



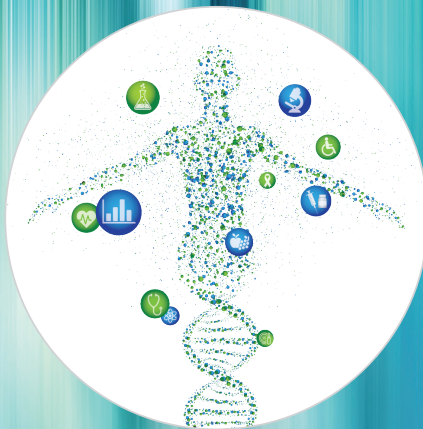
U.S. FOOD & DRUG
ADMINISTRATION

Depression Medicines

Do you feel depressed? Do not feel ashamed or alone. Women are more likely than men to feel depressed, although it is a major problem for both sexes.

There is hope.

Depression can be treated with medicine or counseling. Sometimes both are used. Talk to your healthcare provider to find out what will work best for you.



Use this guide to help you talk to your healthcare provider about medicines called **antidepressants** that can help treat depression. The guide lists FDA-approved products that are available to treat this condition. You will also find some general information to help you use your medicine wisely.

Ask your healthcare provider to tell you about the risks of taking this type of medicine. This guide only covers some of the risks. Also, it is important to tell your healthcare provider about any medicine that you are taking.

Signs of Depression

Everyone feels sad at times. People with **depression** feel sad most days. These feelings can get in the way of everyday life.

If you are depressed, you may:

- Feel sad
- Feel tired all the time
- Sleep too little or all the time
- Cry a lot
- Lose interest in eating
- Eat too much
- Have trouble paying attention
- Feel nervous or cranky
- Think about death or trying to kill yourself
- Notice that things that used to make you happy do not make you happy anymore

Talk to your healthcare provider about your feelings if you have noticed these signs for at least 2 weeks or immediately if you have any dangerous thoughts or behaviors. Only your healthcare provider or counselor can tell you if you have depression.

FDA Office of Women's Health
www.fda.gov/womens

Depression and Pregnancy

Some women become depressed when they are pregnant or after they give birth. Other women notice that their depression gets worse during pregnancy.

No one knows the exact cause of depression during or after pregnancy. It may have something to do with:

- Stress and sleep problems
- Hormones — after a woman has a baby, her hormone levels drop quickly
- Having depression before you get pregnant
- Lack of support from family and friends
- Young age — the younger you are when you have your baby the more likely you are to become depressed

Women should talk to their healthcare provider about the risks of taking antidepressants during pregnancy and after the baby's birth.

Depression can make it hard for a woman to take care of herself and her baby. It is important to talk to your healthcare provider about your feelings. Also, try to get some help from your family, friends, or a support group.

- Ask a relative to watch your baby for a few hours.
- Join a group for new mothers.
- Ask a friend to cook a meal for your family or to help with chores.

“The Baby Blues”

Having a baby can be a joyful time. However, some women cry a lot and feel sad right after they have a baby. This is called “the baby blues.” These feelings usually go away after about two weeks.

If you still feel sad after two weeks, go to your healthcare provider or clinic. You may be depressed. This type of depression is called **postpartum depression** because it starts after a woman has a baby. A woman can have this kind of depression up to one year after she has a baby.

Medicine for Depression

There are different kinds of medicine for depression.

- Selective Serotonin Reuptake Inhibitors (SSRIs)
- Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs)
- Tricyclic and Tetracyclic Antidepressants
- Atypical Antidepressants
- Monoamine Oxidase Inhibitors (MAOIs)
- N-methyl D-aspartate (NMDA) Antagonist
- Neuroactive Steroid Gamma-Aminobutyric Acid (GABA)-A Receptor Positive Modulator

Read the information on the next few pages to find out some general facts about the different kinds of medicine for depression.

Like all drugs, depression medicine may cause side effects. **Do not stop taking your medicine without first talking to your healthcare provider.** Tell your healthcare provider about any problems you are having, including thoughts about suicide. Your healthcare provider will help you find the medicine that is best for you.

Tell your healthcare provider about any medicine that you are taking. Do not forget about cold medicines, supplements, and herbals like St. John's Wort. Some of these can interact with antidepressants and cause unwanted side effects.

Questions to Ask Your Healthcare Provider

- What medicine am I taking?

- What are the potential side effects?

- What other prescription medicine should I avoid while taking medicine for depression?

