making sense of antidepressants
Making sense of antidepressants

This booklet is for anyone who wants to know more about antidepressants. It explains what antidepressants are, how they work, possible side effects and information about withdrawal.
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What are antidepressants?

Antidepressants are psychiatric drugs which are available on prescription, and are licensed to treat depression. Some are also licensed to treat other conditions, such as:

- anxiety
- phobias
- bulimia (an eating disorder)
- some physical conditions

How do they work?

All antidepressants work by boosting or prolonging the activity of particular brain chemicals, such as noradrenaline and serotonin, which are both thought to be involved with regulating mood. Noradrenaline and serotonin are neurotransmitters. This means that they pass messages between nerve cells in your brain and also between nerves and other target organs in the rest of your body.

What different types of antidepressant are there?

There are several different types of antidepressants, which were developed at different times. They all tend to act on the same brain chemicals and cause similar effects, but the different types have different chemical structures, and may have different side effects.

The different types are:
- serotonin reuptake inhibitors (SSRIs)
- serotonin and norepinephrine reuptake inhibitors (SNRIs)
- tricyclics and tricyclic-related drugs
- monoamine oxidase inhibitors (MAOIs)
- other antidepressants

(For a list of all antidepressants grouped by type see How can I compare...
antidepressants on page 23, or for detailed information on an individual antidepressant see our Antidepressants A–Z."

**Selective serotonin reuptake inhibitors (SSRIs)**

About SSRIs:
- They were first developed in the late 1980s, so they have been in use for about 30 years.
- They work by blocking the re-uptake of serotonin into the nerve cell that released it, which prolongs its action in the brain.
- The side effects SSRIs can cause are generally easier to cope with than those of other types of antidepressants.
- They're the most commonly prescribed type of antidepressant in the UK.
- Serotonin and noradrenaline reuptake inhibitors (SNRIs)

About SNRIs:
- The first of these was developed in the early 1990s, so they're one of the newer types of antidepressant.
- They're very similar in action to SSRIs, but they act on noradrenaline as well as serotonin.
- They have a more selective action than tricyclics, which means they're better at targeting the brain chemicals which affect your mood without causing unwanted side effects by affecting other chemicals and other parts of the body as well.
- They're sometimes preferred for treating more severe depression and anxiety.

**Tricyclic and tricyclic-related drugs**

About tricyclics:
- They're the oldest type of antidepressant, first developed in the 1950s.
- They work by prolonging the action of noradrenaline and serotonin in the brain.
• They're called ‘tricyclic’ because of their chemical structure, which has 3 rings.
• They tend to cause more unpleasant side effects compared with other types of antidepressants.

About tricyclic-related drugs:
• They act in a very similar way to tricyclics, but they have slightly different chemical structure.
• They tend to cause more unpleasant side effects compared with other types of antidepressants, but they're less likely to cause antimuscarinic effects than tricyclics.

Monoamine oxidase inhibitors (MAOIs)

About MAOIs:
• They work by making it harder for an enzyme (monoamine oxidase) that breaks down noradrenaline and serotonin to do its job, causing these chemicals to stay active in the body for longer.
• They can have dangerous interactions with some kinds of food, so when taking MAOIs you need to follow a careful diet.
• Because of these interactions, you're not likely to be prescribed an MAOI unless you've tried all other types of antidepressant and none of them have worked for you.
• They should only be prescribed by specialists.

Other antidepressants

There are also several other antidepressants available which don't fit into any of the categories above.
How could antidepressants help me?

For depression

If you experience depression, it can mean that you feel very down a lot of the time, and:

- avoid things you usually do
- feel unable to talk to other people
- feel unable to look after yourself properly

An antidepressant might help to lift your mood so you feel more able to do all those things. You might then be able to benefit more from other, more long-term help (see alternatives to antidepressants on page 22 for examples of other treatments).

Antidepressants are more likely to be effective if your depression is very severe.

For anxiety

If you have some form of anxiety or phobia, an antidepressant could help you to feel calmer, more able to deal with other problems, and more able to benefit from alternative treatments.

