



# Depression and Antidepressants

One in five people will be affected by depression at some point in their life. If you have depression, or if you are worried about a friend or relative who is depressed, Depression Alliance can help.

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## About us

Depression Alliance is the leading UK charity for people with depression.

We work to relieve and to prevent this treatable condition by providing information, support and understanding to those who are affected by it. We also campaign to raise awareness amongst the general public about the realities of depression.

A member-led organisation, we co-ordinate a national network of self-help groups so that people with depression can share experiences and coping strategies with others in similar situations. We produce a unique range of free publications which offer information on depression and related topics, and offer a range of mutual support services for members.

Every effort has been made to ensure the accuracy of the information contained in this publication, the responsibility for any acts resulting from reading the booklet remains with the reader alone.

You do not have to read this leaflet all at once! Just keep it to hand so that you can refer to it whenever you feel you need to.

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## What is depression?

The word 'depression' is used to describe everyday feelings of low mood which can affect us all from time to time. Feeling sad or fed up is a normal reaction to experiences that are upsetting, stressful or difficult; those feelings will usually pass.

If you are affected by depression, you are not 'just' sad or upset. You have an illness which means that intense feelings of persistent sadness, helplessness or hopelessness are often accompanied by physical effects such as loss of energy, or physical aches and pains.

Sometimes people may not realise how depressed they are, especially if they have been feeling the same for a long time, if they have been trying to cope with their depression by keeping themselves very busy, or if their depressive symptoms are more physical than emotional.

Here is a list of the most common symptoms of depression. As a general rule, if you have experienced four or more of these symptoms, for most of the day nearly every day, for over two weeks, then you should seek help.

- **Tiredness and loss of energy**
- **Persistent sadness**
- **Loss of self-confidence and self-esteem**
- **Difficulty concentrating**
- **Not being able to enjoy things that are usually pleasurable or interesting**
- **Undue feelings of guilt or worthlessness**
- **Feelings of helplessness and hopelessness**
- **Sleeping problems – difficulties in getting off to sleep or waking up much earlier than usual**
- **Avoiding other people, sometimes even your close friends**
- **Finding it hard to function at work/college/school**
- **Loss of appetite**
- **Loss of sex drive and/or sexual problems**
- **Physical aches and pains**
- **Thinking about suicide and death**
- **Self-harm**

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## Antidepressants

This booklet has been written to help you understand antidepressant medicines. It will not give complete information about every antidepressant, that would need a whole book. What it will do is answer the questions that people frequently ask about antidepressants and provide detailed information on the ones that are used most often.

**If you want more information about particular antidepressants, there are several places to look:**

- Ask your local pharmacist.
- Ask your doctor.
- Ask for a book in your local reference library called the ABPI Compendium of Patient Information Leaflets.
- Visit a reputable website, such as [www.nmhct.nhs.uk/pharmacy](http://www.nmhct.nhs.uk/pharmacy)

The problem with some of the information is that it is full of medical terminology and may be difficult to understand. Your best bet in the first instance is probably to ask your local pharmacist or doctor.

There are currently about 30 different medicines licensed for use as antidepressants in the UK. This means that the pharmaceutical companies that make the drugs have what is called a “product licence” from the Medicines Control Agency. To get this licence, they have to carry out controlled clinical trials of the drugs to show two things. The first is that they work and this is tested by comparing the active drug with a dummy pill (or placebo)<sup>1</sup> in patients with depression. The second is that they are safe when taken in doses needed to treat the illness, with a margin for error in case people take too many by accident. So all the antidepressants in the UK have been shown to be effective in treating depression and safe when taken in normal doses.

<sup>1</sup> or another medication already known to work.

