

# SSRI Antidepressants

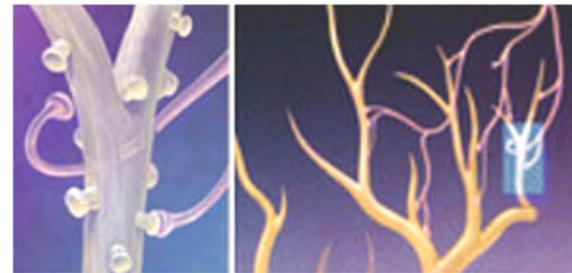
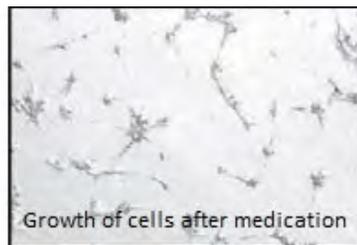
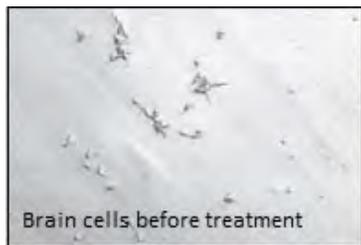
Selective Serotonin Reuptake Inhibitors (SSRIs) include fluoxetine (Prozac), paroxetine (Paxil), fluvoxamine (Luvox), sertraline (Zoloft), citalopram (Celexa), escitalopram (Lexapro). Although classified as antidepressants, SSRIs also treat generalized anxiety disorder, post-traumatic stress disorder, social phobia, panic disorder, obsessive-compulsive disorder, bulimia and other conditions.

## How can SSRIs help me?

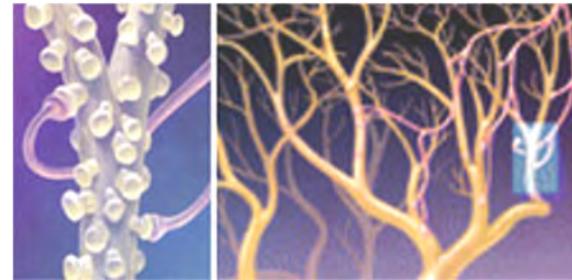
How they will help you depends on your condition. In general, they reduce anxiety and depression by returning serotonin to its normal levels in the brain. Sometimes chronic stress can lower serotonin and cause those symptoms, other times serotonin falls for no clear reason. In either case, SSRIs can help.

It usually takes 3-6 weeks to see their effects, although some people do respond sooner.

They do not change who you are, although they may allow you freedom to develop in ways that those emotions had prevented. Some people say that they feel more like their usual self, or are better able to deal with stress, after taking them. New research shows that SSRIs can prevent the damaging effects that stress and depression have on brain cells by enhancing brain growth in the hippocampus and amygdala, which are involved in mood and memory (see below).



*Before treatment:* the effects of depression and stress have caused this nerve cell to shrink back like a tree with few branches.



*After treatment:* SSRIs have strengthened the roots and connections of the brain cell. The result is less depression and better stress management.

## When should I take it?

SSRIs can be taken morning or night, once per day. If the medicine makes you drowsy, it is best to take in the evening. Otherwise the morning may work best as they sometimes can disrupt sleep. Most can be taken with or without food, although sertraline (zoloft) is absorbed better if taken with food. Taking with food can also reduce nausea on them.

## What should I do if I forget a dose?

Take the missed dose as soon as you remember it. However, if it is almost time for the next dose, skip the missed dose and continue your regular dosing schedule. Do not take a double dose to make up for a missed one. Do not take more than the prescribed daily amount in 24 hours.

## How long do I need to take it?

In general, these medicines should be taken at least 6-12 months after the symptoms resolve in order to prevent the problem from returning. That gives the brain time to build up habits of stability. Some people may need to take the medication longer to prevent the return of depression, especially if they have had 3 or more episodes of depression in their life.

## What happens if I stop it?

SSRIs need to be stopped gradually to prevent withdrawal symptoms. These are flu-like symptoms that are unpleasant but not dangerous; examples include:

- Dizziness, nausea, lethargy, sensory changes (numbness, tingling, shock-like feelings), blurred vision, headache, vivid dreams, anxiety.

You cannot become addicted to SSRI medications. In other words, if you stop the medicine, you will not crave it or be more likely to have depression or anxiety than before. In fact, treatment allows the brain form new connections in ways that help prevent future symptoms.

## Are there differences between them?

Most evidence suggests that all SSRIs are equally effective for the conditions mentioned above. Although it is difficult to predict which SSRI is best for you in advance, if you do not respond to or cannot tolerate one SSRI a switch to a different one may still help.