How soon will they start working?

Most antidepressants take 1–2 weeks to start working, but you might feel the benefit sooner than this.

If you don’t feel any benefit after taking an antidepressant for 2–4 weeks, it might be worth discussing it with your doctor – different types of drug all work slightly differently, and it’s possible that a different antidepressant would suit you better.
What should I know before taking antidepressants?

Before you decide to take any medication, you should make sure you have all the facts you need to feel confident about your decision. (See our information on what you should know before taking any psychiatric drug for guidance on the basic information you might want to know about any drug before you take it.)

Should I ever avoid antidepressants?

All drugs carry levels of risk in different circumstances, and can affect different people in different ways. However, there are some general circumstances in which you should be particularly cautious about taking antidepressants.

These include:
- If you are pregnant or breastfeeding (see ‘Can I take antidepressants while pregnant or breastfeeding on p19).
- If you are taking other drugs.
- If you are under 18.
- If you plan to drink alcohol.

For specific risks associated with individual antidepressants you can look up the name of the drug in our guide Antidepressants A–Z.

What if I'm taking other drugs?

You should tell your doctor about any other drugs you are taking before taking an antidepressant, including anything you have bought over the counter.

This is important because of:
- Possible drug interactions – antidepressants interact with a number of other types of drugs, and some interactions can be
dangerous.
• **More severe side effects** – if you are prescribed several interacting psychiatric drugs together, it can make the side effects of each individual drug worse.

You can find out details of known interactions for individual antidepressants in our guide *Antidepressants A–Z*.

**What if I'm under 18?**

If you are under 18, you should be aware that:

- Antidepressants are not tested clinically on young people under 18 years old, so there's less information available about the possible risks.
- Antidepressants are not licensed to treat depression in children under 16.
- If your doctor does prescribe you an antidepressant while you are under 18, they should be very cautious about the dose and take your physical size into account.

The National Institute for Health and Care Excellence (NICE) produces guidelines on depression in children and young people, which gives recommendations about which antidepressants can be given to children and who can prescribe them.

**What if I want to drink alcohol?**

You should be very careful about drinking alcohol while you are taking antidepressants, and check with your doctor or pharmacist whether it's safe to drink alcohol with the particular drug you've been prescribed.

**Drug Interactions**

Alcohol does interact with most antidepressants. This can:

- make you feel more drowsy than you would from taking the drug on
Making sense of antidepressants

its own
• affect your ability to perform skilled tasks, such as driving
• (for older people) make you more prone to falls and confusion

Alcohol can make you depressed

Remember: alcohol itself is a depressant. Drinking alcoholic drinks might be one of the things that’s causing you to feel depressed in the first place, without you realising it.

See our information on food and mood, for more information on how the things you eat and drink can affect the way you feel.

What side effects can antidepressants cause?

Every antidepressant has the potential to cause particular side effects, and these can vary from drug to drug (for details of the possible side effects of a particular antidepressant, you can look it up in our Antidepressants A–Z). However, there are some possible side effects which are common to all antidepressants of a particular type.

Tricyclic and tricyclic-related antidepressants

Side effects that all drugs of this type can cause (most common first):
• antimuscarinic effects
• tooth decay
• decreased alertness
• suicidal feelings
• serotonin syndrome
• SIADH (Syndrome of Inappropriate Antidiuretic Hormone Secretion)
• diabetes
• neuroleptic malignant syndrome
SSRIs and SNRIs

Side effects that all drugs of this type can cause (most common first):

- decreased alertness
- sexual problems
- diabetes
- SIADH (Syndrome of Inappropriate Antidiuretic Hormone Secretion)
- serotonin syndrome
- suicidal feelings
- neuroleptic malignant syndrome

MAOIs

Side effects that all drugs of this type can cause (most common first):

- decreased alertness
- SIADH (Syndrome of Inappropriate Antidiuretic Hormone Secretion)
- serotonin syndrome
- diabetes
- suicidal feelings
- neuroleptic malignant syndrome

For more information about these side effects, see the detailed sections on pp11–16.