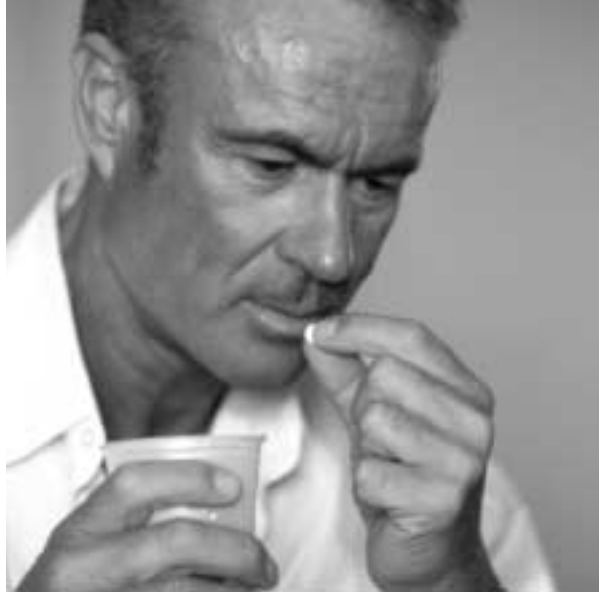
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## Commonly asked questions

### How do Antidepressants help people?

Depression is thought to be due to a combination of factors. Some of them are problems or unpleasant experiences that we face in our lives, like stress, bereavement, redundancy, breakdown of a relationship, unemployment etc. Others are biological changes that take place in our bodies when we get depressed. These produce symptoms like sadness, loss of interest in work or hobbies, fatigue, poor sleep, difficulty in concentrating, weight loss or gain and so on. A useful way of thinking about the place of antidepressants in helping people with depression is to say, "Talking may help problems, pills may help symptoms".

The symptoms of depression are thought to be due to some natural brain chemicals becoming underactive. These brain chemicals are called noradrenaline and serotonin, and it could be that one or both of them become underactive. All antidepressants work by normalising the activity levels of brain chemicals which affect our mood.



### How well do they work?

It is currently thought that between 60%-70% of people who are treated with antidepressants will make a good recovery, so the medicines can be very effective.

It is worth remembering that the treatment for depression can involve a variety of different approaches, and often people find that a combination of these work best. For more information about talking treatments and self-help options such as attending a self-help group, making changes to your diet or relaxation techniques please contact Depression Alliance.

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## **How long do they take to work?**

Antidepressants need to reach a certain dose (minimum dose) before they begin to work. The level of the dose varies for different antidepressants, but for some you need to start low and build up to the effective dose.

Antidepressants don't work quickly. For most people, a response occurs within about 2-3 weeks from reaching the minimum dose. For some, it may take a month and in elderly people even longer, perhaps as long as 6 or even 8 weeks. It is very important to persevere, to give the treatment a full chance of working. Lots of people stop too soon because they don't think the drug is working and nobody has told them how long they need to take it for.

## **When I feel better can I stop taking them?**

Even if you are feeling better you should still continue to take your antidepressants as your brain chemicals need time to fully recover. This takes at least 4-6 months in most people, sometimes longer. How long you need to take them for is something you should discuss with your doctor. As a general guide, for a first episode of depression, your chances of becoming depressed again are significantly less if you take an antidepressant for six

months after you have recovered. For a second episode, you probably need an antidepressant for one to two years to reduce your chance of relapse. For recurrent depression, you reduce your chances of becoming ill again by taking your antidepressant for 3-5 years, possibly even longer.

## **That's a worrying thought – aren't antidepressants addictive?**

People often confuse antidepressants with a type of minor tranquilliser called benzodiazepines. The minor tranquillisers may be habit forming and some people can find it difficult to stop taking them.

Although current medical advice is that antidepressants are not addictive you may experience what are known as discontinuation symptoms if you stop taking them suddenly. These symptoms may include nausea and headaches. This does not mean that antidepressants are addictive as such, just that they are potent chemicals that have an effect on the brain. It is reasonable to think that once your brain is used to the effect, it is only kind to your brain to take it away gently. It's like stopping a car without a seatbelt on – you can do it suddenly, but it's uncomfortable and much better to do it gently.

For a drug to be classed as addictive it must produce desire or craving, withdrawal symptoms and tolerance. A simple way to test whether you feel your medication is addictive is to ask yourself the following questions:

- Do I crave another dose of my medication when the previous one is wearing off?
- Do I get withdrawal symptoms when I stop taking my medication?
- Do I need increasing amounts of my medication in order to get the same effect?

