



Antidepressants

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 licensed to treat [depression](#). Some are also licensed to treat other conditions, such as:

- [anxiety disorders](#)
- [phobias](#)
- bulimia (an [eating disorder](#))
- some physical conditions, including managing long-term pain.

Who can prescribe antidepressants?

The healthcare professionals who can prescribe you antidepressants include:

- a psychiatrist
- your GP
- a specialist nurse prescriber
- a specialist pharmacist.

Many antidepressants can be prescribed by your GP, although some can only be prescribed if you are supervised by a mental health professional, such as a psychiatrist.

These information pages refer to 'your doctor' prescribing medication, as they are the most likely person to prescribe you an antidepressant.

"I took medication for six months. It helped lift the fog and gave me the energy I needed to tackle the root cause of my depression. There is no shame in taking medication to treat an illness."

How do antidepressants work?

Antidepressants can treat the symptoms of depression or other mental health problems. But they don't always deal with the causes. Doctors will often prescribe them alongside a [talking therapy](#), to help deal with the causes of your mental health problems.

You may find that some types of antidepressant work better than others for your symptoms. Or you may find that antidepressants aren't right for you. See our page on [how antidepressants can help](#) to find out more.

What's the science behind antidepressants?

Antidepressants work by boosting the activity of particular brain chemicals, or making the activity last longer. This includes noradrenaline and serotonin, which are thought to be involved in regulating your mood.

Noradrenaline and serotonin are neurotransmitters. This means that they are chemicals which pass messages between nerve cells in your brain, and between nerves and other organs in the rest of your body.

By causing a change to your brain chemistry, antidepressants may lift your mood. But antidepressants don't work for everyone. And there is no scientific evidence that depression is caused by a chemical imbalance which is corrected by antidepressants.

What different types of antidepressant are there?

There are several different types of antidepressant. They mostly affect the same brain chemicals and cause similar effects. But some people may respond to certain antidepressants better than others. And the different drugs may cause different side effects.

The different types are:

- [selective serotonin reuptake inhibitors \(SSRIs\)](#)
- [serotonin and noradrenaline reuptake inhibitors \(SNRIs\)](#)
- [tricyclics and tricyclic-related drugs](#)
- [monoamine oxidase inhibitors \(MAOIs\)](#)
- [other antidepressants](#)

See our page on [comparing antidepressants](#) for a list of all antidepressants, grouped by different categories. Or see our [antidepressants A-Z](#) for detailed information on individual antidepressants.

Selective serotonin reuptake inhibitors (SSRIs)

About SSRIs:

- SSRIs mainly work by blocking the reuptake of serotonin into the nerve cell that released it. This means that the serotonin acts for longer on your brain and body.
- You may find the [side effects](#) of SSRIs easier to cope with than with other antidepressants. But these effects can still feel unpleasant, especially when you first start taking the drugs.
- SSRIs are the most commonly prescribed type of antidepressant in the UK.

Serotonin and noradrenaline reuptake inhibitors (SNRIs)

About SNRIs:

- SNRIs work in a similar way to SSRIs. But they also have a significant effect on your noradrenaline reuptake, as well as your serotonin reuptake.
- Like SSRIs, you may find that you can take SNRIs without experiencing too many unwanted side effects. But their side effects can still be unpleasant.

- SNRIs are sometimes preferred for treating more severe depression and anxiety.

Tricyclics and tricyclic-related drugs

About tricyclics:

- Like SNRIs, tricyclics affect your reuptake of noradrenaline and serotonin, making their effects on your brain and body last longer.
- But tricyclics also affect some other chemicals in your body. This can mean they're more likely to cause unpleasant side effects than other antidepressants.
- They're called 'tricyclic' because of their chemical structure, which has three rings.

About tricyclic-related drugs:

- These act in a very similar way to tricyclics, but they have a slightly different chemical structure.
- Tricyclic-related drugs tend to cause more unpleasant side effects compared with other types of antidepressants, such as SSRIs or SNRIs. But they are less likely to cause [antimuscarinic side effects](#) than tricyclics.

Monoamine oxidase inhibitors (MAOIs)

About MAOIs:

- MAOIs work by making it harder for an enzyme called monoamine oxidase to break down noradrenaline and serotonin. This causes noradrenaline and serotonin to stay active for longer in your brain and body.
- MAOIs can have dangerous interactions with some kinds of medication and food. If you take MAOIs, you need to follow a careful diet. And you should always check with a doctor or pharmacist before taking any new medication alongside MAOIs.
- MAOIs should only be prescribed by a specialist. You are unlikely to be prescribed an MAOI unless you've tried all other types of antidepressant, and none of them have worked for you. This is because of the dangerous interactions that are possible with MAOIs.

Other antidepressants

There are several other antidepressants available which don't fit into any of the categories above. For more information about these antidepressants, see our [antidepressants A-Z](#).

How can antidepressants help me?

If you experience depression

If you experience [depression](#), you may:

- feel very down a lot of the time
- no longer enjoy the things you usually enjoy
- find it hard to talk to people about how you feel
- find it hard to look after yourself and carry out day-to-day tasks
- [self-harm](#) or experience [suicidal feelings](#), especially if you have severe depression.

Taking antidepressants may help to lift your mood. This can help you feel more able to do things that don't feel possible while you're depressed. This may include using other types of support for your mental health. See our page on [treatments for depression](#) to find other options which may help.