For guidance on what do to if you experience a side effect, see our information on coping with side effects.

Antimuscarinic effects

Antimuscarinic effects (sometimes called anticholinergic effects) is the medical term for a group of side effects which can occur with many different types of drugs – especially tricyclic antidepressants.
Making sense of antidepressants

They include:

- blurred vision
- confusion and agitation
- constipation, which may become life-threatening if not treated
- difficulty urinating
- drowsiness
- dry mouth, which can cause tooth decay in the long-term
- hallucinations
- hot or dry skin, and decreased sweating
- increased pressure in the eye
- low blood pressure (taking hot baths increases this risk)
- rapid heartbeat and disturbed heart rhythm
- trembling

These side effects can happen because the way a drug affects some of your brain chemicals can have a knock-on effect for other brain chemicals which control different functions in your body.

**Decreased alertness**

Antidepressants can make you feel less alert, or less able to concentrate.

This can affect:

- driving
- other skilled tasks

**Diabetes**

Long-term use of antidepressants over several years is associated with an increased risk of diabetes, especially in people who are:

- over the age of 30
- taking SSRIs or tricyclics
Neuroleptic malignant syndrome

This is a rare, but serious, condition. It is usually associated with antipsychotic drugs (sometimes known as neuroleptics), but can occasionally occur with antidepressants.

The symptoms include:
- changes in your level of consciousness
- fast heart rate
- high temperature
- pale skin
- stiffness
- sweating
- unstable blood pressure
- urinary incontinence

Serotonin syndrome

This is a serious condition which, although rare, can be fatal. It can occur with any antidepressant, but is more likely with an SSRI – especially if you take it alongside other antidepressants, including MAOIs, and lithium (a mood stabiliser).

The symptoms are (most common first):
- headaches
- nausea (feeling sick)
- diarrhoea
- high temperature, shivering and sweating
- high blood pressure and a fast heart rate
- tremors, muscle twitching and over-responsive reflexes
- convulsions (fits)
- agitation, confusion and hallucinations
- coma (loss of consciousness)

These symptoms may come on very suddenly.
Sexual problems

Certain sexual problems are a potential negative side effect of all SSRI and SNRI antidepressants. These include:

In women:
- delayed orgasm, or inability to reach orgasm
- spontaneous orgasm

In men:
- reduced sexual desire
- failed erection, delayed ejaculation and lack of orgasm
- priapism (prolonged erection) – this requires urgent medical attention, so if you experience this side effect you should see your GP, local pharmacist, or go to A&E

Sometimes these side effects persist after you've come off the drug, and might continue indefinitely. If you experience this you might want to report it on a Yellow Card.

SIADH (Syndrome of Inappropriate Antidiuretic Hormone Secretion)

SIADH is a rare side effect of some antidepressants – mainly tricyclics, SSRIs and SNRIs.

The antidiuretic hormone (vasopressin) is one of the hormones that control the production of urine. SIADH makes your body secrete too much antidiuretic hormone, which causes your body to hold on to water and makes you become low in sodium (this condition is called hyponatraemia).

Low sodium levels can lead to:
- confusion
- convulsions (fits)
What side effects can antidepressants cause?

- hallucinations
- coma (loss of consciousness), potentially leading to death
- memory problems, difficulty concentrating, drowsiness and falls (mainly in older people)

**Suicidal feelings**

There is a possibility that taking an antidepressant could make you feel suicidal – even if you didn’t experience suicidal feelings before. This side effect is mainly associated with SSRI antidepressants, although all antidepressants carry this risk.

**How could an antidepressant cause suicidal feelings?**

There are two possible explanations:

- When you’re severely depressed your energy and motivation levels are very low, but taking an antidepressant can change this. A common theory for explaining suicide in the early stages of treatment is that the drug might give you the energy to act on suicidal urges before your depression has really started to lift.