If you have answered yes to the above questions you should seek further medical advice. You should not stop taking medication without talking to your GP first.

### **Don't antidepressants have side effects?**

All medicines have side effects – even the ones you can buy at the chemist without a prescription. The important thing to remember is that not everyone gets them. In fact, only a minority of people get side effects that are so bad they can't continue the treatment. It is important to balance the unpleasant side effects against the distress and pain caused by depression. Even if you do get side effects, you should only get

them for a limited period of time, whilst depression can last for a lot longer if it is left untreated. Different antidepressants have different side effects, so if one doesn't suit you, you may be able to try another one, or even a few more. Starting an antidepressant slowly e.g. with half a dose for a few days, often helps reduce side effects.

There is information on the most common side effects in the individual sections on different antidepressants. If you experience any other reactions to your medication then you should seek immediate medical advice.



# Types of Antidepressants

## How many different types are there?

There are several different groups available in the UK. Look at the table below, which lists those most commonly prescribed.

Antidepressant Type	Some Examples	Trade Name
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>	Citalopram Fluoxetine Fluvoxamine Paroxetine Sertraline	Cipramil Prozac Faverin Seroxat Lustral
<b>Related antidepressants</b>	Nefazodone Trazodone	Dutonin Molipaxin
<b>Tricyclic Antidepressants (TCAs)</b>	Amitriptyline Amoxapine Clomipramine Dothiepin Doxepin Imipramine Lofepamine Nortriptyline Trimipramine	Tryptizol Asendis Anafranil Prothiaden Sinequan Tofranil Gamanil Allegron Surmontil
<b>Serotonin &amp; Noradrenaline Reuptake Inhibitors (SNRIs)</b>	Venlafaxine	Efexor
<b>Noradrenergic and Specific Seretonegic Antidepressants (NaSSAs)</b>	Mirtazapine	Zispin
<b>Noradrenaline Reuptake Inhibitors (NARIs)</b>	Reboxetine	Edronax
<b>Mono Amine Oxidase Inhibitors (MAOIs)</b>	Isocarboxazid Phenelzine Tranylcypromine	Marplan Nardil Parnate
<b>Reversible Inhibitors of Monoamine Oxidase-A (RIMAs)</b>	Moclobemide	Manerix

We do not know why, but all groups of antidepressants seem to be equally effective at doing their job. [Let's look in more detail at the different types of antidepressants...](#)

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## Selective Serotonin Reuptake Inhibitors (SSRIs) and Serotonin and Noradrenaline Reuptake Inhibitors (SNRIs)

There are five **SSRIs** and three similar antidepressants.

These are: **Citalopram, Fluoxetine, Fluvoxamine, Paroxetine and Sertraline.**

Two similar antidepressants are called nefazodone (Dutonin) and trazodone (Molipaxin). Another similar antidepressant is venlafaxine (Efexor), which is an SNRI and works in a different way to SSRIs.

The general information about SSRI antidepressants also applies to venlafaxine.

### What exactly are they?

The SSRIs are among the latest antidepressants and have been available in the UK since 1988. The most recent one – citalopram – became available in 1995. They work by increasing levels of Serotonin in the brain and are sometimes used for other reasons, like treatment of anxiety or panic, obsessive-compulsive disorders, social phobia and some eating disorders like anorexia, where people avoid eating or bulimia, where people binge and then make themselves vomit.

### Are these safe to take?

They are safe to take in the prescribed dose, but don't suit everyone. There are

some conditions where you need to take extra care, so if any of the following apply to you, get in touch with your doctor.

- If you have illnesses such as:
  - epilepsy
  - diabetes
  - glaucoma
  - liver problems
  - kidney problems
- If you are taking other medication, including medication from your pharmacist, especially:
  - theophylline (for asthma)
  - warfarin (following a stroke)
- If you are pregnant, breast feeding or trying for a baby.

