“Project MED” stands for Medication EDucation. The Project MED Group has written a series of eight education booklets about medicines. These booklets will help you if you have learning problems, reading problems, or problems understanding why you are taking medicine. These booklets will also be useful to you if English is not your main language. Parents, guardians, and other care givers might like to read these booklets too.

Our goal was to write the information in plain words. When we cannot avoid using a hard-to-read word, we give you help in pronouncing (pro-NOWN'-sing) the word. We also describe what the hard-to-read words mean in parentheses ( ).
Project MED is supported by a grant from the U.S. Administration on Developmental Disabilities (Grant No. 90DD0446)

to the Ohio State University Nisonger Center,
A University Center for Excellence in Developmental Disabilities.

©2000, 2010 The Nisonger Center UCEDD
The Ohio State University
# Table of Contents

**Antidepressant Medicines** ............................................................... 1  
1. Cyclic Antidepressants ................................................................. 2  
2. The MAOIs .............................................................................. 3  
3. SSRI and SSRI-Like Antidepressants ........................................ 3  

**Uses for Antidepressants** ............................................................. 5  
1. Depression ............................................................................... 5  
2. Obsessive-Compulsive Disorder (OCD) .................................... 6  
3. Other Uses ............................................................................... 8  

**Side Effects** .............................................................................. 9  
1. Cyclic Antidepressants ............................................................. 10  
2. MAOI Antidepressants ............................................................ 11  
3. SSRI and SSRI-Like Antidepressants ....................................... 13  

**Doses** .................................................................................... 15  
1. Cyclic Antidepressants ............................................................ 15  
2. MAOI Antidepressants ............................................................ 16  
3. SSRI and SSRI-Like Antidepressants ....................................... 16  

**Common Interactions** ............................................................... 16  
1. Cyclic Antidepressants ............................................................. 17  
2. MAOI Antidepressants ............................................................ 17  
3. SSRI and SSRI-Like Antidepressants ....................................... 19  

**Starting and Stopping Medicine** ................................................ 19  
1. Starting Up Medicine ............................................................... 19  
2. How Long Will I Take This Medicine? ...................................... 19
Antidepressant (an-ti-dee-PRESS'-ent) medicines fall into three groups. First, there is a group of medicines called “cyclic” (SICK’-lik). Cyclic medicines were developed before the late 1980s. Second, there is an older group of medicines called “MAOIs.” Third, there is a new group of medicines called “SSRIs.” The terms MAOI and SSRI say something about the way these medicines work in our bodies. But we do not need to know about this to use these medicines wisely.

Most medicines have two names. They have a brand name and a generic (je-NAIR'-ik) name. Brand names are the names given to the medicine by the company that makes them. A medicine can have more than one brand name because it may be made by more than one company. Generic names describe the chemicals (KEM’-ih-kuls) used to make the medicine. A medicine can have only one generic name.

Here is an example: One new antidepressant has the brand name Prozac (PRO’-zack) and the generic name fluoxetine (flew-OCKS'-uh-teen).

Let’s talk more about the three groups of antidepressant medicines. You need to know which group of medicines you are taking.
Now is a good time to look at your own bottle of medicine. Match the name on your medicine bottle to one of the names in the four lists that follow. Both the generic name and the brand names of each medicine are given. Your medicine may only have one of these names on the bottle.

If your medicine is a cyclic medicine, you only need to read the parts of the booklet that talk about cyclic medicines. If you take a MAOI or SSRI medicine, just read the parts of the booklet that talk about MAOI or SSRI medicines.

1. Cyclic Antidepressants

The cyclic antidepressants are shown below.

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>amitriptyline</td>
<td>Elavil, Amitril, Endep</td>
</tr>
<tr>
<td>amoxapine</td>
<td>Asendin</td>
</tr>
<tr>
<td>clomipramine</td>
<td>Anafranil</td>
</tr>
<tr>
<td>desipramine</td>
<td>Norpramin, Pertofrane</td>
</tr>
<tr>
<td>doxepin</td>
<td>Adapin</td>
</tr>
<tr>
<td>imipramine</td>
<td>Tofranil</td>
</tr>
</tbody>
</table>
The MAOI antidepressants are listed below. These medicines can have bad side effects if they are mixed with some foods and other medicines. That is why most doctors don’t prescribe these medicines much.