- A number of scientists believe that some drugs might directly cause suicidal thoughts and urges. The discussion usually focuses on SSRIs in particular, but research suggests that all antidepressants carry similar risks.

If you find you are experiencing suicidal feelings while taking antidepressants you should discuss it with doctor as soon as possible. For more information about suicidal feelings, including information about what kind of support is available, see our guide *How to cope suicidal feelings*.

If you feel in immediate crisis you can contact the Samaritans on 08457 90 90 90, or go to your local hospital's A&E department.
Tooth decay

Any drugs which cause a dry mouth can also cause tooth decay if you take them for a long time. This side effect is most commonly associated with tricyclic antidepressants.

What withdrawal problems can antidepressants cause?

All psychiatric drugs change your brain and body chemistry, so they can all cause withdrawal symptoms when you stop taking them – especially if you’ve been taking them for a long time.

Listed below are the possible withdrawal effects associated with different types of antidepressants. You won’t necessarily get any of these symptoms, but many people do.

SSRIs and SNRIs

Symptoms that will feel new to you:
- dizziness or vertigo
- electric shock sensations in head
- flu-like symptoms
- problems with movement
- sensory disturbance (such as smelling something that isn't there)
- stomach cramps
- strange dreams
- tinnitus (ringing in the ears)

Symptoms that could feel like your original problem:
- anxiety
- crying spells
What withdrawal problems can antidepressants cause?

- depersonalisation (feeling detached from your surroundings)
- depression
- disturbed sleep
- fatigue (feeling very weary)
- mania
- mood swings
- poor concentration and memory
- suicidal thoughts

**MAOIs**

- agitation
- difficulty thinking
- disturbed sleep
- extreme sleepiness
- hallucinations
- irritability
- psychotic experiences, such as paranoid delusions
- problems with movement
- strange dreams
- unsteadiness

**Tricyclics and tricyclic-related drugs**

- anxiety
- fast or irregular heartbeat
- flu-like symptoms, such as:
  - aching muscles
  - chills
  - goosebumps
  - headaches
  - nausea (feeling sick)
  - sweating
- insomnia (inability to sleep)
• low blood pressure
• problems with movement
• restlessness
• spontaneous orgasm
• strange dreams

For information on the specific withdrawal effects associated with a particular drug, you can look up the name of the drug in our Antidepressants A–Z.

Can switching antidepressants help with withdrawal?

If you've been taking a drug with a short half-life and are having problems with withdrawal symptoms, it might be possible for you to switch to a related drug with a longer half-life, which should be easier to come off.

For example, the SSRI with the longest half-life is fluoxetine (Prozac). If you are taking an SSRI with a short half-life, it may be helpful to talk to your doctor about switching to fluoxetine and withdrawing slowly from that.

To compare the half-lives of all antidepressants, see comparing antidepressants on page 23.

Staying safe

Withdrawing from antidepressants can be hard to do. For more information on how to come off your medication safely, see our pages on coming off psychiatric drugs.
Can I take antidepressants while pregnant or breastfeeding?

Expecting a baby is an emotional time for anyone, but it can be particularly tough if you experience a mental health problem like depression or anxiety. You might already be taking antidepressants when you become pregnant, or you might be offered antidepressants to treat a problem you develop during your pregnancy, or after giving birth, such as postnatal depression (PND).

Ultimately, you will need to balance the possible risks to your baby against any potential harm in not taking your medication, and come to your own decision about what's best for you, based on your own experience. It's understandable to feel conflicted about this, and you might find it helpful to seek extra support.

What are the risks?

The risks include:

- **Possible birth defects.** There is evidence that taking SSRIs early in pregnancy slightly increases the risk of your baby developing heart defects, spina bifida, cleft palate and hare lip.
- **Increased risk of miscarriage and premature birth.**
- **Withdrawal symptoms in the newborn baby.** Taking any antidepressant in late pregnancy (including tricyclics, SSRIs and SNRIs) carries this risk. Withdrawal symptoms in a newborn include:
  - with tricyclics: fast heartbeat, irritability, muscle spasms, restlessness, sleeplessness, fever and fits.
  - with SSRIs and SNRIs: jitteriness, poor muscle tone, not being able to cry loudly, difficulty breathing, low blood sugar (which can cause fits), and high blood pressure in the lungs.
- **When breastfeeding, the drug could be passed to your baby**
Making sense of antidepressants through your breast milk. It is possible that the levels could become high enough for your baby to experience side effects from the medication.

