

TWU Counseling Center

Are You Considering Medication for Depression?

Perhaps your counselor or psychiatrist has mentioned this option to you, or you've wondered whether an antidepressant medication might be helpful based on what you've "heard" or the experiences of friends or family members.

This brochure is designed to answer some of the most frequently asked questions about antidepressants. We hope that the information will serve as a starting point for a more in-depth discussion.

If you decide to explore the option of medication further, you will want to meet with a physician and, if possible with a psychiatrist. A psychiatrist is a medical doctor whose specialty is the diagnosis and treatment of emotional and mental health problems. A psychiatrist is specially trained in the use of medication to treat depression.

Depression is treatable.

Frequently Asked Questions About Antidepressants

1. What are the signs that I may be depressed and therefore might need medication?

Most of us feel temporarily discouraged or "down" at times. This brochure is about treatment for a very different kind of depression. If you are experiencing this kind of depression, you may have been feeling sad, irritable or depressed most of every day for weeks, if not months. Activities or people you used to enjoy might not seem interesting anymore. You might stop attending class and feel tired all the time. You might find you have increased or decreased appetite, or you might find that you have lost or gained weight. A couple of days of insomnia, sleeping all day, or wanting to "just stay in bed" occasionally happen for us all. But when this happens consistently over a period of weeks it suggests a more serious problem.

If you're depressed, you may have difficulty concentrating or making decisions. Friends may comment that you're extra "sensitive" or crying a lot. When you are this depressed, it is not unusual to feel hopeless and helpless, as if you're "stuck in a dark hole" and can't get out. Other people may notice you no longer seem to care about your responsibilities or your appearance. You may think about death a lot and even consider killing yourself. These are all signs of a serious depression.

Signs of Depression:

- Sad Mood
- Sleep Problems
- Appetite Change
- Concentration Loss
- Suicidal Thoughts

2. Is depression a sign of personal "weakness"?

Depression is one of the most common concerns reported by students. It is not a sign of personal weakness. Abraham Lincoln, Queen Victoria and Winston Churchill are only a few of the strong people history suggests struggled with depression. It's not a condition that you can will or wish away. People suffering from depression cannot merely expect to "pull themselves together" and get better. Without treatment, symptoms of depression may persist or get worse. With treatment, you may begin to experience significant relief within four to six weeks.

You're not alone. Many university students experience depression.

3. Shouldn't I be able to feel better without taking medication? Don't other people get through this without medication?

Eventually, some people will feel better, even without treatment. Unfortunately, "feeling better" can take a year or more, and if untreated, depression **can** get worse and seriously interfere with your ability to study, work and enjoy relationships. Depression can also be a **life-threatening illness** when there is a risk of suicide. Medication will not "fix" everything, but it may help lighten your mood and help you to function so that you can begin working through other problems.

4. How does an antidepressant work?

Depression is an illness in which factors such as genetics, chemical changes in the body and external events may play an important role. Research suggests that depression may be linked to changes in the functioning of brain chemicals called neurotransmitters. Current research focuses on the serotonin, norepinephrine and dopamine systems. Certain genetic factors and changes in body hormones have also been implicated in some depressive conditions. These complex biological changes can produce profound changes in your mood and behavior. Antidepressants are thought to correct some of the chemical imbalances present in a depressive illness.

5. Is there a blood test for depression?

The diagnosis of depression is based on the recognition of certain characteristic signs and symptoms affecting your mood state, thinking patterns and physical well-being. At present, there is no blood test that can confirm or eliminate the diagnosis of depression.

6. How long will I have to take a medication?

You and your treatment professional(s) will meet regularly after medication is prescribed to assess any changes and/or concerns and to evaluate how the medication is working for you. Typically, people take antidepressant medications for eight to twelve months or longer. While it is often tempting to stop taking the medication when you feel better, it is important to continue until you and your doctor agree your depression is treated. Stopping the medication early can result in the return of your original symptoms. You may be asked to gradually decrease or "taper off" the medication. "Tapering off" is particularly important with some medications to allow your body an adjustment period.

7. Will the depression come back when I stop taking medication?

In the majority of cases, depression is an illness that can be effectively treated with medication and counseling. However, there is always a chance that your depression may return once a medication is stopped. Continuing antidepressants and/or therapy for the recommended time period minimizes

this possibility. Unfortunately, in a small number of cases, depression reoccurs after treatment is complete. Recognizing the signs of a new depressive episode and seeking treatment early are **very** important.