If you feel unable to keep yourself safe, it's a mental health emergency.

[Get emergency advice](#)

The [National Institute for Health and Care Excellence \(NICE\)](#) produces guidelines on best practice in healthcare. This includes [guidelines for prescribing antidepressants for people with different levels of depression](#). These guidelines suggest the following:

- If you're diagnosed with severe depression, your doctor is more likely to offer you an antidepressant. This is because antidepressants are more likely to be effective for severe depression. You may be offered antidepressants alongside other treatments.
- If you're diagnosed with mild to moderate depression, your doctor is likely to offer other treatments before antidepressants. For example, this could be a [talking therapy](#) such as [cognitive behavioural therapy \(CBT\)](#). The NICE guidelines recommend that antidepressants are not the first or main treatment for mild to moderate depression. This is because the unpleasant side effects of the medication can outweigh the benefits.
- Some doctors may offer you antidepressants alongside other treatments for mild to moderate depression. Or they may offer them instead of other treatments. Your doctor should always discuss your options with you, to help you decide which treatment works best for you. Our page on [what to think about before taking antidepressants](#) has information which may help you with this decision.

If you experience anxiety

If you have a form of [anxiety](#) or [phobia](#), an antidepressant could help you feel calmer and more able to deal with other problems. It could also help you feel more able to benefit from [other anxiety treatments](#), such as cognitive behavioural therapy (CBT).

"Once I started taking [an antidepressant], I started to feel better. I was then able to start to see a psychologist and work on the deeper rooted issues."

How soon will they start working?

Everybody's experience of medication is different. Most antidepressants take one to two weeks to start working. But you might feel some benefits sooner than this, such as improved sleep.

Speak to your doctor if you don't feel any benefit after taking an antidepressant regularly for two to four weeks, or if you feel worse. It's possible that a different antidepressant might suit you better.

"I was a total mess before I started my antidepressants. After a struggle through the first two weeks, I began to see the light at the end of what had been a very long tunnel."

What do I need to know before taking antidepressants?

Before taking antidepressants, you may want to know about some of the risks of taking them. All medication has some kind of risk and can affect people in different ways. But there are some common reasons to be cautious about taking antidepressants.

These include:

- [if you take other drugs](#)
- [if you drink alcohol](#)
- [if you're under 18](#)
- [if you have certain medical conditions](#)
- if you are pregnant or breastfeeding (see our page on [taking antidepressants while pregnant or breastfeeding](#) for more information).

You can find out about the risks of specific antidepressants from the [British National Formulary \(BNF\) A-Z list of drugs](#). Our page on [what you should know before taking psychiatric medication](#) may also help with this decision.

Or you can speak to your doctor or pharmacist with any questions or concerns you have about the risks of antidepressants.

If you take other drugs

You should speak to your doctor about any other drugs you take before you start taking antidepressants. This includes illegal drugs and anything you've bought from the pharmacy or online, such as painkillers or herbal remedies.

This is because different drugs can interact with each other, which can sometimes have dangerous effects on your health. If you take more than one drug at once, the interactions can also make the side effects of each drug worse.

You can find out about known interactions for individual antidepressants from the [BNF A-Z list of drug interactions](#). Or you can speak to your doctor or pharmacist about this.

If you drink alcohol

You should check with your doctor or pharmacist whether it's safe to drink alcohol with the antidepressant you've been prescribed.

This is mainly because alcohol interacts with most antidepressants. If you have alcohol while you are taking antidepressants, this interaction can:

- make you feel drowsier than you would from taking the medication on its own
- affect your ability to perform certain tasks, such as driving
- make you more prone to falls and confusion. This mainly affects older people.

If you're under 18

If you are under 18, this information may help you decide whether to take antidepressants:

- Antidepressants may not be fully researched or clinically tested on people under 18 years old. This means there is less information available about the possible benefits and risks.
- If you are under 18 and your doctor prescribes you an antidepressant, they should be very careful about the dose. This includes accounting for your physical size.
- Not all antidepressants are licensed for use by people aged under 18 in the UK.

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

If you have certain medical conditions

If you have certain long-term medical problems, your doctor may not prescribe you certain antidepressants. The NHS has a page on [important things to think about before taking antidepressants](#). This includes information on which antidepressants may not be suitable if you have different types of medical condition.

You can also speak to your doctor if you are concerned about how antidepressants may affect your overall health, including any pre-existing medical conditions.

What side effects can antidepressants cause?

Every antidepressant has possible side effects. These vary between the different types of antidepressant, and between each individual drug. This page covers:

- [Which side effects may be caused by each type of antidepressant?](#)
- [How might these side effects affect me?](#)

Some of the side effects listed below are quite common, but others are rare. You may not experience many of these effects. You may also experience some side effects when you first start taking antidepressants, but feel them less after a few weeks.

It's up to you to decide whether or not the antidepressant has more benefits for you than any negative side effects. Your doctor should be able to help you with this decision. Our pages on [coping with side effects](#) and [receiving the right medication](#) may also help.

You can also find out about the side effects for individual antidepressants from the [British National Formulary \(BNF\) A-Z list of drugs](#). Or you can speak to your doctor or pharmacist with any questions or concerns you have about side effects.