- **Unknown risks.** Drugs are not clinically tested in pregnant women, and newer drugs carry a higher unknown risk than drugs that have been around longer, simply because scientists have had less time to gather evidence about them.

All risks are likely to be higher during the first 3 months and last few weeks of your pregnancy, when your baby is more vulnerable.

**Advantages of breastfeeding**

Evidence shows that there are a number of advantages to breastfeeding your baby for at least part of the time, such as:

- better nutrition for your baby (breast milk contains beneficial fats)
- better immunity for your baby against various illnesses
- more close bonding opportunities for you and your baby

You might feel that these advantages outweigh the risks. If you do decide to breastfeed your baby while taking antidepressants you should discuss your choice of medication with your doctor, as some drugs are more safe when breastfeeding than others.

**What if I need to take medication?**

If you feel it’s necessary for your wellbeing to take antidepressants while pregnant or breastfeeding, you should discuss your choice of medication with your doctor. They can advise you on which drugs carry fewer risks than others. For example:

- Tricyclic antidepressants are likely to be less risky in the early months of pregnancy.
- If you wish to breastfeed, you should avoid taking doxepin (Sinepin).
If you have experienced a mental health problem in the past, you might also have a higher risk of experiencing postnatal depression (PND) after you give birth. If you're worried that you might experience PND it's worth discussing it with your doctor and midwife in advance, to make sure you have appropriate support in place.

**What are the alternatives to medication?**

There are a number of alternatives to antidepressants available. If you don't want to take medication while pregnant or breastfeeding, your doctor should make every effort to help you access alternative treatments. With the right support, you might be able to manage your mental health without medication.

(See our information on coming off psychiatric drugs for guidance on how to come off your medication safely.)

**What other support is available?**

Coming to a decision you feel comfortable with about what's right for you and your baby can be difficult. You might find it helpful to explore these options for extra support:

- **Family and friends** – if you're able, it can be helpful to talk through your feelings with someone you trust, such as your partner, or a close friend.
- **Midwife appointments** – you can talk to your midwife about how you're feeling throughout your pregnancy. They can also help make sure you receive plenty of support from your health visitor after you give birth.
- **Online peer support** – websites such as Netmums and Mumsnet offer a supportive online network for all parents and parents-to-be. It can be helpful talk to other people who've had similar experiences themselves, who can reassure you that you're not alone. Elefriends is
Another online community where you can share your feelings about your mental health in a supportive environment. (For guidance on how to manage being online when you're feeling vulnerable, see our information on how to stay safe online.)

- **Specialist websites** – websites such as Depression in pregnancy, NCT and the Breastfeeding network can also provide information and support.

You might also find it helpful to read our guide *How to cope as a parent with a mental health problem*, which include information on helping yourself, looking after children, and other kinds of support available.

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**Are there any alternatives to antidepressants?**

If you don't want to take antidepressants, there are lots of alternative treatments you can try. In fact, unless your depression is very severe, the National Institute for Health and Care Excellence (NICE) guidelines recommend that antidepressants should not be your main treatment.

NICE suggest that before prescribing you medication, your doctor should recommend:

- exercise
- a talking treatment, such as cognitive behaviour therapy (CBT)

(See *Making sense of talking treatments* for more information about the different kinds of talking treatments that are available.)

**What other therapies are available?**

You might also find it helpful to investigate an alternative therapy, such as:

- complementary therapies
• arts therapies
• ecotherapy

What else can I try?

Other things you could try include:

• **Thinking about what you eat and drink** – food and mood are related, so you might be able to lift your mood by making changes in your diet (see our pages on food and mood for more information).