### How should I take SSRIs?

Look at your medicine bottle or packet. Follow the doctor's instructions carefully. Take your dose with a full glass of water. Never change the dose itself – always ask your doctor or pharmacist if you're not sure what the dose is.

### What if I miss a dose?

Don't worry. Take it as soon as you remember, as long as it is only a few hours after the usual time. Otherwise,

wait until your next dose is due and take it as usual – don't try to catch up by doubling your next dose.

### What side effects may happen with most SSRIs?

Look at the table below, it tells you about some of the common side effects that may happen with most SSRIs. Don't worry if you don't get them. If you do get them, they are often mild and gradually go away.

Venlafaxine (Efexor) can also cause dry mouth and dizziness. In higher doses it can increase your blood pressure.

### Can I take alcohol with SSRIs?

Taking alcohol with SSRIs is not advised. Drinking alcohol, even in moderation can delay or reduce your response to antidepressants, so it's best avoided.

However, don't stop taking your medication if you fancy a drink at the weekend, just be careful and limit it to just ONE drink.

### What about driving?

SSRIs should not affect your ability to drive but until you know how the drug affects you, be careful about driving or operating machinery.

Side effect	What it means	What can I do about it?
<b>Nausea</b>	Feeling sick. Sometimes being sick.	Take your medication after food. If you are sick for more than a day consult your doctor.
<b>Insomnia</b>	Not being able to get to sleep at night.	This can also be a symptom of depression. Discuss with your doctor. Change the time of your dose to morning.
<b>Sedation</b>	Feeling sleepy or drowsy. It can last a few hours after taking your dose.	Don't drive or use machinery. Ask your doctor if you can take your medication at bed-time.
<b>Headache</b>	Painful pounding feelings in your head.	Ask your chemist if it is safe to take aspirin or paracetamol.
<b>Restlessness</b>	Feeling tense & nervous. You may sweat more.	Try to relax, take deep breaths. Wear loose clothing.
<b>Sexual Dysfunction</b>	Finding it hard to have an orgasm (to come). No desire for sex.	Discuss with your doctor.

**Ask your doctor or pharmacist if you need more information about your particular medication.**

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## Tricyclic Antidepressants (TCAs)

There are about 10 Tricyclic Antidepressants in the UK, four of them account for most prescriptions for **TCAs**. These are **amitriptyline, clomipramine, dothiepin and lofepramine**.

### What exactly are they?

They are a group of antidepressants that have been around for over 30 years. They are effective in treating depression and are also sometimes used for other reasons, like pain relief, for treatment of anxiety and to help people sleep.

### Are these safe to take?

They are safe to take in the prescribed dose, but they don't suit everyone.

There are some conditions where tricyclics are best avoided. You should tell your doctor if any of the following apply to you.

- If you have illnesses such as:
  - epilepsy
  - diabetes
  - glaucoma
  - heart complaints
  - liver problems
  - kidney problems
  - prostate trouble
- If you are taking other medication, including medication from your pharmacist, especially

- Hismanal (antihistamine)
- Tagamet (a medicine for stomach acid)

- If you are pregnant, breast feeding, or are trying for a baby.

Tricyclics are dangerous if you take an overdose. If you do take one, or suspect that someone has taken one, dial 999 immediately. Tell the doctors what drug has been taken – this is important. The antidote is a glass of what is called “activated charcoal”, but it needs to be taken soon afterwards. Activated charcoal reduces the amount of the drug absorbed into the body.

### How should I take tricyclics?

Look at your medicine bottle or packet. Follow the doctor's instructions carefully. Take your dose with a full glass of water. Never change the dose itself – always ask your doctor or pharmacist if you're not sure what the dose is.

### What if I miss a dose?

Don't worry. Take it as soon as you remember, as long as it is only a few hours after the usual time. Otherwise, wait until your next dose is due and take it as usual – don't try to catch up by doubling your next dose.

## What side effects may happen with most tricyclics?

Look at the table below, it tells you about some of the common side effects that may happen with tricyclics. Don't worry if you don't get them. If you do get them, they are often mild and gradually go away.