### MAOI Antidepressants

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>isocarboxazid</td>
<td>Marplan</td>
</tr>
<tr>
<td>moclobemide</td>
<td>Aurorix</td>
</tr>
<tr>
<td>phenelzine</td>
<td>Nardil</td>
</tr>
<tr>
<td>selegiline</td>
<td>Deprenyl</td>
</tr>
<tr>
<td>tranylcypromine</td>
<td>Parnate</td>
</tr>
</tbody>
</table>

3. SSRI and SSRI-Like Antidepressants

SSRI antidepressants are a new group of medicines. Some doctors like to prescribe the SSRI antidepressants better than other antidepressants. This is because SSRIs seem to cause fewer side effects.
SSRI Antidepressants

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>fluoxetine</td>
<td>Prozac</td>
</tr>
<tr>
<td>fluvoxamine</td>
<td>Luvox</td>
</tr>
<tr>
<td>paroxetine</td>
<td>Paxil</td>
</tr>
<tr>
<td>sertraline</td>
<td>Zoloft</td>
</tr>
<tr>
<td>citalopram</td>
<td>Celexa</td>
</tr>
</tbody>
</table>

There are some medicines that are *like* the SSRI antidepressants. They are listed in the table below. We will call these *SSRI-like* medicines in the booklet. We talk about them with the SSRI antidepressants.

SSRI-Like Antidepressants

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>nefazodone</td>
<td>Desyrel</td>
</tr>
<tr>
<td>trazodone</td>
<td>Serzone</td>
</tr>
<tr>
<td>venlafaxine</td>
<td>Effexor</td>
</tr>
</tbody>
</table>

If you did not find your medicine in any of the lists, look again. Or ask your pharmacist (FAR'-ma-sist) what group your medicine is in. Remember which group of medicines you are taking. Circle which type of medicine you are taking below.

My antidepressant medicine is:

- Cyclic
- MAOI
- SSRI or SSRI-Like
Uses for Antidepressants

1. Depression

Antidepressants are used most often to treat depression. If you are depressed, you might:

- feel very sad or act very grouchy.
- lack interest in the things that used to think were fun.
- have a big change in your appetite (eat a lot more or a lot less than you used to).
- sleep too much or have trouble sleeping.
- feel jittery or nervous (your hands may shake).
- feel very tired during the day.
- feel worthless (like you are not important or don’t matter).
- feel guilty when there is no reason to.
- have trouble thinking clearly.
- think about hurting yourself or killing yourself.

Sometimes serious depression can happen when the person has additional problems. Some patients may lose touch with reality. If this happens, antidepressant medicines may be given with antipsychotic (an-ti-sy-KOT'-ik) medicines. Sometimes depression may occur as part of a condition called bipolar (bye-PO'-ler) disorder. In bipolar disorder, the patient has times of sadness and times in which he or she feels too good or too bold. The patient may take chances that he or she should not take during these periods. Antidepressants can also be helpful for people who have long periods when they do not feel good.

2. Obsessive-Compulsive Disorder (OCD)

Antidepressant medicines are used to treat obsessive (ub-SESS'-iv) compulsive (kum-PUL'-siv) disorder (or OCD). If you have OCD, you might:

- think about the same thing over and over again.
• try to stop these thoughts (they are not pleasant).
• repeat certain actions in the same way over and over again. The actions may make you feel better about the thoughts (that is, the thoughts may not bother you so much).
• know that the actions seem strange.

You might try to stop these thoughts and actions, but it is not easy. Sometimes these thoughts and actions get in the way of doing your job or schoolwork.
Medicines Used to Treat OCD

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>clomipramine</td>
<td>Anafranil</td>
</tr>
<tr>
<td>fluoxetine</td>
<td>Prozac</td>
</tr>
<tr>
<td>fluvoxamine</td>
<td>Luvox</td>
</tr>
<tr>
<td>paroxetine</td>
<td>Paxil</td>
</tr>
<tr>
<td>sertraline</td>
<td>Zoloft</td>
</tr>
<tr>
<td>citalopram</td>
<td>Celexa</td>
</tr>
</tbody>
</table>