• **St John's Wort** – this is a herbal medicine that is sometimes used to treat symptoms of depression and anxiety, and is available without a prescription (see our pages on St John's Wort for more information).

• **Waiting** – sometimes depression can go away by itself, so your doctor might offer you a second appointment to see how you're feeling after a few days before discussing treatment options.

How can I compare different antidepressants?

Why might I want to compare antidepressants?

After considering the cautions before taking any antidepressant, you might want to know more about the different antidepressants available to help you talk to your doctor about what's right for you.

Possible situations might include:

• If you have problems with a particular type of antidepressant (such as tricyclics), and want to avoid them.

• If the drug's half-life is important to you – for example, if you are concerned about withdrawal effects and would prefer a drug with a long half-life. (For information about what the half-life means and why it matters, see our information on medication half-life.)
• If you have problems with swallowing, or are unable to take tablets and need your medication available in a different form.
• If you have any dietary restrictions, such as being vegetarian or intolerant to some ingredients.
• If you are worried about the impact of particular side effects, such as whether it could affect your ability to drive. (For information about the side effects of a particular antidepressant, you can look the drug up in our *Antidepressants A–Z*.)

Remember: drugs don't work the same way for everyone, and it's important to find a medication that works for you. See our information on receiving the right medication for more information.

**Comparison tables**

You can see more information on comparing antidepressants by looking at the following tables, which compare antidepressants:

• by type on p24
• by half-life on p26
• by form available on p27
• by dietary considerations on p28
• by generic and trade names on p29
## Comparing antidepressants by type

<table>
<thead>
<tr>
<th>Type of antidepressant</th>
<th>Drug names</th>
</tr>
</thead>
</table>
| SSRIs                        | • citalopram  
                               | • escitalopram  
                               | • fluoxetine  
                               | • fluvoxamine  
                               | • paroxetine  
                               | • sertraline |
| SNRIs                        | • duloxetine  
                               | • venlafaxine   |
| Tricyclics                   | • amitriptyline  
                               | • clomipramine  
                               | • dosulepin  
                               | • doxepin  
                               | • imipramine  
                               | • lofepramine  
                               | • nortriptyline  
                               | • trimipramine |
| Tricyclic-related drugs      | • mianserin  
                               | • trazodone     |
| MAOIs                        | • isocarboxazid  
                               | • phenelzine  
                               | • moclobemide  
                               | • tranylcypromine  |
| others                       | • agomelatine  
                               | • mirtazapine  
                               | • reboxetine  
                               | • Triptafen     |
## Comparing antidepressants by half-life

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<tr>
<th>Half-life</th>
<th>Drug name</th>
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<tr>
<td>1-2 hours</td>
<td>agomelatine</td>
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<tr>
<td>about 2 hours</td>
<td>tranylcypromine</td>
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<tr>
<td>2-4 hours</td>
<td>moclobemide</td>
</tr>
<tr>
<td>4-7 hours</td>
<td>venlafaxine</td>
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<td>5-13 hours</td>
<td>trazodone</td>
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<td>8-17 hours</td>
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<td>lofepramine</td>
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<td>12-36 hours</td>
<td>clomipramine</td>
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<td>about 13 hours</td>
<td>reboxetine</td>
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<td>17-22 hours</td>
<td>fluvoxamine</td>
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<tr>
<td>about 19 hours</td>
<td>imipramine</td>
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<td>20-40 hours</td>
<td>mirtazapine</td>
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<td>22-36 hours</td>
<td>sertraline</td>
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<td>trimipramine</td>
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<td>paroxetine</td>
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<td>about 30 hours</td>
<td>escitalopram</td>
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<td>33-80 hours (1.5-3.3 days)</td>
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<td>citalopram</td>
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<td>isocarboxazid</td>
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<td>about 36 hours</td>
<td>nortriptyline</td>
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<td>about 50 hours (just over 2 days)</td>
<td>dosulepin</td>
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<td>96-144 hours (4-6 days)</td>
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<td>n/a (see half-life information for amitriptyline and perphenazine – an antipsychotic drug)</td>
<td>Triptafen</td>
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**Comparing antidepressants by form available**

