



Medications for Depression

by Hal Baumchen, PsyD, LP, LADC

NORTHSTAR COMPASS

*Navigating
Toward Better
Emotional
Health*



*This publication is provided
by NorthStar Regional.
All content copyright ©
Dr. Hal Baumchen.*



Move Forward in Hope

northstarregional.com

Chanhassen • Chaska
Maple Grove • Shakopee

A COMMON MALADY

Depression affects nearly ten percent of the American population and the numbers appear to be growing. This tremendous increase in depression has experts proclaiming we are facing an epidemic of “the blues.”

ONE PIECE OF THE PUZZLE: CHEMICAL IMBALANCE

The discovery of antidepressant medications in the mid-1950's has led to a better understanding of brain chemistry and neurophysiology, which helps us more fully understand the factors involved in depression. Serotonin is one of the main chemicals implicated in depression, and is the main chemical targeted by the group of antidepressants known as Selective Serotonin Reuptake Inhibitors (SSRI's). These medications appear to work by enhancing the availability of serotonin in the brain. Since there are no clinically available tests for serotonin, medication is often used to help make a diagnosis. If the person's condition improves after taking medication for a period of four to six weeks, the doctor would conclude they have a serotonin deficiency, or chemical imbalance. If the serotonin level is normal, no change would be observed after taking the medication.

In addition to serotonin deficiency, more recent research suggests other chemicals, such as norepinephrine and dopamine, play a role in depression. The newest class of antidepressant medications target various combinations of the chemicals involved in depression.

Antidepressants are not “happy pills” and they do not alter moods by themselves; they only work if they are needed, and compared to most other drugs, are relatively safe.

A variety of antidepressant medications

are available. All are about equally effective, but work for any one individual only about 70 percent of the time. If the first antidepressant does not bring relief, a second may be tried. There is no way a doctor can accurately measure brain chemistry and its production of neurotransmitters to select with any great precision the right medication to match. It is somewhat an educated guessing game.

The most commonly prescribed antidepressant medications fall into two

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRI'S)

Prozac: Among antidepressants that affect serotonin, Prozac has been around the longest. This drug tends to be more activating and works well with lethargic people. Appetite, sleep, and energy levels usually begin improving within a week; however, the feelings of depression may take four to six weeks to improve. Prozac can cause sleep disturbances for some.

Zoloft: In addition to increasing serotonin levels, Zoloft, at higher doses, can also boost a neurotransmitter called dopamine, which can be helpful for people with AD/HD. Weight gain is less common with Zoloft than many other SSRI's; intestinal side effects do occur for some.

Paxil: This medication has a calming effect on most people, but can be sedating to others. Paxil appears to work especially well on muscle conditions such as stress headaches, irritable bowel syndrome, fibromyalgia, and may be used to treat panic disorder or obsessive-compulsive disorder.

Luvox: In the United States, Luvox is mostly commonly used for obsessive-compulsive disorder, but is also useful with other serotonin deficiency conditions. It may have more drug interactions and cause more sedation than other SSRI's.

Celexa: As with the other SSRI's, Celexa works by boosting serotonin levels in the brain and is mainly used for depression. The side effects tend to be mild and generally go away after taking it for a while. It can cause an upset stomach and sexual dysfunction in some people.

Lexapro: This is the newest member of the SSRI's and is generally used to treat major depressive disorder. Like Celexa, this medication works by boosting the serotonin levels, without affecting many of the other chemicals in the brain. This may lead to fewer and milder side effects. Relief from depressive symptoms may occur in as little as 1 to 2 weeks, providing faster relief than other SSRI's.

main categories: SSRI's and Dual Action/ New Generation Antidepressants. Other types of antidepressant medications may still be prescribed, but they are less common now that safer alternatives are available.

DUAL ACTION/NEW GENERATION ANTIDEPRESSANTS

Effexor: This is an interesting medication that can boost serotonin levels at low doses, noradrenergic levels at medium doses, and dopamine levels at high doses. This makes it a good choice for treating attention deficit disorder, muscle conditions, and lethargic patients. Some may experience sleep disturbance on Effexor. It carries a far lower incident rate for sexual dysfunction than SSRI's.

Serzone: This medication boosts serotonin more naturally, with no dopamine effect, and tends to be calming. It is a good choice when some anxiety is present, may work more quickly than others, and is one of the few drugs to normalize sleep. Serzone has no effect on sex drive or potential for weight gain.

Remeron: This is one of the newest and most complete depression medications and works by stimulating the release of serotonin and norepinephrine. Sedation and weight gain are the main side effects. Remeron tends to cause of the side effects common with SSRI's, such as sexual dysfunction and insomnia.

Wellbutrin: This medication works by boosting dopamine levels and is useful for attention deficit disorder, addiction problems, and has been marketed for smoking cessation under the name Zyban. Like Serzone, this medication has no effect on sex drive or weight gain. Wellbutrin tends to have a stimulating effect, which works well for those



experiencing low energy levels. Due to Wellbutrin's stimulating nature, some people may experience sleep disturbance.

ADDITIONAL CONSIDERATIONS

Antidepressants are popular and easy to use, but there are potential side effects, such as sexual dysfunction and weight gain, associated with these medications. It is important to remember antidepressants can take a few weeks or more to experience relief from the depressive symptoms. Since everyone's body handles medication differently, a doctor will likely start with a low dosage and if needed, gradually increase the medication, giving the body time to adapt. Abrupt discontinuation any antidepressant can have side effects, so it is important to check with your doctor before deciding to stop taking medication. If your doctor determines the medication is no longer needed, they will assist you and gradually reduce the dosage in order to prevent side effects.

CONSIDERING A COMPLETE SOLUTION

Depression can accompany biochemical changes in the body. Appetite problems, sleep disturbance, decreased sex drive, physical fatigue, and sluggishness are common biological indicators of depression. It is, however, incomplete to say biochemical changes in the body cause depression.

Antidepressant medications help depressed people feel better, but taking medication every time you have a symptom of depression is like getting jump-starting your car every time it doesn't start. Other life stresses and causes of depression need to be considered and taken into account.

It would be a tragedy for a pastor or counselor to try helping a physically ill person without suggesting some medical attention. On the other hand, thinking all problems can be cured with medication is equally tragic. Taking a pill to cure the body is commendable, but taking a pill to cure the soul is deplorable. Consider depression as a spiritual, emotional, and physical problem with spiritual, emotional, and physical solutions.



ABOUT THE AUTHOR

Hal Baumchen, PsyD, LP, LADC is the President and Clinical Director of NorthStar Regional. He is a Licensed Clinical Psychologist (LP) and a Licensed Alcohol and Drug Counselor (LADC) with over 30 years of counseling experience.

He received his Master's Degree from Wheaton Graduate School, his Doctorate of Psychology (PsyD) from the Illinois School of Professional Psychology, and his Certificate in Co-Occurring Disorders from Adler Graduate School. He serves frequently as a seminar leader, and has taught workshops in the USA, Canada, Malaysia, Sri Lanka, South Africa, and India.

He is the author of *Journeys* and *Destinations*, two books on co-occurring disorders treatment, and the co-author of *Finding Hope Again: Overcoming Depression* with Dr. Neil T. Anderson.

This information in this publication is not intended as a substitute for professional help or to be used as a diagnostic tool. If you have serious difficulties with anxiety, depression, or other mental health issues, please seek professional help.