## Can I take alcohol with tricyclics?

Taking alcohol with tricyclics is not advised. Drinking alcohol, even in moderation can delay or reduce your response to antidepressants, so it's best avoided. However, don't stop taking your medication if you fancy a drink at the weekend, just be careful and limit it to just ONE drink.

## What about driving?

Tricyclics can affect your ability to concentrate and react quickly in emergency situations. Until this effect wears off or you know how this drug affects you do not drive or operate machinery. You also need to be careful in other situations where accidents could happen – especially at home, in the kitchen, on the stairs, or doing DIY. Remember that it against the law to drive when unfit through drugs. It is also a good idea to let your insurance company know about your medication as if you have an accident, it could affect your insurance cover.

Side effect	What it means	What can I do about it?
<b>Sedation</b>	Feeling sleepy or drowsy. It can last a few hours after taking your dose.	Don't drive or use machinery. Ask your doctor if you can take your medication at bed-time.
<b>Constipation</b>	Feeling "bunged up". Difficulty in passing a motion.	Eat more fibre and fruit. Drink plenty of fluids. If it's bad, ask your doctor or chemist for a laxative.
<b>Dry Mouth</b>	Not much saliva or spit.	Suck sugar free sweets, or chew sugar free gum. If it's bad, you can get a mouth spray from your doctor.
<b>Blurred Vision</b>	Things look hazy and you can't focus properly.	You don't need glasses, but don't drive. See your doctor if you are worried.
<b>Weight Gain</b>	A bigger appetite and weight gain.	A diet full of vegetables and fibre should help prevent weight gain.

**Ask your doctor or pharmacist if you need more information about your particular medication.**

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## Noradrenergic and Specific Serotonergic Antidepressants (NaSSAs)

Mirtazapine (Zispin) is described as a **NaSSA**.

### What exactly is it?

This antidepressant works by increasing levels of both serotonin and noradrenaline in the brain.

If you have not been getting on with an antidepressant, it may be advisable to wait for a couple of weeks to get it out of your system before starting another antidepressant. With mirtazapine, you don't have to wait and can start taking it immediately, except when changing from MAOIs.

### Is this safe to take?

It is safe to take in the prescribed dose, but it doesn't suit everyone. There are some conditions where you need to take extra care, so if any of the following apply to you, get in touch with your doctor.

- If you have illnesses such as:
  - epilepsy
  - diabetes
  - glaucoma
  - heart complaints
  - liver problems
  - kidney problems
  - prostate trouble
- If you are taking other medication, including medication from your pharmacist.

- If you are pregnant, breast feeding or trying for a baby.

### How should I take mirtazapine?

Mirtazapine should always be taken at night. Look at your medicine bottle or packet. Follow the doctor's instructions carefully. Take your dose with a full glass of water. Never change the dose itself – always ask your doctor or pharmacist if you're not sure what the dose is.

### What if I miss a dose?

Don't worry. Take it as soon as you remember, as long as it is only a few hours after the usual time. Otherwise, wait until your next dose is due and take it as usual – don't try to catch up by doubling your next dose.

### Can I take alcohol with mirtazapine?

Taking alcohol with mirtazapine can make you feel very drowsy and is not advised. Drinking alcohol, even in moderation can delay or reduce your response to antidepressants, so it's best avoided. However, don't stop taking your medication if you fancy a drink at the weekend, just be careful and limit it to just ONE drink.

## What about driving?

Mirtazapine can affect your ability to concentrate and react quickly in emergency situations. Until this effect wears off or you know how this drug affects you do not drive or operate machinery. You also need to be careful in other situations where accidents could happen – especially at home, in the kitchen, on the stairs, or doing DIY.

Remember that it against the law to drive when unfit through drugs. It is also a good idea to let your insurance company know about your medication, as if you have an accident, it could affect your insurance cover.

## What side effects may happen with mirtazapine?

Look at the table below, it tells you about some of the common side effects that may happen with mirtazapine. Don't worry if you don't get them. If you do get them, they are often mild and gradually go away.

## What if I've got any more questions?

Ask your doctor or pharmacist for information about your particular medication.