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<tr>
<td></td>
<td>• venlafaxine</td>
</tr>
<tr>
<td><strong>Capsules</strong></td>
<td>• clomipramine</td>
</tr>
<tr>
<td></td>
<td>• doxepin</td>
</tr>
<tr>
<td></td>
<td>• dosulepin</td>
</tr>
<tr>
<td></td>
<td>• duloxetine</td>
</tr>
<tr>
<td></td>
<td>• fluoxetine</td>
</tr>
<tr>
<td></td>
<td>• paroxetine</td>
</tr>
<tr>
<td></td>
<td>• phenelzine</td>
</tr>
<tr>
<td><strong>Liquid</strong></td>
<td>• amitriptyline</td>
</tr>
<tr>
<td></td>
<td>• fluoxetine</td>
</tr>
<tr>
<td></td>
<td>• imipramine</td>
</tr>
<tr>
<td></td>
<td>• isocarboxazid</td>
</tr>
<tr>
<td></td>
<td>• lofepramine</td>
</tr>
<tr>
<td></td>
<td>• mianserin</td>
</tr>
<tr>
<td></td>
<td>• mirtazapine</td>
</tr>
<tr>
<td></td>
<td>• moclobemide</td>
</tr>
<tr>
<td></td>
<td>• nortriptyline</td>
</tr>
<tr>
<td></td>
<td>• paroxetine</td>
</tr>
<tr>
<td></td>
<td>• phenelzine</td>
</tr>
<tr>
<td><strong>Oral drops</strong></td>
<td>• citalopram</td>
</tr>
<tr>
<td></td>
<td>• escitalopram</td>
</tr>
<tr>
<td><strong>Dispersable tablets</strong></td>
<td>• mirtazapine</td>
</tr>
</tbody>
</table>

*dispersible tablets will disintegrate quickly in the mouth or can be mixed with water, orange juice or apple juice.*
Comparing antidepressants by dietary considerations

<table>
<thead>
<tr>
<th>Dietary consideration</th>
<th>Drug this applies to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contains lactose</td>
<td>• agomelatine&lt;br&gt;• citalopram&lt;br&gt;• doxepin&lt;br&gt;• imipramine&lt;br&gt;• isocarboxazid&lt;br&gt;• lofepramine&lt;br&gt;• mianserin&lt;br&gt;• nortriptyline&lt;br&gt;• trazodone&lt;br&gt;• trimipramine&lt;br&gt;• some formulations of venlafaxine</td>
</tr>
<tr>
<td>Contains gelatine</td>
<td>• duloxetine&lt;br&gt;• fluoxetine&lt;br&gt;• imipramine&lt;br&gt;• isocarboxazid&lt;br&gt;• tranylcypromine&lt;br&gt;• trazodone&lt;br&gt;• some formulations of venlafaxine</td>
</tr>
<tr>
<td>Requires food restrictions</td>
<td>• isocarboxazid&lt;br&gt;• moclobemide&lt;br&gt;• phenelzine&lt;br&gt;• tranylcypromine</td>
</tr>
</tbody>
</table>

All other antidepressants currently available do not contain lactose or gelatine, and do not require any specific dietary restrictions, although caution when drinking alcohol is a recommended for all antidepressants (see our information on cautions before taking any antidepressant on page 8 for more information on this).
Generic and trade names

There are currently 26 antidepressant drugs licensed in the UK. Some of these drugs have more than one name. You might know a drug by its generic name, or you might know it by a trade name (see our information about drug names for more on this).

The table below lists all the possible names you might know an antidepressant by, including both generic and trade names. The generic name is put after the trade name in brackets.

You can find detailed information about each drug in our full guide Antidepressants A-Z.