- What foods, herbs (like St. John's Wort), or over-the-counter medicine should I avoid?

- When should I take each medicine? How many times per day do I take each medicine?

- Can I take my medicine if I am pregnant or nursing?

Selective Serotonin Reuptake Inhibitors (SSRIs)

BRAND NAME	GENERIC NAME
Celexa	citalopram
Lexapro	escitalopram
Paxil Paxil CR Pexeva	paroxetine
Prozac Prozac Weekly	fluoxetine
Trintellix	vortioxetine
Viibryd	vilazodone
Zoloft	sertraline

Warnings

- Do not take with these medicines: MAOIs, and in some cases thioridazine or Orap (pimozide).
- Women should talk to their healthcare providers about the risks of taking these medicines during pregnancy.
- Use with caution if you have narrow-angle glaucoma.

Common Side Effects

- Nausea
- Tremor (shaking)
- Nervousness
- Problems sleeping
- Sexual problems
- Sweating
- Agitation
- Feeling tired

Less Common, but Serious, Side Effects

- Seizures
- Abnormal bleeding or bruising
- Withdrawal symptoms

Ask your healthcare provider about serotonin syndrome.

Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs)

BRAND NAME	GENERIC NAME
Cymbalta	duloxetine
Effexor Effexor XR	venlafaxine
Fetzima	levomilnacipran
Pristiq Khedezla	desvenlafaxine

Warnings

- Do not take with MAOIs.
- Use with care if you have liver or kidney problems.
- Use with caution if you have narrow-angle glaucoma.

Common Side Effects

- Nausea
- Vomiting
- Dry mouth
- Constipation
- Fatigue
- Feeling drowsy
- Dizziness
- Sweating
- Sexual problems

Less Common, but Serious, Side Effects

- Increase in blood pressure
- Abnormal bleeding or bruising
- Seizures

Ask your healthcare provider about serotonin syndrome.

Tricyclic and Tetracyclic Antidepressants

BRAND NAME	GENERIC NAME
Asendin	amoxapine
Elavil	amitriptyline
Ludiomil	maprotiline*
Norpramin	desipramine
Pamelor	nortriptyline
Sinequan	doxepin
Surmontil	trimipramine
Tofranil	imipramine
Vivactil	protriptyline

*This is a tetracyclic. The others listed are tricyclic.

Warnings

- Do not take with MAOIs.
- Use with caution if you have narrow-angle glaucoma.

Common Side Effects

- Dry mouth
- Constipation
- Blurred vision
- Drowsiness
- Low blood pressure

Less Common, but Serious, Side Effects

- Problems urinating
- Confusion
- Fainting
- Seizures
- Life-threatening irregular heartbeat

For up-to-date information about the risks and side effects for each drug, check www.accessdata.fda.gov/scripts/cder/drugsatfda/.

Atypical Antidepressants

BRAND NAME	GENERIC NAME
Desyrel	trazodone
Serzone	nefazodone

Warnings

- Do not take these medicines if you are also taking MAOIs and, for nefazodone, if you are taking triazolam, alprazolam, pimozone, or carbamazepine.
- Cases of life-threatening liver failure have been reported in patients taking nefazodone. Patients should be advised to be alert for signs and symptoms of liver dysfunction (jaundice, anorexia, gastrointestinal complaints, malaise, etc.) and to report them to their healthcare provider immediately if they occur.
- Use caution if you drink alcohol or take barbiturates while taking this medicine.

Common Side Effects

- Dry mouth
- Dizziness
- Blurred vision
- Feeling drowsy or sleepy
- Constipation

Less Common, but Serious, Side Effects

- Painful erection that lasts a long time
- Low blood pressure
- Fainting
- Confusion
- Liver failure

Atypical Antidepressants

BRAND NAME	GENERIC NAME
Remeron	mirtazapine

Warnings

- Do not take with MAOIs.
- Use caution if you have a personal history or family history of heart disease or irregular heart rhythm.

Common Side Effects

- Feeling drowsy or sleepy
- Weight gain
- Dizziness

Less Common, but Serious, Side Effects

- Agranulocytosis (drop in white blood cell count)
- Increase in cholesterol
- Increase in liver enzymes

Ask your healthcare provider about serotonin syndrome.

Atypical Antidepressants

BRAND NAME	GENERIC NAME
Wellbutrin Wellbutrin SR Wellbutrin XL	bupropion

Warnings

- Use caution if you drink alcohol while taking this medicine.
- Use caution if you take levodopa.
- Use caution if you have seizures or take medicines that raise your chance of having a seizure.

