

Are there side effects?

Like all medicines, antidepressants may cause some unwanted effects. However, most people have either minor or no side effects. Possible side effects vary between different tablets and your doctor will be able to advise you about these. The most common side effects of SSRI tablets include diarrhoea, feeling or being sick and headaches. These side effects are not dangerous, usually wear off after a week or so, and you may be able to treat them yourself. If side effects are a problem, your GP can alter your tablets, or give you something to help.

Are they addictive?

Antidepressants don't cause the addictions that you get with tranquillisers, alcohol or nicotine, in that you don't need to keep increasing the dose to get the same effect, and you won't find yourself craving them if you stop taking them. Most people can stop treatment without any problem, but at the end of treatment you should reduce the dose gradually over about four weeks before stopping as some people develop 'withdrawal' symptoms if the tablets are stopped too quickly.

What about breastfeeding?

Having depression can exhaust you, stop you from breastfeeding, upset your relationship with your baby and even hold back your baby's development. In this case, antidepressants can be helpful.

Your baby will only get very small amounts of antidepressant from your breast milk. Babies older than a few weeks have very effective kidneys and livers. They are able to break down and get rid of medicines just as adults do, so the risk to the baby is very small. Some antidepressants are better than others in this regard and it is worth discussing this with your doctor. On balance, bearing in mind all the advantages of breastfeeding, it seems better to carry on with it while taking antidepressants.

Contact details

For further information, please contact the Respond Team on 0117 xxxxxxxx.



RESPOND

Antidepressants



The RESPOND study...

... is comparing the use of antidepressant medication and Health Visitor listening visits for the treatment of mild to moderate postnatal depression in the community.

It intends to look at how well the treatments work, how cost-effective each is and which is preferred by the women involved and the people who treat them.

Women involved in the study will first receive either medication or listening visits to treat their postnatal depression. If they do not make progress with their initial treatment they will be able to either add in the other treatment or swap to the other treatment.

The study is taking place in 3 centres in the UK - Bristol, London and Manchester and will last for 3 years. By then we hope to have screened all new mums from the 74 GP practices involved, for postnatal depression, and included about 250 of them in the treatment trial.

At the end of this time we will know more about the best treatment for women who have mild to moderate postnatal depression.

What happens if I am allocated antidepressants?

The researcher will contact your GP to tell them that you are taking part in the trial and have been allocated antidepressants. The researcher will ask you to make an appointment with your GP, who will discuss the prescription with you, and decide which are the best tablets for you to take. The GP will remain responsible for your care and will monitor how well you respond to the tablets.

What are antidepressants?

Antidepressants are drugs that relieve the symptoms of depression. There are four main types but the most commonly prescribed are SSRIs (Selective Serotonin Reuptake Inhibitors).

Antidepressants work by increasing the activity of chemical messengers, called neurotransmitters, in the brain. Antidepressants usually influence the neurotransmitters Serotonin or Noradrenaline. However, there is still some uncertainty about how the changes in these neurotransmitters lead to improvement of mood.

How well do they work?

About 6 in 10 people with depression improve within a few weeks of starting antidepressants. However, up to 3 in 10 people improve with dummy tablets (placebo) as some people get better in this time naturally. So, you are roughly twice as likely to improve with antidepressants compared to no treatment.

Antidepressants take 2-4 weeks to work fully. It is best to wait 4 weeks before deciding if the treatment is helping or not. There are different types of antidepressants and some people don't respond to the first ones they try. If the tablets are not helping after 4 weeks, your GP may suggest you take a higher dose, or try a different sort of tablet.

A normal course of antidepressants lasts up to six months or more after symptoms have eased. If you stop too soon, your symptoms may return. Some people with recurrent depression need longer courses of treatment.

Depression is unpleasant and can seriously affect your ability to work, enjoy life and your new baby. Antidepressants can help you get better quicker. People on antidepressants, particularly the newer ones, should be able to socialise, work and carry on their normal activities.

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The study is taking place in 3 centres in the UK - Bristol, London and Manchester and will last for 3 years. By then we hope to have screened around 9000 women for postnatal depression and involved approximately 450 of them in the trial.

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The Research Health Visitor

The Research Health Visitor is an experienced Health Visitor who has been specially trained by the study to provide listening visits to women who are experiencing mild to moderate postnatal depression.

Her role is to provide the time and space for you to speak about whatever is bothering you and to help you to find your own ways of enjoying your life and your baby once again.

She works alongside your normal Health Visitor and would expect you to continue to see your own Health Visitor at home or in clinic as you normally would during her series of visits.

Your GP knows the Research Health Visitor is visiting you and continues to be in charge of your care. You are free to see them as usual also.

The Research Health Visitor however will not speak to your GP or Health Visitor about the content of the visits unless you allow this. The only time this would happen would be if they had serious concerns for your wellbeing. If this were the case they would tell you so immediately.

What you can expect

- a once a week visit for 4 weeks initially
- if necessary we will discuss with you the possibility of further treatment
- to speak about whatever is important to you and to be listened to
- the visits will last around 1 hour
- to be seen at home unless you want to meet elsewhere

What you won't get

- someone telling you what to do
- someone judging you
- someone who doesn't believe you are important