3. Other Uses

Antidepressant medicines have many other uses too. Sometimes antidepressant medicines are helpful for treating young people who are too active (hyperactive) (hi-per-AK’-tiv). If you are too active, you move around too much. You may have trouble paying attention. You might do things without thinking about them first.
Medicines Used to Treat People Who Are Too Active (Hyperactive)

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>bupropion</td>
<td>Wellbutrin</td>
</tr>
<tr>
<td>desipramine</td>
<td>Norpramin</td>
</tr>
<tr>
<td>imipramine</td>
<td>Tofranil</td>
</tr>
<tr>
<td>nortriptyline</td>
<td>Pamelor</td>
</tr>
</tbody>
</table>

Cyclic antidepressants can help you if you have a problem wetting the bed, too.

Medicines Used to Treat People Who Wet the Bed

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>amitriptyline</td>
<td>Elavil</td>
</tr>
<tr>
<td>desipramine</td>
<td>Norpramin</td>
</tr>
<tr>
<td>imipramine</td>
<td>Tofranil</td>
</tr>
</tbody>
</table>

These medicines also help if you have special kinds of headaches, special pain conditions, or severe (big) overeating problems.

Side Effects

Antidepressants can cause different kinds of side effects. Side effects are unplanned changes that sometimes happen when you take a medicine. Sometimes there are no side effects. Sometimes side effects are small. Sometimes side effects are a problem. The kind of side effects you might have depends on which group of medicine you are taking.
We will talk about the cyclic medicines first. You do not have to read this part if you are not taking this kind of medicine. Skip to the section that talks about your medicine.

1. Cyclic Antidepressants

- If you are taking cyclic medicines, you might feel dizzy or “light-headed.” You might feel dizzy when you get up after sleeping in bed or when you stand up after sitting down.
- Cyclic medicines can make your mouth very dry. You may find it a little harder to talk clearly. If you have a dry mouth, sucking on hard candy may help.
- These medicines might make it hard for you to go to the bathroom. You might have hard stools (poop) or constipation (kon-sti-PAY'-shun). You might also find it hard to urinate (YURR'-in-ate) or pee.
- These medicines can cause blurred vision. Things may not look clear to you. Books and newspapers might be hard to read.
- Cyclic medicines can make your appetite bigger. You may want to eat more “starchy” foods.
• These medicines can make you feel tired during the day. You may have trouble falling asleep at night.
• You might lose interest in sex or you might have trouble having sex.

If you have any of these side effects, be sure to tell your doctor.

The cyclic medicines may increase your chances of having a seizure (SEE'-zhur). A seizure is a sudden attack of illness, or a spasm (SPAZ'-im). You may be unconscious (un-KON'-shus) (numb or unresponsive) for part of the seizure. You may have jerky movements or odd sensations (like having strange smells). Finally, these medicines can affect how evenly your heart beats. If you take a high dose (amount) of cyclic medicine, your doctor could order a special test for you called an “ECG” or “EKG.” This test shows what the tiny electrical signals in your heart look like. The ECG helps the doctor make sure that there are no bad changes in your heart signals.

2. MAOI Antidepressants

• If you are taking MAOI antidepressants, you might feel dizzy or “light-headed.” You might feel dizzy when get up after lying in bed or when you stand up after sitting down (see picture on page 10).
• MAOI medicines can make your mouth very dry. You may find it a little harder to talk clearly. If you have a dry mouth, sucking on hard candy may help.
• These medicines might make it hard for you to go to the bathroom. You might have hard stool (poop) or constipation (konsti-PAY'-shun). You might also find it hard to urinate (YURR'-inate) or pee.
• These medicines can make you feel tired during the day. You may have trouble falling asleep at night. Your body might jerk when you fall asleep.
• You might lose interest in sex or you might have trouble having sex.

If you have any of these side effects, be sure to tell your doctor.

MAOI medicines can cause very bad side effects when taken with certain foods and medicines. These side effects can be dangerous. You might have a very, very bad headache. Your heart might pound or beat very fast. You might have chest pains too. Your face might turn hot and red (flushed face).
If you are taking MAOI medicines and you have any of these side effects, call your doctor right away. Or go to a clinic or emergency room right away.