Common Side Effects

- Dizziness
- Constipation
- Nausea
- Vomiting
- Blurred vision

Less Common, but Serious, Side Effects

- Seizures
- Blood pressure changes

Monoamine Oxidase Inhibitors (MAOIs)

BRAND NAME	GENERIC NAME
Emsam (skin patch)	selegiline
Marplan	isocarboxazid
Nardil	phenelzine
Parnate	tranylcypromine

Warnings

- Do not take MAOIs if you are also taking other medicines for depression or central nervous system stimulants or depressants.
- Do not eat certain foods like cheese, wine, protein foods that have been aged, or any food containing tyramine.
- Do not take cold pills or decongestants.

Common Side Effects

- Nausea
- Restlessness
- Problems sleeping
- Dizziness
- Drowsiness

Less Common, but Serious, Side Effects

- Headache
- Stroke
- Fainting
- Heart palpitations
- Blood pressure changes

For up-to-date information about the risks and side effects for each drug, check www.accessdata.fda.gov/scripts/cder/drugsatfda/.

N-methyl D-aspartate (NMDA) Antagonist

BRAND NAME	GENERIC NAME
Spravato (nasal spray)	esketamine

Important Information

- Esketamine must be taken with an oral antidepressant.
- Esketamine should be used only in patients who have tried other depression medicines that did not work for them.
- Patients may experience sedation (tiredness) and dissociation (difficulty with attention, judgment, and thinking) after administration.
- Because of these risks, esketamine is available only through a restricted program, called the Spravato REMS.
- Esketamine is a nasal spray that must be administered in a healthcare setting that is certified in the REMS program where the healthcare provider can monitor the patient for sedation and dissociation for two hours after each dose.

Warnings

- Risk for temporary sedation (tiredness) and dissociation (difficulty with attention, judgment, and thinking) after administration.
- Esketamine is a federal controlled substance and has the potential to be misused and abused.
- May cause temporary difficulty with attention, judgment, thinking, reaction speed, and motor skills.
- Do not drive or operate machinery until the next day after a restful sleep.
- May harm an unborn baby. Patients should talk to their healthcare provider about the risks of taking this medicine during pregnancy.

Common Side Effects

- Dissociation (difficulty with attention, judgment, and thinking)
- Dizziness
- Nausea
- Sleepiness
- Spinning sensation
- Decreased feeling or sensitivity
- Anxiety

Less Common, but Serious, Side Effects

- Increase in blood pressure

Neuroactive Steroid Gamma-Aminobutyric Acid (GABA)-A Receptor Positive Modulator

BRAND NAME	GENERIC NAME
Zulresso (This medicine is given as an intravenous infusion)	brexanolone

Important Information

- Brexanolone is approved for the treatment of postpartum depression (PPD) in adults.
- Brexanolone is given by continuous intravenous (IV) infusion over a total of 60 hours.
- Patients may experience excessive tiredness or sudden loss of consciousness or changes in their state of consciousness while brexanolone is being given.
- Because of these risks, brexanolone is available only through a restricted program called the Zulresso REMS. It can only be administered in a healthcare facility that is certified in the Zulresso REMS.
- Patients must be monitored while brexanolone is being given and report any signs and symptoms of excessive tiredness to a healthcare provider.
- Before starting brexanolone, tell your healthcare provider if you may be pregnant.

Warnings

- Risk for sedation (tiredness) and sudden loss of consciousness.
- Brexanolone is a federal controlled substance and has the potential to be misused and abused.
- Taking brexanolone with opioids or certain other medicines called CNS depressants may increase the risks of tiredness or sudden loss of consciousness.
- Risk for suicidal thoughts and behaviors.
- Brexanolone can be abused or lead to dependence.

Common Side Effects

- Sedation (tiredness)
- Dry mouth
- Loss of consciousness
- Flushing

Less Common, but Serious, Side Effects

- Suicidal thoughts and behaviors

For up-to-date information about the risks and side effects for each drug, check www.accessdata.fda.gov/scripts/cder/drugsatfda/.

Depression and Your Children

Like adults, children and teens can also feel depressed. You should watch your children for signs of depression. Talk to your children if you notice changes in their behavior. Talk to your child's healthcare provider if you are still concerned.