"It took me a long time to take an SSRI, mainly as I was terrified of the side effects listed, but my doctor finally convinced me that my depression was much worse [than the side effects]."

What side effects may be caused by each type of antidepressant?

These are the side effects that each type of antidepressant may cause. They list the most common at the top and least common at the bottom for each type of antidepressant, with links to more information below:

SSRIs and SNRIs

- [decreased alertness](#)
- headaches
- nausea (feeling sick)
- [sexual problems](#)
- [tooth decay and oral health](#)
- [diabetes](#)
- [SIADH \(Syndrome of Inappropriate Antidiuretic Hormone Secretion\)](#)
- [gastrointestinal bleeding](#)
- [serotonin syndrome](#)
- [suicidal feelings](#)
- [neuroleptic malignant syndrome](#)

- [hypomania or mania](#)

Tricyclic and tricyclic-related antidepressants

- [antimuscarinic effects](#)
- [tooth decay and oral health](#)
- [decreased alertness](#)
- [suicidal feelings](#)
- [serotonin syndrome](#)
- [SIADH \(Syndrome of Inappropriate Antidiuretic Hormone Secretion\)](#)
- [diabetes](#)
- [neuroleptic malignant syndrome](#)
- [hypomania or mania](#)

MAOIs

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

How might these side effects affect me?

This section gives information explaining how each of the side effects listed above might affect you and your body.

Antimuscarinic effects

Antimuscarinic effects are side effects caused by changes to the level of the chemical acetylcholine in your body. These effects are sometimes called anticholinergic effects.

If your level of acetylcholine changes, this can have effects all over the body. These effects 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
- erectile dysfunction
- hallucinations
- hot or dry skin, and decreased sweating
- increased pressure in the eye
- low blood pressure (taking hot baths increases this risk)
- nausea (feeling sick)
- rapid heartbeat and disturbed heart rhythm.

Decreased alertness

Antidepressants can make you feel less alert or able to concentrate. This can happen especially when you first start taking them. This may affect your ability to drive and to do other skilled tasks.

Diabetes

Long-term use of antidepressants over several years may increase the risk of diabetes. This is especially in people who are:

- over the age of 30
- taking SSRIs or tricyclics.

Gastrointestinal bleeding

A rare side effect of some SSRI antidepressants is bleeding inside your gastrointestinal system, which includes your stomach and intestines.

The risk of gastrointestinal bleeding is higher for older people, especially those aged over 80. If you are over 80, your doctor may prescribe you a different antidepressant to avoid this risk.

Hypomania or mania

Antidepressants may trigger [hypomania or mania](#) in some people. This may stop if you stop taking the antidepressant. But sometimes it may be a sign of [bipolar disorder](#). In this case, you may be given a new diagnosis and different medication.

Our page on [making yourself heard](#) has tips on discussing your diagnosis with your doctor, if you feel like it doesn't match your experience of mental health.

Neuroleptic malignant syndrome

NMS is a rare but serious neurologic disorder, which means it affects your nervous system. It usually happens as a side effect of [antipsychotic drugs](#). But it can sometimes happen with antidepressants. If it does occur, it usually develops rapidly over 24 to 72 hours.

The symptoms of NMS are:

- sweating or fever, with a high temperature
- tremor (shaking), rigidity (feeling stiff and unable to move your muscles) or loss of movement
- difficulty speaking and swallowing
- rapid heartbeat, very rapid breathing and changes in blood pressure
- changes in consciousness, including confusion, lethargy or going into a coma.

High temperature and rigidity are usually the first symptoms to appear. This means NMS can sometimes be confused with an infection. But NMS can be very dangerous if it's not detected and treated. In rare cases, it can be fatal.

If you're worried that you may have symptoms of NMS, speak to your doctor urgently or call 999 for an ambulance.

What's the treatment for NMS?

If you experience NMS, you will probably need treatment in hospital, where doctors can stop your medication and reduce your fever.

Some other methods of treatment are used, although the evidence for the use of these is not as strong. These methods may include:

- using medication to relax your muscles
- using medication to counter the chemical effects that are thought to cause NMS
- [electroconvulsive therapy \(ECT\)](#).

The symptoms may last for days, or even weeks, after coming off the medication that's causing them. Many people who have had NMS once go on to get it again.

If you experience NMS, you should only take antidepressants afterwards if they are essential for your mental health. And you should have the lowest dosage possible that still gives the positive effects.

Serotonin syndrome

This is a rare but serious condition, which can be fatal. It can happen with any antidepressant, but is more likely with an SSRI. This is especially if you take an SSRI alongside certain other drugs, such as another antidepressant or [lithium](#).

These are some of the more common symptoms of serotonin syndrome. If you experience these symptoms, you should seek immediate advice from your GP or a specialist involved in your care. Or you can contact [NHS 111](#) in England or [NHS 111 or NHS Direct \(0845 46 47\)](#) in Wales for urgent medical advice:

- headaches
- nausea (feeling sick)
- diarrhoea
- high temperature, shivering and sweating
- tremors, muscle twitching and over-responsive reflexes
- agitation, confusion and hallucinations
- rapid heartbeat and high blood pressure.

These are some rare symptoms of NMS, but if you experience them it is a medical emergency. If you have these symptoms, you or someone else should call 999 and ask for an ambulance to take you to hospital:

- convulsions (fits)
- irregular heartbeat (arrhythmia)
- coma (loss of consciousness).