3. SSRI and SSRI-Like Antidepressants

- If you are taking SSRI or SSRI-like antidepressants, you might feel dizzy or “lightheaded.” You might feel dizzy when you get up after lying in bed or when you stand up after sitting down (see picture on page 10).
- SSRI or SSRI-like medicines can make your mouth very dry. You may find it a little harder to talk clearly. If you have a dry mouth, sucking on hard candy may help.
- These medicines can make you feel tired during the day. You may have trouble falling asleep at night.
- You might have headaches.
- You might sweat a lot more than you usually do.
- These medicines might make you feel sick to your stomach.
- You may feel nervous and your hands might shake.
- These medicines could cause you to have diarrhea (loose stools or poop).
- You might feel very restless. You might feel like you need to walk around or pace back and forth.
- You might lose interest in sex or you might have trouble having sex.
If you have any of these side effects, be sure to tell your doctor.

The SSRI medicines have fewer big side effects than the cyclic or MAOI medicines. Because of this, many doctors prefer to prescribe these medicines.

a) Trazodone (Desyrel), nefazodone (Serzone), and venlafaxine (Effexor)

Trazodone (Desyrel) and nefazodone (Serzone) may make you feel tired or drowsy. Sometimes trazodone can reduce the patient’s blood pressure. Some doctors think that it may affect how evenly the heart beats in some patients.

b) Bupropion (Wellbutrin)

This medicine may cause the following side effects:

- nausea (NAW’-zee-uh) (stomach upset)
- feeling restless, edgy, nervous
- shaking in the hands or feet
- trouble falling asleep

If you already have seizures, this medicine may sometimes increase them.
The “dose” is the amount of medicine that you take. The amount of medicine you take is printed on your medicine bottle as a number and the letters mg. Mgs stands for milligrams (MILL’-ee-grams). Medicines are measured in milligrams. For example, your bottle may say 5 mg or 100 mg, or some other amount. Your doctor will tell you how often you should take your medicine. This will be printed on your medicine bottle too. Your doctor will find the right dose of medicine for you. To make sure the right amount of medicine is getting into your body, your doctor may ask you to take a blood test. If you have questions about the dose of your medicine, ask your doctor.

1. Cyclic Antidepressants

Common doses for cyclic medicines are between 150 mg and 300 mg each day. Your dose might be higher or lower than this.

If you are being treated for being too active, the dose will probably be lower. If you are taking this medicine for bed wetting, the dose may be very small.
2. MAOI Antidepressants

Common doses for MAOI medicines are between 5 mg and about 45 mg. These medicines differ greatly in strength.

3. SSRI and SSRI-Like Antidepressants

For depression or OCD, common doses for SSRIs are as follows:

- fluoxetine (Prozac): 5 to 60 mg a day
- fluvoxamine (Luvox): 50 to 200 mg a day
- paroxetine (Paxil): 5 to 60 mg a day
- sertraline (Zoloft): 25 to 200 mg a day

Common doses for SSRI-like medicines range from 5 mg to 450 mg. These medicines differ greatly in strength. Always follow your doctor’s directions.

**Common Interactions (in-ter-AKT’-shuns)**

“Interaction” means that when one medicine is given with another, some effect is made stronger or weaker. Read about your medicine group to learn more about interactions that you should watch out for.
1. Cyclic Antidepressants

We only describe a few common interactions here. Ask your doctor or pharmacist for a complete list of interactions.

- If you take a cyclic medicine and an antipsychotic medicine (like Mellaril, Thorazine, or Stelazine), the side effects caused by the cyclic medicine might increase.
- If you take a cyclic medicine and an SSRI antidepressant (such as Prozac, Luvox, Paxil, or Zoloft), the side effects may increase.
- Cyclic medicines taken with MAOI medicines can cause very, very bad side effects.
- If you take a cyclic medicine and a medicine taken for being too active (like Ritalin), the side effects might get bigger or increase.

2. MAOI Antidepressants

MAOI medicines can react with many different medicines and foods. Some of these mixes are dangerous. [One drug that does not seem to have big interactions is moclobemide (Aurorix).]