8. Is the medication addictive? Will I get "high"?

The currently prescribed medications that are approved for the treatment of depression are **not** considered addictive. Drug addiction implies that you would crave increasing amounts of a substance. While certain medications used in treating unusual forms of depression do have potentially addictive qualities, these medications are not considered standard antidepressants and are not the subject of this brochure. Although antidepressants are not addictive, you may experience some symptoms that lead you to wonder whether you are getting "high." Early on in treatment, antidepressants may cause you to feel unusually energized, especially compared to your previous state. As with most prescription medications, there are also potential drug side effects with antidepressants. Feeling "high" or intoxicated suggests an unusual reaction to your medication, an interaction with another medication, complications from drug or alcohol use, or other unwanted side effects. In addition, some patients with manic-depressive illness may experience an unwanted episode of euphoria. Should you experience any of these problems, **contact your psychiatrist immediately.**

Antidepressants are not addictive.

9. Will the medication change my personality?

Medication will not change who you are as a person, your unique personal characteristics, or your life circumstances. The goal of antidepressant therapy is to allow you to work toward positive changes in your mood state and thinking patterns. Antidepressant medication assists people in experiencing the full range of human emotions without feeling overwhelmed. Although these positive changes may seem like personality changes, most often they are a sign that you are recovering your ability to react to people and situations in a non-depressed way. Sometimes antidepressant medication produces temporary side effects that feel like negative changes in personality. In particular, you may feel less emotionally sensitive or less "intense" than you did before taking medication. In the event that this occurs and is distressing for you, don't hesitate to discuss your concerns with your counselor and psychiatrist. Refer to question #12 in this brochure to learn more about potential side effects.

10. What might my doctor ask me to do before prescribing medication?

The first step is usually an appointment with a psychiatrist to discuss your depressive symptoms. Your psychiatrist may ask the same questions you have already been asked by another professional. While you may find this repetition frustrating, keep in mind that questions are repeated so that your doctor can gain a thorough understanding of your symptoms, medical history, medication use, and drug or alcohol use. For female patients it will also be important to discuss the issues of pregnancy and birth control use since medication may be potentially harmful to a fetus or nursing infant. Since certain drugs, as well as some medical conditions, can produce depressive symptoms, you may also be referred to another physician for a complete physical exam and laboratory tests.

11. How will my doctor choose which medication to prescribe?

There are approximately 20 antidepressants currently available and approved for the treatment of depression. Antidepressants are generally classified by the chemical properties of the drug and the way in which they are thought to work. Groups of medication your doctor may refer to include: Selective Serotonin Reuptake Inhibitors (SSRIs), Tricyclic Antidepressants (TCAs) or Monamine Oxidase Inhibitors (MAOIs). Some clinicians may refer to medications discovered in the last 10 to 15 years as "new" medications and those medications which have been available in the last 30 years as "older" medication. Like shoe sizes, not every medication is the right fit for every individual; a

medication that worked well for a friend may not be the best match for you.

Your psychiatrist will consider potential adverse effects of medication. The goal of treatment is to effectively eliminate depression with a medication that produces minimal problems or adverse effects. Unfortunately, an "ideal" medication that does not pose some potential problem or risk is not yet available. Side effects are generally mild and decrease with time. Research is focusing on more selective medications for depression that produce fewer and less problematic side effects. It is important that you ask your doctor about any concerns you might have about a medication or its potential side effects.

12. What are the possible side effects of antidepressant medication?

Antidepressants are a relatively safe treatment option in otherwise healthy individuals being treated for depression. Like most prescribed (and some over-the-counter medications), antidepressants may cause mild, and usually temporary side effects in some people. Most of the time, side effects are mild, manageable and disappear over time. Common side effects include nausea, loose stools or constipation, dizziness, drowsiness, nervousness, sleep changes, dry mouth, headache and blurred vision. Some people experience a change in sexual interest or functioning. While more severe problems are less common, they are possible.

Your doctor or pharmacist will have information sheets that outline a range of potential side effects. Each time you meet with your doctor for follow-up sessions, she or he will ask about your response to the medication and check for problematic effects. Unusual side effects or those that could interfere with your ability to work or study should be reported to your doctor immediately so that changes in the medication can be made. Most side effects are reversible and gradually disappear after a medication is stopped.

13. How long will it be before the medication helps me? How will I know that the medication is working?

All antidepressants take time to work. Don't be discouraged if you don't feel better right away. Therapeutic response typically occurs within two to four weeks after treatment is started, although some people feel better sooner. It is not unusual for your friends and family to notice signs of improvement before you do. When the medication begins to work, you may find yourself increasingly able to accomplish things and enjoy life in a way that is more "normal" for you. If you do not respond to one medication, your doctor may recommend a change of dosage or a change to other medication(s).

Each person is unique in his or her response to medication. Treatment of depression is an ongoing process, with your doctor monitoring and "fine tuning" your medication, depending on how it is working for you.

Each person is unique in his or her response to medication.