[The NHS has a page on the side effects of antidepressants](#), which includes information on serotonin syndrome and what to do if you experience symptoms.

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 go to A&E or get a same-day appointment with your GP

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 using the [Yellow Card Scheme](#).

SIADH (Syndrome of Inappropriate Antidiuretic Hormone Secretion)

SIADH is a side effect of some antidepressants. It mainly happens with tricyclics, SSRIs and SNRIs. It is a rare but serious side effect, which can be fatal.

Vasopressin is one of the hormones that control the production of urine in your body. It is also known as the antidiuretic hormone.

SIADH makes your body secrete too much vasopressin. This causes your body to hold on to water, which lowers the level of sodium in your body. This condition is called hyponatraemia. It can lead to:

- confusion
- convulsions (fits)
- hallucinations
- coma (loss of consciousness)
- 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. It may happen even if you didn't experience suicidal feelings before.

This side effect is mainly with SSRI antidepressants. But it is a risk with all antidepressants.

If you feel unable to keep yourself safe, it's a mental health emergency.

[Get emergency advice](#)

Some people believe antidepressants might make you more likely to act on suicidal feelings. This is because antidepressants can increase your energy and motivation levels, which may be very low while you are depressed. Early in your treatment, you may experience more energy and motivation before your feelings of depression have started to lift. This might mean you have enough energy act on suicidal urges.

This is only a theory. Lots of people who take antidepressants don't experience suicidal feelings. And if you do experience these feelings, it doesn't always mean that you will act on them.

But it is still important to get help. You can speak to your doctor about how you are feeling. Or see our page on [treatment and support for suicidal feelings](#) for other ways to get help.

Tooth decay and oral health

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 common with tricyclic antidepressants.

You can speak to your dentist if you are concerned about this. They can give advice on how to care for your teeth and oral health while you are taking antidepressants.

What withdrawal effects can antidepressants cause?

All antidepressants can cause withdrawal effects. These are symptoms that can happen when you reduce your dose or stop taking the drug.

This page lists some of the possible withdrawal effects for different types of antidepressant. You won't necessarily get any of these symptoms, but many people do experience some of them:

SSRIs and SNRIs withdrawal effects

Symptoms that may feel new to you

- dizziness or vertigo
- electric shock sensations in head
- flu-like symptoms
- problems with movement, such as problems with balance or walking, or involuntary movements
- sensory disturbance, such as smelling something that isn't there
- stomach cramps
- strange dreams
- tinnitus (ringing in the ears).

Symptoms that may feel like your original problem

- [anxiety](#)
- crying spells
- depersonalisation (feeling detached from your surroundings)
- [depression](#)
- [disturbed sleep](#)

- fatigue (feeling very weary)
- [mania](#)
- mood swings
- poor concentration and memory
- [suicidal thoughts](#).

Tricyclics and tricyclic-related drugs withdrawal effects

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

MAOIs withdrawal effects

- agitation
- difficulty thinking
- disturbed sleep
- extreme sleepiness
- hallucinations
- irritability
- [psychotic experiences](#), such as paranoid delusions
- problems with movement
- strange dreams
- unsteadiness.

"I was worried about not being able to come off them... My doctor helped me to come off them in a controlled way, and apart from one dip just after I stopped taking them, I've been pretty OK since."

Can switching antidepressants help with withdrawal?

If you've been taking a drug with a short [half-life](#), you may experience problems with withdrawal symptoms. In this case, it might be possible for you to switch to a similar drug, but with a longer half-life. You may find this drug easier to come off. For example, this may be switching from an SSRI with a short half-life to another SSRI with a longer half-life.

To compare the half-lives of all antidepressants, see our page on [comparing antidepressants](#).

"[When] I thought I should try to manage without the antidepressant, I did not manage to come off them, which I was incredibly harsh on myself about... I was then on [an antidepressant] until I had been well for a number of years, and then, with the help of my GP, I reduced and stopped the medication."

More information about withdrawal effects

You can find out about the withdrawal effects of specific antidepressants from the [British National Formulary \(BNF\) A-Z list of drugs](#). Or you can speak to your doctor or pharmacist with any questions or concerns you have about the withdrawal effects of antidepressants.

Our pages on [coming off psychiatric medication](#) have more information about withdrawing from your medication. This includes help with making the decision whether to come off, and how to come off your medication safely. If you decide to come off your medication, our page on [alternatives to antidepressants](#) has ideas on managing your mental health without medication.

Remember: whether to continue or stop taking medication is your decision, and you have the right to change your mind.

Antidepressants during pregnancy and breastfeeding

This page covers:

- [What are the risks and benefits of taking antidepressants while pregnant or breastfeeding?](#)
- [What can I do to feel more in control?](#)
- [Further support during pregnancy and breastfeeding](#)

"I developed severe postnatal depression and OCD just three days after the birth of my daughter. I was non-functioning, I couldn't even leave the house and was suicidal... [My antidepressant] really helped, and gave me the crutch I needed to function again. I really feel like it saved my life."

What are the risks and benefits of taking antidepressants while pregnant or breastfeeding?