Side effect	What it means	What can I do about it?
<b>Sedation</b>	Feeling sleepy or drowsy. It can last a few hours after taking your dose.	Don't drive or use machinery. Ask your doctor if you can take your medication at bed-time. The effect usually wears off.
<b>Weight Gain</b>	A bigger appetite and weight gain.	A diet full of vegetables and fibre should help prevent weight gain.

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## Noradrenaline Reuptake Inhibitors (NARIs)

Reboxetine (Edronax) is described as a **NARI**.

### What exactly is it?

This antidepressant works by increasing levels of noradrenaline in the brain.

### Is it safe to take?

It is safe to take in the prescribed dose, but it doesn't suit everyone. There are some conditions where you need to take extra care, so if any of the following apply to you, get in touch with your doctor.

- If you have illnesses such as:
  - epilepsy
  - glaucoma
  - heart complaints
  - liver problems
  - kidney problems
  - prostate trouble
- If you are taking other medication, including medication from your pharmacist.
- If you are pregnant, breast feeding, or are trying for a baby.

### How should I take reboxetine?

Look at your medicine bottle or packet. Follow the doctor's instructions carefully. Take your dose with a full glass of water. Never change the dose itself – always ask your doctor or

pharmacist if you're not sure what the dose is.

### What if I miss a dose?

Don't worry. Take it as soon as you remember, as long as it is only a few hours after the usual time. Otherwise, wait until your next dose is due and take it as usual – don't try to catch up by doubling your next dose.

### How soon can I expect it to work?

Any insomnia should improve within a few days, though you probably won't notice any difference in your mood for a few weeks, but keep going. You'll have good days and bad days, but this is normal. Eventually, you will have more and more good days – just give your medication time to work.

### Can I take alcohol with Reboxetine?

Taking alcohol with reboxetine is not advised. Drinking alcohol, even in moderation can delay or reduce your response to antidepressants, so it's best avoided. However, don't stop taking your medication if you fancy a drink at the weekend, just be careful and limit it to just ONE drink.

## What about driving?

Reboxetine should not affect your ability to drive but until you know how the drug affects you, be careful about driving or operating machinery.

## What side effects may happen with reboxetine?

Look at the table below, it tells you about some of the common side effects that may happen with reboxetine. Don't worry if you don't get them. If you do get them, they are often mild and gradually go away.

## What if I've got any more questions?

Ask your doctor or pharmacist for information about your particular medication.

Side effect	What it means	What can I do about it?
<b>Postural Hypotension</b>	Feeling dizzy or faint when you stand up.	Don't stand up quickly. If you feel dizzy, don't drive.
<b>Constipation</b>	Feeling "bunged up". Difficulty in passing a motion.	Eat more fibre and fruit. Drink plenty of fluids. If it's bad, ask your doctor or chemist for a laxative.
<b>Dry Mouth</b>	Not much saliva or spit.	Suck sugar free sweets, or chew sugar free gum. If it's bad, you can get a mouth spray from your doctor.
<b>Insomnia</b>	Not being able to get to sleep at night.	This can also be a symptom of depression. Discuss with your doctor. Change the time of your dose to morning.
<b>Sweating</b>	Feeling hot and sticky especially at night.	This is not dangerous but your doctor may be able to adjust your dose to help.

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## Monoamine Oxidase Inhibitors (MAOIs) and Reversible Inhibitors of Monoamine Oxidase (RIMAs)

There are three MAOIs and one similar antidepressant.

The **MAOIs** are:

- **Isocarboxazid (Marplan)**
- **Phenelzine (Nardil)**
- **Tranlycypromine (Parnate)**

The similar antidepressant is called Moclobemide (Manerix). This is a “Reversible Inhibitor of Monoamine Oxidase-A” or a RIMA.

### What exactly are they?

These are antidepressants that work by blocking an enzyme called Monoamine Oxidase. The MAOIs have been around for about 30 years and are effective for all types of depression, including depression with unusual symptoms and depression where other antidepressants have not worked well. They are not widely used because they have a reaction with certain foods.