Prozac (fluoxetine) is the only medicine that is approved by FDA for use in children with depression. Prozac (fluoxetine) and Lexapro (escitalopram) are the only FDA-approved medicines for teens with depression. Talk to your healthcare provider about important warnings for children and teens who take medicine for depression.

Important Warnings

Some children and teens who take antidepressants may be more likely to think about hurting or killing themselves when starting treatment or when dose is changed.

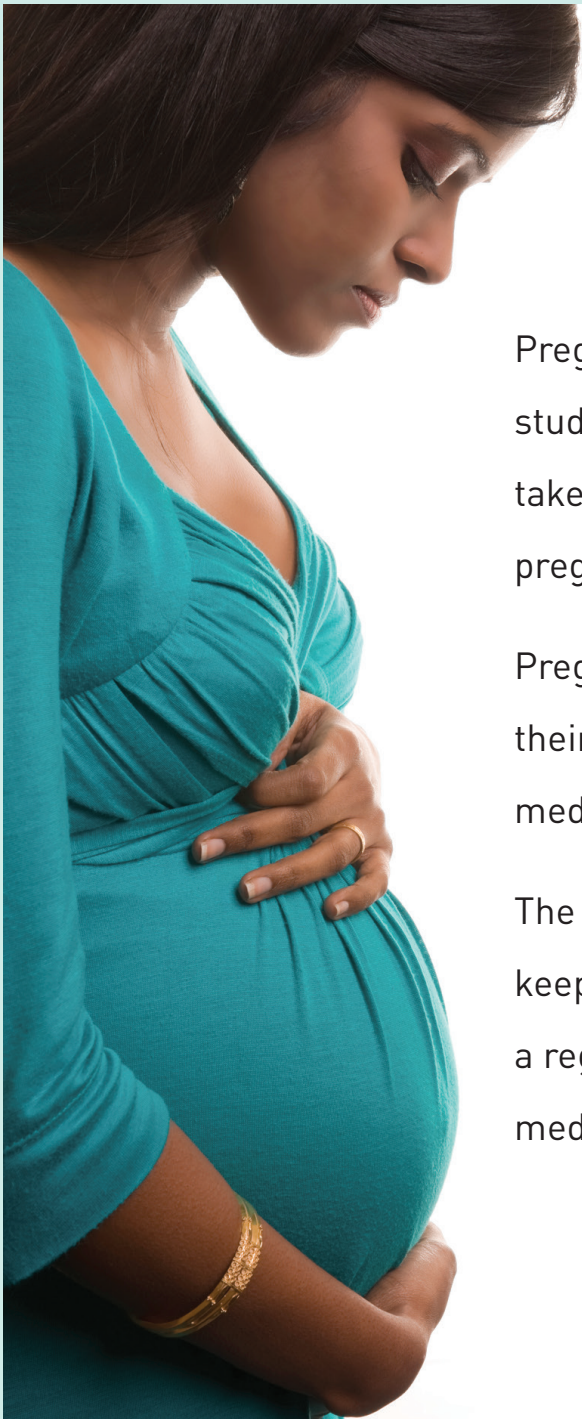
Call a healthcare provider or 911 if the person:

- Tries to hurt or kill himself/herself
- Talks about specific ways he/she plans to hurt or kill himself/herself
- Talks about or tries to harm others

Call your healthcare provider right away if the person shows any of these signs:

- Talks about dying or suicide
- Starts acting very differently
- Is abnormally active
- Has severe problems sleeping
- Becomes violent or abnormally angry
- Becomes agitated or can't sit still

Sign Up For A Pregnancy Registry



Pregnancy Exposure Registries are research studies that collect information from women who take prescription medicines or vaccines during pregnancy.

Pregnancy registries can help women and their doctors learn more about how depression medicines affect women during pregnancy.

The FDA does not run pregnancy studies, but it keeps a list of registries. Check to see if there is a registry for your depression medicine or other medicines at: www.fda.gov/pregnancyregistries.



U.S. FOOD & DRUG
ADMINISTRATION

To get other women's health materials, go to: www.fda.gov/womens

To Learn More:

National Institute of Mental Health (NIMH)

www.nimh.nih.gov

Phone: 1-866-615-6464 TTY/TDD: 1-866-415-8051

This booklet was developed by the FDA Office of Women's Health.

This booklet should not be used in place of talking to your healthcare provider or reading the label for your medicine. The drug and risk information may change. Check the FDA website for the latest facts for each product listed in this booklet:

www.accessdata.fda.gov/scripts/cder/drugsatfda/



SEPTEMBER 2019