There are some risks to taking antidepressants during pregnancy or while breastfeeding. These include the following:

- **Possible birth defects.** There is evidence that taking [SSRIs](#) early in pregnancy slightly increases the risk of your baby developing heart defects, spina bifida or cleft lip.
- **Increased risk of miscarriage and premature birth.**
- **Withdrawal symptoms in your newborn baby.** Taking any antidepressant in late pregnancy has the risk that your newborn baby will experience withdrawal symptoms. These symptoms include:
 - 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.
 - With [tricyclics](#): fast heartbeat, irritability, muscle spasms, restlessness, sleeplessness, fever and fits.
- All pregnancy-related risks are likely to be higher when taking antidepressants during the first three months or last few weeks of your pregnancy.
- **If you are breastfeeding, antidepressants can be passed to your baby through your breast milk.** It is possible that the levels could become high enough for your baby to experience side effects from the medication.
- If you wish to breastfeed, you should avoid taking [doxepin](#) (Sinepin).
- **Drugs are not usually clinically tested on anyone who is pregnant.** There is not much evidence around how safe it is to take antidepressants during pregnancy. Newer drugs carry a higher 'unknown' risk than drugs that have been around longer. This is because scientists have had less time to gather evidence about them.

There may also be benefits to taking antidepressants during this time:

- You might already be taking antidepressants when you become pregnant. You may feel concerned about becoming unwell or unable to cope if you stop taking antidepressants. This may mean you decide that the best thing for you and your baby is to continue taking them, so you are well enough to care for your baby.
- Or you may be offered antidepressants to help treat a problem you develop during pregnancy or after giving birth, such as [postnatal or antenatal depression](#).

Your doctor can help you balance the possible risks to your baby against the benefits of taking your medication. This is to help you come to your own decision about what's best for you. But it is understandable if you feel unsure about this. You might find it helpful to seek [further support](#) during this time.

"When I got pregnant I was terrified of not being able to look after a child in the mental state I was in. So I tried [antidepressants]. I couldn't function anywhere near as well till I had them."

What can I do to feel more in control?

Being pregnant can sometimes feel like you're giving up control of your own body. This can be stressful, but there are lots of positive steps you can take:

- Planning your pregnancy gives you more options early on. But it is also a common experience to find out you're pregnant without planning it. Whatever your situation, it's important to **remember that you have the same rights as everyone else**. This includes the right to [choose whether or not to take medication](#), and to [have your say in decisions about your treatment](#).
- **Talk to a healthcare professional as early on as you can.** This could be with your doctor or midwife, or a mental health specialist. The earlier you start talking to someone about your options, the more in control you're likely to feel. For planned pregnancies, this is as soon as you decide you want to start trying to get pregnant. For unplanned pregnancies, this is as soon as you think you might be pregnant.
- [Seek further support](#), to talk through your options and decide what's right for you.
- **If you decide to stay on your medication, ask your doctor how you can reduce any risks.** For example, you may be able to manage your symptoms effectively on a reduced dose.
- **If you decide to come off your medication, make sure you do it safely.** See our pages on [coming off medication](#) for more information. Our page on [alternatives to antidepressants](#) has information about other treatment and support options for your mental health.

Further support during pregnancy and breastfeeding

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:

- **Talk to someone you trust.** If you feel able, it can help to talk through your feelings with someone you trust, such as a partner or 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. Our page on [talking to your GP](#) has tips on having conversations about your mental health with any medical professional, including your

midwife. Your doctor should be in touch with your midwife and antenatal team throughout your pregnancy.

- **Perinatal mental health services.** These services offer support to help you stay well during your pregnancy. You can be referred to these services by other professionals involved in your care, such as your doctor.
- **Online peer support.** It can be helpful to talk to other people who've had similar experiences to yours. [Netmums](#) has a supportive online network for all parents and parents-to-be. You can also talk about your experiences with others on Mind's supportive online community [Side by Side](#). See our pages on [online mental health](#) for information on using the internet if you're feeling vulnerable.
- **Specialist organisations.** Organisations such as [NCT](#) and the [Breastfeeding Network](#) can also provide information and support on pregnancy, breastfeeding and mental health.

You might also find it helpful to read our pages on [parenting with a mental health problem](#). These pages include information on taking care of yourself, looking after your children, and other kinds of support available to parents. Our information on [perinatal mental health problems](#) may also help.

Alternatives to antidepressants

If you don't want to take antidepressants, there are lots of alternative treatments you can try. In fact, if you are diagnosed with mild depression, the National Institute for Health and Care Excellence (NICE) [guidelines for treating depression](#) recommend that doctors offer you other treatments ahead of medication.

If you are taking antidepressants, you may also want to use other options for treatment and support, as well as your medication.

This page has information on some of the common alternatives to antidepressants. You may find these helpful to use instead of your medication, or alongside it:

- [Talking therapies](#)
- [Mindfulness](#)
- [Arts and creative therapies](#)
- [Ecotherapy](#)
- [Complementary and alternative therapies](#)
- [Peer support](#)
- [Look after your physical health](#)

Talking therapies

The NICE guidelines for treating depression recommend that doctors offer you a type of talking therapy or counselling. This will often be [cognitive behavioural therapy \(CBT\)](#). Therapy may be offered instead of antidepressants, or in addition to them.

See our pages on [talking therapy and counselling](#) for information about the other kinds of therapy that are available.