14. Can I take other medications along with antidepressants?

An important question! Sometimes when antidepressants are taken in combination with other drugs, the chances of side effects or drug interactions increase. It is very important to consult with your prescribing physician, particularly about allergy medications. Be sure to tell your doctor about any medications you use, **even** over-the-counter or "natural" vitamins and herbal products.

15. Will the medication interfere with my birth control pills?

There is no evidence that antidepressants decrease contraceptive protection. However, like other medications, antidepressants are potentially harmful to the fetus if you are or become pregnant.

16. Are there "natural" substances I can use to treat depression?

There has been a great deal of publicity about herbal preparations such as St. John's Wort for the treatment of depression. Unfortunately, in the United States there are currently no adequate studies to prove that this or other herbal remedies are an effective treatment, especially when compared to standard antidepressants for certain forms of clinical depression. In addition, herbal preparations may not have any significant impact on severe forms of depression. Currently it is **not recommended** that traditional antidepressants be **mixed** with herbal antidepressants. If you are curious about any new developments in the research on herbal preparations, talk with your psychiatrist before "self-medicating."

17. How much will antidepressant medication cost?

Although the cost of medication may be difficult for some students to budget, **the costs of not treating a depression are also high.** You've invested considerable time and money to attend TWU. Your ability to function in school, relationships and outside employment may be significantly affected by an untreated episode of depression. The average cost of medication for depression will be about \$10 to \$70 per month (taking one medication at the average dose level). Many insurance companies pay a portion of medication costs. You may be required to pay a "co-pay" (often \$4 to \$12) for your portion of the cost. Other insurance companies pay a certain percentage of the cost. You will need to check your individual insurance policy to find out what medication expenses are covered.

18. Why can't I use alcohol when taking medication?

Did you know that alcohol itself is an extremely potent **depressant**? You certainly don't want to feel **more** depressed! The use of alcohol and drugs can complicate the diagnosis and treatment of a depressive illness. Many depressive conditions are associated with the excessive use of alcohol and some drugs. Using drugs or alcohol can increase the risk of dangerous behaviors including suicide **or** cause complicated interactions with your prescribed medication. In sum, alcohol or drug use can reduce the effectiveness of your treatment, prolong your illness, and increase the risk of negative medication side effects.

Alcohol and drugs can make your depression worse.

19. What if I forget to take my pills on schedule?

This is something you'll want to discuss with your doctor. In most cases, if you miss a dose of your medication, **don't take a double dose next time.** Simply continue with the next scheduled dose and try not to miss again. If you miss several consecutive doses you may experience problems such as headache and nausea. Most importantly, if you often forget to take the medication, your recovery is likely to take longer.

20. How do I tell my family and friends?

Often the people who care about you are already aware of and concerned about the changes in your mood and energy levels. They may be very relieved that you are getting help. Since depression can leave you feeling exhausted or helpless, getting support from others at this time is very important.

However, many people have never experienced a serious depression and have trouble fully understanding how disabling it can be. They might not **mean** to hurt you but they **may say or do** things that **do hurt**. It may help to share this brochure with those you most care about so that they can better understand and help you.

21. If I am taking medication, will I still need counseling?

For many people the combination of medication and psychotherapy is the most effective way to treat depression. While medication can help improve depressive symptoms, it can't change the events, thoughts or behaviors that are problematic or distressing for you. Even before becoming depressed you may have been struggling with personal or family issues that affected how you felt about yourself and your relationships. Psychotherapy can help you begin to explore and resolve these concerns. Individual and/or group psychotherapy may also be recommended to assist you in improving self-esteem, relationship skills and strategies for managing stressful events. Good nutrition, good quality sleep and exercise are also important elements of your recovery. To feel better as quickly as possible, consider all the recommendations made to you by your counselor and your psychiatrist.

The combination of medication and psychotherapy is often the most effective way to treat depression.

We're Here For You.

The TWU Counseling Center helps students with personal concerns so that they can meet the daily challenges of student life.

We offer a variety of services including:

- Counseling services: we offer individual, group, and crisis counseling and referrals to both on- and off-campus resources.
- You may complete a depression screening instrument to help you evaluate your level of distress by going to <http://www.twu.edu/o-sl/counseling/screening.html>
- You may find a variety of handouts about depression at the Virtual Pamphlet Collection: <http://www.dr-bob.org/vpc/>
- Both U Lifeline (<http://www.ulifeline.org>) and Campus Blues (<http://www.campusblues.com>) have information about depression specifically for college students.

If you have a crisis after hours, please call the DPS office at your campus and ask to speak to the counselor-on-call.

**TWU
Counseling Center
Locations:**

*Denton
West Jones Hall
940-898-3801*

*Dallas-Parkland
FPH 120
214-689-6655*

*Dallas-Presbyterian
DPB 16
214-706-2416*

*Houston
Suite 2250
713-794-2059*