The following medicines should not be taken with MAOI medicines:

- medicines used to treat people who are too active [methylphenidate (Ritalin), dextroamphetamine (Dexedrine), and similar medicines]
• cold medicines
• some allergy medicines (like Benadryl)

The following foods should not be eaten if you are taking a MAOI medicine:

• aged cheeses (like Swiss and cheddar)
• red wines, beer, and alcohol
• summer sausage and smoked meat
• pickled fish
• aged food or very ripe food
• sauerkraut
• caffeine (like in coffee, colas, and chocolate)

This is only a partial list. If you take these medicines, ask your doctor or pharmacist (FAR'-ma-sist) for a complete list of foods and medicines to stay away from.
3. SSRI and SSRI-Like Antidepressants

The SSRI medicines should not be used with the MAOI antidepressants. If fluoxetine (Prozac) is taken with carbamazepine (Tegretol), it may reduce the effect of the Tegretol. If venlafaxine (Effexor) is given with cimetidine (Tagamet), there may be increased side effects from the Effexor.

Talk with your doctor or pharmacist about possible interactions with the medicine you are taking.

Starting and Stopping Medicine

1. Starting Up Medicine

If you are taking medicine for depression, your doctor will probably start you with a small dose of medicine and increase it. It may take 2 or 3 weeks before you feel like the medicine is helping you. Sometimes it takes as long as 6 weeks to feel better. This is also true for medicines taken to help obsessive-compulsive disorder (OCD).

If you are taking these medicines because you are too active or you wet the bed, you might feel better right after you start taking the medicine.

2. How Long Will I Take This Medicine

How long you take your medicine depends on what you are being treated for. We give a few examples below. Remember, your doctor will tell you when to take your medicine and how long to take it.
• **Depression.** If you are taking the medicine because you are sad or depressed, do not stop taking your medicine because you feel better. If you stop taking the medicine, you might not feel bad right away. But after the medicine wears off, you may start feeling bad again. This may take days or even weeks. If you have been feeling good for at least 6 months in a row, the doctor may decide to lower your dose of medicine. The doctor may even slowly take you off your medicine. Do not take yourself off of the medicine. Always talk with your doctor.

• **OCD.** OCD is a long-lasting problem. If you are taking a medicine for OCD, do not stop taking it by yourself. If you have been feeling better for a long time, talk with your doctor. You and the doctor may decide to stop the medicine. If the problems come back again, make sure your doctor knows.
• **Being too active (hyperactive).** Hyperactivity (and attention problems) can last a long time. It may start when you are a child and continue until you become an adult. Some doctors might stop your medicine during the summer (when you are not going to school). You may have to keep taking the medicine as long as being too active (or having poor attention) is a problem.

• **Bed Wetting.** Usually, cyclic medicines do not “cure” bed wetting. They can make it go away as long as you are taking the medicine. Some doctors use these medicines only for big events (like when you are sleeping away from home). Other doctors will tell you to take these medicines for as long as you need them or until the bed wetting goes away.

**Source**

Much of the information in this booklet was taken from the following book:

About the Series

“Project MED” (Medication Education for Consumers) was created with funding from the U.S. Administration on Developmental Disabilities. The goal of Project MED is to provide patients with information, in a manner that they can understand, about the medications that they are taking. The booklets are designed for a broad group of people taking medications: people with mental retardation, autism, reading difficulties, severe mental illness, child and adolescent patients, and people whose first language is not English. By providing this information, we hope to increase each patient’s participation in his or her own health care.

The series consists of eight booklets. The booklets were written to provide basic information about patients’ rights and about medications in easily understood words. There are few medical or legal words, and difficult words are defined.

The eight booklets are:

1. Patients’ Rights and Responsibilities
2. Anticonvulsant Medicines (Medicines for People With Epilepsy)
3. Antipsychotic Medicines
4. Antidepressant Medicines
5. Antimanic Medicines (Medicines for People With Mood Problems)
6. Antianxiety Medicines
7. Stimulant Medicines
8. Other Medicines (Blood Pressure Medicine, Naltrexone, and Over the Counter)

For more information, please contact us:

Project MED
The Nisonger Center UCEDD
The Ohio State University
1581 Dodd Drive
Columbus, OH 43210-1296
Telephone: (614) 247-4801
E-mail Address: Vicki.Graff@osumc.edu