Mindfulness

[Mindfulness](#) is a way of giving your full attention to the present moment. Some studies show that practising mindfulness can help to manage depression.

Some structured [mindfulness-based therapies](#) have also been developed to treat mental health problems more formally. For example, NICE recommends mindfulness-based cognitive therapy for managing depression.

Arts and creative therapies

[Arts and creative therapies](#) help you express your feelings through things like painting, clay work, music or drama therapy. They can help you deal with your symptoms, especially if you find it difficult to talk about how you're feeling.

Ecotherapy

[Ecotherapy](#) is a type of therapeutic treatment which involves doing outdoor activities in nature. This may include working on a conservation project or gardening. Or you may walk or cycle through woodland or other areas of nature.

Complementary and alternative therapies

Some people find [complementary and alternative therapies](#) help to manage their symptoms. For example, this may be aromatherapy, reflexology or acupuncture. Complementary therapies may also help manage some of the side effects of medication, if you decide to continue with it.

Some [herbal remedies](#) can interact with antidepressants and other types of medication. So if you are thinking about taking a herbal remedy alongside any medication, speak to your doctor or pharmacist about whether this is safe.

St John's wort

[St John's wort](#) is a herbal medicine that is sometimes used to treat symptoms of depression and anxiety. It is available to buy without needing a prescription.

There is some uncertainty about the effects of St John's Wort, as well as the correct dose to take and how it interacts with other medicines. It is best to seek advice from your doctor before taking it, especially if you are already taking any kind of medication.

Peer support

[Peer support](#) allows you to make connections with people who have similar or shared experiences to yours. If you'd like to try peer support, you could:

- contact Mind's [Infoline](#) or a [local Mind](#) to find out what support there is in your area
- try an online peer support community, such as Mind's supportive community [Side by Side](#).

"[What helps me is] running, healthy diet and Pilates. I also have friends and a support group that I trust."

Look after your physical health

- **Think about what you eat and drink.** Eating a balanced and nutritious diet may help to manage some of your symptoms. Drinking plenty of water can also help your mental wellbeing. See our pages on [food and mood](#) for more information. If you have a difficult relationship with food and eating, our pages on [eating problems](#) may help.
- **Try to be more active.** Many people find regular physical activity helps to lift their mood, boost their energy levels and keep them grounded in reality. See our pages on [physical activity and your mental health](#) for more information.
- **Try to get enough sleep.** Getting enough sleep can sometimes feel difficult. But having a good amount of quality sleep is very helpful for your mental health. See our pages on [sleep problems](#) for more information.

How can I compare different antidepressants?

This page has tables to help you compare antidepressants by different factors. These are:

- [generic name and key characteristics](#)
- [type of antidepressant](#)
- [length of half-life](#)
- [available form](#)
- [dietary information](#)

Why might I want to compare antidepressants?

Understanding more about the different antidepressants available may help you talk to your doctor about what's right for you, including:

- If you've experienced **problems with a particular type of antidepressant** and want to avoid them. For example, if you've had problems with tricyclics and would like change to an SSRI.
- 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 longer half-life. For information about what the half-life means and why it matters, see our page [explaining the half-life of medication](#). If you are taking an MAOI antidepressant, see our information explaining [why the half-life means something different for certain MAOIs](#).
- If you have **problems with swallowing**, or are unable to take tablets, and need your medication in a different form.
- If you have any **dietary restrictions**, such as being vegetarian, or if you are allergic or intolerant to some ingredients.

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

Antidepressants by generic name and key characteristics

Each of these drugs may be known by several different names, which we have listed below under the Generic name and Trade names (UK) columns. See our page on [drug names](#) for more information.

Generic name	Trade names (UK)	Type of antidepressant	Forms available	Half-life	Dietary considerations
agomelatine	Valdoxan	other	<ul style="list-style-type: none"> tablets 	1–2 hours	n/a
amitriptyline	n/a	tricyclic	<ul style="list-style-type: none"> tablets liquid 	9–25 hours	<ul style="list-style-type: none"> tablets may contain lactose
citalopram	Cipramil	SSRI	<ul style="list-style-type: none"> tablets oral drops 	about 36 hours	<ul style="list-style-type: none"> tablets contain lactose
clomipramine	n/a	tricyclic	<ul style="list-style-type: none"> capsules 	12–36 hours	<ul style="list-style-type: none"> Contains lactose contains gelatine
dosulepin	Prothiaden Thaden	tricyclic	<ul style="list-style-type: none"> tablets capsules 	about 50 hours (just over 2 days)	<ul style="list-style-type: none"> capsules may contain gelatine
doxepin	Sinepin	tricyclic	<ul style="list-style-type: none"> capsules 	33–80 hours (1.5–3.3 days)	<ul style="list-style-type: none"> contains lactose contains gelatine
duloxetine	Cymbalta	SNRI	<ul style="list-style-type: none"> capsules 	8–17 hours	<ul style="list-style-type: none"> contains gelatine