### All antidepressant names (UK)

<table>
<thead>
<tr>
<th>A–E</th>
<th>F–N</th>
</tr>
</thead>
<tbody>
<tr>
<td>agomelatine</td>
<td>Faverin (fluvoxamine)</td>
</tr>
<tr>
<td>Allegron (nortriptyline)</td>
<td>fluoxetine</td>
</tr>
<tr>
<td>amitriptyline</td>
<td>fluvoxetine</td>
</tr>
<tr>
<td>Anafranil (clomipramine)</td>
<td>Foraven XL (venlafaxine)</td>
</tr>
<tr>
<td>Cipralex (escitalopram)</td>
<td>iprimamine</td>
</tr>
<tr>
<td>Cipraminl (citalopram)</td>
<td>isocarboxazid</td>
</tr>
<tr>
<td>citalopram</td>
<td>lofepramine</td>
</tr>
<tr>
<td>clomipramine</td>
<td>Lomont (lofepramine)</td>
</tr>
<tr>
<td>Cymbalta ( duloxetine)</td>
<td>Lustral (sertraline)</td>
</tr>
<tr>
<td>Depefex XL (velafaxine)</td>
<td>Manerix (moclobemide)</td>
</tr>
<tr>
<td>doxepin</td>
<td>mianserin</td>
</tr>
<tr>
<td>duloxetine</td>
<td>mirtazepine</td>
</tr>
<tr>
<td>Edronax (reboxetine)</td>
<td>moclobemide</td>
</tr>
<tr>
<td>Efexor XL (venlafaxine)</td>
<td>Molipaxin (trazodone)</td>
</tr>
<tr>
<td>escitalopram</td>
<td>Nardil (phenelzine)</td>
</tr>
</tbody>
</table>
### Making sense of antidepressants

<table>
<thead>
<tr>
<th>N–S</th>
<th>S–Z</th>
</tr>
</thead>
<tbody>
<tr>
<td>nortriptyline</td>
<td>Surmontil (trimipramine)</td>
</tr>
<tr>
<td>Oxactin (fluoxetine)</td>
<td>Tofranil (imipramine)</td>
</tr>
<tr>
<td>Parnate (tranylcypromine)</td>
<td>Tonpular XL (venlafaxine)</td>
</tr>
<tr>
<td>paroxetine</td>
<td>tranylcypromine</td>
</tr>
<tr>
<td>phenelzine</td>
<td>trazodone</td>
</tr>
<tr>
<td>Politid XL (venlafaxine)</td>
<td>trimipramine</td>
</tr>
<tr>
<td>Prothiaden (dosulepin)</td>
<td>Triptafen</td>
</tr>
<tr>
<td>Prozac (fluoxetine)</td>
<td>Valdoxan (agomelatine)</td>
</tr>
<tr>
<td>Prozep (fluoxetine)</td>
<td>Venadex XL (venlafaxine)</td>
</tr>
<tr>
<td>reboxetine</td>
<td>Venaxx XL (venlafaxine)</td>
</tr>
<tr>
<td>Seroxat (paroxetine)</td>
<td>venlafaxine</td>
</tr>
<tr>
<td>sertraline</td>
<td>Venlalic XL (venlafaxine)</td>
</tr>
<tr>
<td>Sinepin (doxepin)</td>
<td>ViePax (venlafaxine)</td>
</tr>
<tr>
<td>Sunveniz XL (venlafaxine)</td>
<td>zispin (mirtazapine)</td>
</tr>
</tbody>
</table>

### Where can I find more information about medication?

- For information on each antidepressant, what to know before taking it, and specific information on side effects and withdrawal, see our guide *Antidepressants A-Z*.
- For general information about all psychiatric drugs, including information about coming off medication safely, see our information all psychiatric medication.
- For a list of all psychiatric drugs, see our psychiatric psychiatric medication A-Z.
- For information about street drugs and mental health, see our information on the mental health effects of street drugs.
Further information

Mind offers a range of mental health information on:
• diagnoses
• treatments
• practical help for wellbeing
• mental health legislation
• where to get help

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This information was written by
Dr Katherine Darton

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References available on request
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fax: 020 8522 1725
web: mind.org.uk
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mind.org.uk