Moclobemide has not been around for as long as the MAOIs and although it works in a similar way, does not usually cause the same problems with some types of food.

### Are these safe to take?

They are safe to take in the prescribed dose, but they don't suit everyone.

There are some conditions where they should not normally be used. If any of the following apply to you, tell your doctor:

- If you have illnesses such as:
  - diabetes
  - epilepsy
  - overactive thyroid (hyperthyroidism)
  - heart trouble
  - liver trouble
  - a condition called phaeochromocytoma
- If you are taking medicines, especially those for coughs and colds which you can get without a prescription – see medicines to avoid.
- If you are pregnant, breast feeding or trying for a baby.

### How should I take MAOIs?

Look at your medicine bottle or packet. Follow the doctor's instructions carefully. Take your dose with a full glass of water. Never change the dose itself – always ask your doctor or pharmacist if you're not sure what the dose is.

### What if I miss a dose?

Don't worry. Take it as soon as you remember, as long as it is only a few

hours after the usual time. Otherwise, wait until your next dose is due and take it as usual – don't try to catch up by doubling your next dose.

### **What about the foods and medicines I need to avoid?**

Some foods contain a naturally occurring chemical (amino acid) called tyramine. Your body uses this to help control your blood pressure. If you mix tyramine with MAOIs, your blood pressure can rise very suddenly and you may feel hot or flushed or have a headache. This can be dangerous. Your chemist will normally give you a card with foods and drinks to avoid. These include:

Broad Bean Pods, Cheese, Chianti Wine, Game, Home Brewed Beer, Pâté, Pickled

Herring, Yeast Extracts (Oxo, Marmite, Bovril, Twiglets).

The medicines you need to avoid are those for coughs, colds and flu and strong painkillers such as pethidine. Always ask your chemist or doctor before you buy any of these medicines. The chemist can give you a card with a list of medicines to avoid.

### **What side effects can I expect with MAOIs?**

Look at the table below, it tells you about some of the common side effects that happen with MAOIs. Don't worry if you don't get them. If you do get them, they are often mild and gradually go away.

Side effect	What it means	What can I do about it?
<b>Postural Hypotension</b>	Feeling dizzy or faint when you stand up.	Don't stand up quickly. If you feel dizzy, don't drive.
<b>Sedation</b>	Feeling sleepy in the daytime.	Don't drive or use machinery.
<b>Constipation</b>	Feeling "bunged up". Difficulty in passing a motion.	Eat more fibre and fruit. Drink plenty of fluids. If it's bad, ask your doctor or chemist for a laxative.
<b>Dry Mouth</b>	Not much saliva or spit.	Suck sugar free sweets, or chew sugar free gum. If it's bad, you can get a mouth spray from your doctor.

Other common side effects with Moclobemide (Manerix) include headache, insomnia and nausea.

### **Can I take alcohol with MAOIs?**

Taking alcohol with MAOIs can make you feel very drowsy and is not advised. With some MAOIs alcohol must be avoided.

### **What about driving?**

MAOIs can affect your ability to concentrate and react quickly in emergency situations. Until this effect wears off, or you know how this drug affects you, do not drive or operate machinery. You also need to be careful in other situations where accidents could happen – especially at home, in the kitchen, on the stairs, or doing DIY.

Remember that it is against the law to drive when unfit through drugs. It is also a good idea to let your insurance company know about your medication as if you have an accident, it could affect your insurance cover.

### **What if I've got any more questions?**

Ask your doctor or pharmacist for information about your particular medication.



## **Antidepressants not included in this booklet**

If you are taking an antidepressant not included in this booklet, don't worry. Ask your pharmacist or doctor for information.

Antidepressants need to be tailored to meet the needs of individual patients, so if you are not on a commonly prescribed antidepressant, it's probably just because they haven't suited you, while the less common one works for you.

If you would like more information on the partnership between GP and patient, please contact Depression Alliance and ask for their leaflet, *Together We'll Beat the Blues*.