					<ul style="list-style-type: none"> • may contain lactose
escitalopram	Cipralex	SSRI	<ul style="list-style-type: none"> • tablets • oral drops 	about 30 hours	n/a
fluoxetine	Prozac, Prozep, Oxactin, Olena	SSRI	<ul style="list-style-type: none"> • tablets • capsules • liquid • dispersible tablets 	96–144 hours (4–6 days)	<ul style="list-style-type: none"> • Capsules contain gelatine
fluvoxamine	Faverin	SSRI	<ul style="list-style-type: none"> • tablets 	17–22 hours	n/a
imipramine	Tofranil	tricyclic	<ul style="list-style-type: none"> • tablets • liquid 	about 19 hours	<ul style="list-style-type: none"> • tablets contain lactose • tablets contain gelatine
isocarboxazid	n/a	MAOI	<ul style="list-style-type: none"> • tablets 	about 36 hours (effects may last around 2-3 weeks after)	<ul style="list-style-type: none"> • contains lactose • contains gelatine • requires food restrictions

				withdr awal)	
lofepramine	Lomont	tricyclic	<ul style="list-style-type: none"> • tablets • liquid 	12–24 hours	<ul style="list-style-type: none"> • contains lactose
mianserin	n/a	tricyclic- related	<ul style="list-style-type: none"> • tablets 	6–39 hours	n/a
mirtazapine	Zispin	other	<ul style="list-style-type: none"> • tablets • liquid • disper sible tablets 	20–40 hours	<ul style="list-style-type: none"> • tablets contain lactose
moclobemide	Manerix	reversible MAOI	<ul style="list-style-type: none"> • tablets 	2–4 hours	<ul style="list-style-type: none"> • contains lactose • requires food restrictions
nortriptyline	Allegron	tricyclic	<ul style="list-style-type: none"> • tablets • capsul es • liquid 	about 36 hours	<ul style="list-style-type: none"> • tablets and capsules contain lactose • capsules contain gelatine
paroxetine	Seroxat	SSRI	<ul style="list-style-type: none"> • tablets • liquid 	about 24 hours	<ul style="list-style-type: none"> • tablets may contain lactose

phenelzine	Nardil	MAOI	<ul style="list-style-type: none"> tablets 	11–12 hours (effects may last around 2-3 weeks after withdrawal)	<ul style="list-style-type: none"> requires food restrictions
reboxetine	Edronax	other	<ul style="list-style-type: none"> tablets 	about 13 hours	n/a
sertraline	Lustral	SSRI	<ul style="list-style-type: none"> tablets 	22–36 hours	n/a
tranylcypromine	Parnate	MAOI	<ul style="list-style-type: none"> tablets 	about 2 hours (effects may last around 2 weeks after withdrawal)	<ul style="list-style-type: none"> contains gelatine requires food restrictions
trazodone	Molipaxin	tricyclic-related	<ul style="list-style-type: none"> tablets capsules liquid 	5–13 hours	<ul style="list-style-type: none"> tablets and capsules contain lactose capsules contain gelatine

trimipramine	Surmontil	tricyclic	<ul style="list-style-type: none"> • tablets • capsules 	about 23 hours	<ul style="list-style-type: none"> • contains lactose • capsules contain gelatine
venlafaxine	Alventa XL, Amphero XL, Depefex XL, Efexor XL, Foraven XL, Majoven XL, Politid XL, Sunveniz XL, Tonpular XL, Venaxx XL, Vencarm XL, Venladex XL, Venlablue XL, Venlalic XL, Venlasoz XL, Vensir XL, Venzip XL, ViePax XL	SNRI	<ul style="list-style-type: none"> • tablets • capsules 	4–7 hours	<ul style="list-style-type: none"> • may contain lactose • may contain gelatine
vortioxetine	Brintellix	other	<ul style="list-style-type: none"> • tablets • oral drops 	about 66 hours	n/a

Comparing antidepressants by type

Type of antidepressant	Drug names
SSRIs	<ul style="list-style-type: none"> • citalopram • escitalopram • fluoxetine • fluvoxamine • paroxetine • sertraline
SNRIs	<ul style="list-style-type: none"> • duloxetine • venlafaxine
Tricyclics	<ul style="list-style-type: none"> • amitriptyline • clomipramine • dosulepin • doxepin • imipramine • lofepramine • nortriptyline • trimipramine
Tricyclic-related drugs	<ul style="list-style-type: none"> • mianserin • trazodone
MAOIs	<ul style="list-style-type: none"> • isocarboxazid • moclobemide • phenelzine • tranylcypromine

others	<ul style="list-style-type: none"> • agomelatine • mirtazapine • reboxetine • vortioxetine
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Comparing antidepressants by half-life

See our page on [half-life](#) for information about what this means and why it matters.

Some MAOIs, known as 'irreversible MAOIs', work in a different way to other antidepressants. They cause changes to your brain chemistry which can last for several weeks after you stop taking the medication. This means their effects may last for a few weeks longer than the drug's biological half life.

The irreversible MAOIs included in the list below are isocarboxazid, phenelzine and tranylcypromine.

