughts and behaviors in children, teens, and **young adults up to age 24**, especially in the first weeks of treatment or after dose changes. Report new or worsening suicidal thoughts, agitation, panic, or unusual behavior changes immediately — at any age.
- **Serotonin syndrome (rare but serious):** too much serotonin activity causes agitation, confusion, sweating, tremor, muscle stiffness or twitching, and fever. Risk rises when combining multiple serotonergic drugs (including some migraine medicines, tramadol, dextromethorphan in cold products, and St. John's wort). **Seek urgent care** if these symptoms appear.
- **Missed dose:** take it when you remember, unless it is close to the next dose — then skip it. Never double up.
- **Alcohol:** avoid or strictly limit; it worsens depression and anxiety and increases side effects.

SSRIs — Selective Serotonin Reuptake Inhibitors

Usually tried first: effective, generally well tolerated, and safe in overdose compared with older classes. Common side effects: nausea, headache, trouble sleeping or drowsiness, sexual side effects (reduced desire, delayed orgasm), and mild weight changes.

Generic (brand)	Notes patients often ask about
Sertraline (Zoloft)	One of the most prescribed; also used for PTSD, OCD, panic, social anxiety.
Escitalopram (Lexapro)	Often well tolerated; used for depression and generalized anxiety.
Fluoxetine (Prozac)	Very long-lasting in the body — the most forgiving if you miss a dose; fewer discontinuation symptoms. Can be activating (take in the morning).

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Citalopram (Celexa)	Similar to escitalopram; higher doses need heart-rhythm (QT) monitoring.
Paroxetine (Paxil)	More likely to cause weight gain, sedation, and discontinuation symptoms; usually not first choice in adults of childbearing age.
Fluvoxamine (Luvox)	Mainly used for OCD; interacts with many other medications (including caffeine).

SNRIs — Serotonin-Norepinephrine Reuptake Inhibitors

Raise norepinephrine as well as serotonin; also first-line for anxiety and useful when pain or low energy are prominent. Common side effects: nausea, dry mouth, sweating, increased blood pressure (dose-related — your prescriber will monitor it), and discontinuation symptoms if stopped abruptly (especially venlafaxine).

Generic (brand)	Notes patients often ask about
Venlafaxine (Effexor XR)	Effective for depression, anxiety, and panic. Must be tapered slowly — missed doses can cause symptoms within a day.
Duloxetine (Cymbalta)	Also used for chronic pain, fibromyalgia, and nerve pain. Avoid heavy alcohol use (liver).
Desvenlafaxine (Pristiq)	Related to venlafaxine; similar profile and cautions.
Levomilnacipran (Fetzima)	More norepinephrine activity; may help low energy and focus. Can raise heart rate and blood pressure.

Other Commonly Used Antidepressants

Generic (brand)	What makes it different	Watch for
Bupropion (Wellbutrin)	Activating; usually weight-neutral with fewer sexual side effects. Also used for smoking cessation. Helps low energy and focus.	Can increase anxiety or insomnia; raises seizure risk — **must not be used** with seizure disorders or eating disorders (bulimia/anorexia). Avoid alcohol.
Mirtazapine (Remeron)	Sedating; increases appetite. Often chosen when depression comes with poor sleep, poor appetite, or weight loss. Taken at bedtime.	Weight gain, morning grogginess, dry mouth, constipation.
Vilazodone (Viibryd)	SSRI-like with an added serotonin-receptor action; may have fewer sexual side effects for some.	Must be taken with food; nausea and diarrhea are common at first.
Vortioxetine (Trintellix)	Newer agent; some evidence for helping concentration and mental sharpness in depression.	Nausea (often improves), constipation.
Trazodone (Desyrel)	At low doses used mainly as a **sleep aid alongside** another antidepressant, not as a standalone depression treatment.	Morning grogginess, dizziness on standing, dry mouth. Rare: prolonged painful erection (priapism) — seek emergency care immediately.

Older Classes: TCAs and MAOIs (Brief Mention)

Tricyclic antidepressants (TCAs) such as amitriptyline and nortriptyline, and **MAOIs** such as phenelzine and tranylcypromine, are older antidepressants that still work well for certain people — but they have more side effects, are

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dangerous in overdose (TCAs), and MAOIs require strict dietary restrictions (no aged cheese, cured meats, tap beer, and other tyramine-rich foods) plus many drug interactions. They are usually reserved for cases where newer medications have not worked, and require close prescriber supervision.

> **When to call promptly:** new or worsening suicidal thoughts; agitation, panic, or behavior that feels "not like you" after starting or changing a dose; signs of serotonin syndrome (agitation, confusion, sweating, tremor, muscle rigidity, fever); severe rash; or mania symptoms (sharply decreased need for sleep with high energy — see our bipolar handout). **In crisis, call or text 988.**

This handout lists generics with common U.S. brand names in parentheses. Availability, cost, and insurance coverage vary. Your prescriber chose your specific medication for reasons related to your history — ask if you are curious why.

Please read: This handout is for education only and is not medical advice. Do not start, stop, or change any medication without talking to your prescriber. If you are in crisis, call or text **988** (Suicide and Crisis Lifeline) or text **HOME** to **741741**.

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