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## 3 things to remember about treatments for depression

- 1 Treatment for depression can involve a variety of different approaches; these could include antidepressant medication, psychological therapy, or self-help options. Often people find that a combination of these work best.**
- 2 Antidepressants work by normalising the activity levels of certain chemicals in the brain. To maximise their effectiveness you should take them exactly as they are prescribed.**
- 3 Psychological therapies can help you to explore any underlying problems that may have contributed to your depression. There are lots of different kinds of therapy, the most common of which are counselling, cognitive therapy, interpersonal therapy, and psychodynamic therapy.**

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## Other useful organisations

### The British Association for Counselling and Psychotherapy

Provides information and advice on all matters related to counselling. They can also send you a list of accredited counsellors in your local area.

1 Regent Place  
Rugby  
Warwickshire CV21 2PJ

Telephone **01788 550 899**

### Carers Line

Helpline providing advice and information for carers on any issue

Telephone **0808 808 7777**  
(Mon-Fri, 10.00-12.00, 14.00-16.00)

### The Manic Depression Fellowship

Offers information and advice specifically related to Manic Depression/Bipolar Disorder.

Castle Works  
21 St Georges Road  
London SE1 6ES

Telephone  
England **020 7793 2600**  
Scotland **0141 400 1867**  
Wales **01633 244 244**

### UKPPG Medication Helpline

Confidential information about prescription drugs from trained medical professionals

Telephone **020 7919 2999**  
(Mon-Fri 11.00-17.00)

### Northern Ireland Association for Mental Health

Voluntary organisation providing services for people with mental health needs, including residential, day care, counselling, information, education and training. Range of information on mental health service provision, treatment, use and research issues.

80 University Street  
Belfast BT7 1HE

Telephone **+ 44 (0) 1232 328 474**

### NHS Direct

A 24-hour nurse-led helpline providing confidential healthcare advice and information.

Telephone **0845 46 47**

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## **MIND (National Association for Mental Health)**

Information service)for all matters relating to mental health (covers England and Wales only)

Granta House  
15-19 Broadway  
London E15 4BQ

Telephone **08457 660 163**  
(Mon-Fri 09.15-16.45)

## **MIND Cymru**

23 St Mary Street  
Cardiff CF1 2AA

Telephone **029 2039 5123**  
(Mon-Fri 09.15-16.45)

## **The Samaritans**

Offer confidential emotional support to any person who is suicidal or despairing.

46 Marshall Street  
London W1V 1LR

Telephone **08457 90 90 90**  
Textphone 08457 90 91 92

## **SANE**

Gives information and support to anyone coping with mental illness

1st Floor  
Cityside House  
40 Adler Street  
London E1 1EE

National Helpline **08457 678 000**  
(every day 12pm (noon) until 2am)

## **Scottish Association for Mental Health**

Offers support, information and advice on various aspects of mental health.

Cumbræ House  
15 Carlton Court  
Glasgow G5 9JP

Telephone **0141 568 7000**



Edited by Amelia Mustapha

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The views expressed in this booklet are not necessarily those of Depression Alliance.

## About Depression Alliance

Depression Alliance is the leading UK charity for people with depression. We work to relieve and to prevent this treatable condition by providing information, support and understanding to those who are affected by it. We also campaign to raise awareness amongst the general public about the realities of depression.

For more information about Depression Alliance, our services, our publications or our membership scheme, please contact our English, Welsh or Scottish office as appropriate.

Email [information@depressionalliance.org](mailto:information@depressionalliance.org)

Web [www.depressionalliance.org](http://www.depressionalliance.org)

### ***Depression Alliance***

*35 Westminster Bridge Road  
London SE1 7JB*

Telephone **020 7633 0557** (textphone 020 7928 9992)

Fax **020 7633 0559**

### ***Depression Alliance Scotland***

*3 Grosvenor Gardens  
Edinburgh EH12 5JU*

Telephone **0131 467 3050**

Fax **0131 467 7701**

### ***Depression Alliance Cymru***

*11 Plas Melin  
Westbourne Road  
Whitchurch  
Cardiff CF4 2BT*

Telephone **029 2069 2891**

Fax **029 2052 1774**

Registered charity 278532