Half-life	Drug name
1–2 hours	agomelatine
about 2 hours (effects may last around 2 weeks after withdrawal)	tranylcypromine
2–4 hours	moclobemide
4–7 hours	venlafaxine
5–13 hours	trazodone
6–39 hours	mianserin
8–17 hours	duloxetine
9–25 hours	amitriptyline

11–12 hours (effects may last 2-3 weeks after withdrawal)	phenelzine
12–24 hours	lofepramine
12–36 hours	clomipramine
about 13 hours	reboxetine
17–22 hours	fluvoxamine
about 19 hours	imipramine
20–40 hours	mirtazapine
22–36 hours	sertraline
about 23 hours	trimipramine
about 24 hours	paroxetine
about 30 hours	escitalopram
33–80 hours (1.5–3.3 days)	doxepin
about 36 hours	citalopram
about 36 hours (effects may last 2-3 weeks after withdrawal)	isocarboxazid
about 36 hours	nortriptyline
about 50 hours (just over 2 days)	dosulepin

about 66 hours	vortioxetine
96–144 hours (4–6 days)	fluoxetine

Comparing antidepressants by form available

Form	Antidepressants available in this form
tablets (includes slow-release tablets)	<ul style="list-style-type: none"> • agomelatine • amitriptyline • citalopram • dosulepin • escitalopram • fluoxetine • fluvoxamine • imipramine • isocarboxazid • lofepramine • mianserin • mirtazapine • moclobemide • nortriptyline • paroxetine • phenelzine • reboxetine • sertraline • tranylcypromine • trazodone

	<ul style="list-style-type: none">• trimipramine• venlafaxine• vortioxetine
capsules	<ul style="list-style-type: none">• clomipramine• doxepin• dosulepin• duloxetine• fluoxetine• nortriptyline• trazodone• trimipramine• venlafaxine
liquid	<ul style="list-style-type: none">• amitriptyline• fluoxetine• imipramine• lofepramine• mirtazapine• nortriptyline• paroxetine• trazodone
oral drops	<ul style="list-style-type: none">• citalopram• escitalopram• vortioxetine
dispersible (dissolving) tablets	<ul style="list-style-type: none">• mirtazapine• fluoxetine

Comparing antidepressants by dietary considerations

Certain brands of individual drugs may have other dietary restrictions that aren't listed in the tables below. If you are concerned about this, you can check the Patient Information Leaflet (PIL) included in the box with your medication. This will include a full list of your medication's ingredients.

Dietary consideration	Drugs this applies to
<p>Contains lactose</p> <p>(this only applies to the tablet or capsule form of the drug, unless specified)</p>	<ul style="list-style-type: none"> • agomelatine • amitriptyline (tablets only) • citalopram (tablets only) • doxepin • imipramine (tablets only) • isocarboxazid • lofepramine • mirtazapine (tablets only) • moclobemide (tablets only) • nortriptyline (tablets and capsules only) • paroxetine (tablets only) • trazodone (tablets and capsules only) • trimipramine • venlafaxine (some tablets and capsules)
<p>Contains gelatine</p>	<ul style="list-style-type: none"> • dosulepin • doxepin • duloxetine • fluoxetine (capsules only) • imipramine (tablets only)

	<ul style="list-style-type: none">• isocarboxazid• tranylcypromine (capsules only)• trazodone• trimipramine (capsules only)• venlafaxine (some tablets and capsules)
Requires food restrictions	<ul style="list-style-type: none">• isocarboxazid• moclobemide• phenelzine• tranylcypromine

Useful contacts

Mind's services

- [Helplines](#) – our Infolines provide information and support by phone, email and text.
- [Local Minds](#) – provide face-to-face services across England and Wales. These might be talking therapies, peer support and advocacy.
- [Side by Side](#) – our supportive online community for anyone experiencing a mental health problem.

Other organisations

Anxiety UK

[03444 775 774](tel:03444775774) (helpline)

[07537 416 905](tel:07537416905) (text)

anxietyuk.org.uk

Advice and support for people living with anxiety.

Beat

[0808 801 0677](tel:08088010677) (adult helpline)

[0808 801 0711](tel:08088010711) (youthline)

[0808 801 0811](tel:08088010811) (studentline)

beateatingdisorders.org.uk

Offers information on eating disorders and runs a supportive online community. Also provides a directory of support services at helpfinder.

British National Formulary (BNF)

bnf.org

Publication listing recommendations for the use of medications and medical treatments in the UK. Information about specific medications, including their recommended use, side effects and safety guidance, is available at bnf.nice.org.uk.

Campaign Against Living Miserably (CALM)

[0800 58 58 58](tel:0800585858) (UK helpline)

[0808 802 58 58](tel:08088025858) (London helpline)

thecalmzone.net

Provides listening services, information and support for men at risk of suicide, including a web chat.

Depression UK

depressionuk.org

Depression self-help organisation made up of individuals and local groups.

Medical and Healthcare products Regulatory Agency (MHRA)

gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency

Government agency responsible for regulating medicines and medical devices in the UK. Provides an online library of medication Patient Information Leaflets (PILs) at products.mhra.gov.uk.

National Institute for Health and Care Excellence (NICE)

nice.org.uk

Produces guidelines on best practice in healthcare.

Royal College of Psychiatrists

rcpsych.ac.uk

Professional body for psychiatrists. Includes information about mental health problems and treatments.

Samaritans

[116 123](tel:116123) (freephone)

jo@samaritans.org

Freepost RSRB-KKBY-CYJK

PO Box 90 90

Stirling FK8 2SA

samaritans.org

Open 24/7 for anyone who needs to talk. You can [visit some branches in person](#). They also have a Welsh Language Line on 0300 123 3011 (7pm–11pm every day).

Triumph Over Phobia (TOP UK)

topuk.org

Provides self-help therapy groups and support for those with OCD, phobias and related anxiety disorders.

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