There are a few important differences among them. Fluoxetine is the safest in children and is the only one that improves weight loss and reduces binge-eating. Fluoxetine leaves the body slowly (over several weeks) so has no withdrawal syndrome; it is also available as a weekly tablet.

Paroxetine and fluvoxamine leave the quickest and have the greatest risk of withdrawal symptoms. Paroxetine and fluvoxamine are also available in extended-release (ER) forms which slightly improve their side effects but do not reduce the withdrawal symptoms. Citalopram and escitalopram both

contain the same medicine, but it is more concentrated in the escitalopram form. Sertraline is the safest in heart disease.

The SSRIs also differ in how they interact with other medications you may be taking.

## Can they cause harm?

SSRIs may worsen certain psychiatric conditions, such as bipolar disorders (“manic-depression”). If you notice these signs while taking them, call me:

> Feeling hyper, irritable, speeded up, giddy or “too happy”; decreased need for sleep, paranoid feelings, racing thoughts, high anxiety, talking fast.

People may also feel worse on SSRIs because of side effects (see below). For example, although SSRIs usually relieve anxiety, anxiety is also a rare side effect.

## What side effects can I expect?

*The following side effects are usually mild and often improve over time:*

Nausea, vomiting, constipation, diarrhea, stomach distress, dry mouth, dizziness, headache, palpitations, tingling or numbness, sweating, drowsiness, vivid dreams, anxiety, yawning, blurred vision.

*The following side effects may persist and can be treated or will go away if the medicine is stopped:*

Decreased sex drive, delayed orgasm, tiredness or low motivation. SSRIs have mild blood-thinning effects, so you may notice increased menstrual flow or other bleeding. You may need to stop them if you undergo surgery.

*The following side effects indicate that the medicine may need to be stopped; call me if they occur:*

Agitation, intense mood swings, racing thoughts, insomnia, restless feelings like you can't stop moving.

*Serotonin Syndrome:* this condition is very rare with SSRIs but can be more common if they are taken with other antidepressants or with lithium, tryptophan, buspar, or St. John's Wort. It is caused by too much serotonin

in the brain. Symptoms include fever, muscle jerks, diarrhea, sweats, racing heart, stomach pain, confusion and mood swings. If this occurs, stop the medication and call me or go to your local emergency room.

An allergic reaction is possible with any medication. Symptoms include the following; stop the medication and call me if these occur: *Pounding heartbeat; swelling of the face, throat, tongue, lips, eyes, hands, feet, ankles, or lower legs; hoarseness; difficulty swallowing or breathing; hives; rash.*

SSRIs can decrease bone strength in post-menopausal women.

Citalopram increases the risk of heart arrhythmias at doses of 60mg and above.

Paroxetine may make your skin sensitive to sunburn.

### **Interactions**

*Recreational drugs:* Although alcohol does not have dangerous interactions with SSRIs, drinking too much can prevent them from working.

Recreational drugs can also prevent them from working.

*Over the counter medicines:* Do not take Saint John's Wort with SSRIs; this can cause Serotonin Syndrome (see above) and other interactions.

*Prescribed medications:* Do not take MAOI antidepressants (phenelzine, nardil, tranylcypromine, parnate, isocarboxazid, marplan, procarbazine, matulane, selegiline, eldepryl) with SSRIs. Other medication interactions vary for each SSRI; talk to me or check with your pharmacist about other medicines you are taking.

### **How to store and dispose of medication**

- Keep out of the reach of children.
- Store away from heat, direct light and damp places.
- To safely dispose of unwanted pills: Do not pour in the toilet or sink (it will enter the water supply). To prevent children or pets from eating it, mix unwanted pills in a bag with a little water and inedible trash (such as coffee grounds or kitty litter) and throw in the trash.

–Chris Aiken, MD, updated 6/29/2025

## SSRI Antidepressants

Generic (brand)	Sizes	FDA Approval, Typical doses
Fluoxetine (Prozac)  <i>Released</i> 12/29/1987	> Tabs: 10, 20, 60mg > Caps: 10, 20, 40mg > Weekly: 90mg	Depression in adults and children (20-40mg/d) OCD (40-80mg/d) Panic disorder (20-60mg/d) Premenstrual dysphoric disorder (20mg/d) Bulimia (60mg/d)
Sertraline (Zoloft)  <i>Released</i> 12/30/1991	> Tabs: 25, 50, 100mg > Liquid: 20mg/ml	Depression (50-100mg/d) OCD (100-300mg/d) Panic disorder (100-200mg/d) PTSD (50-100mg/d) Social anxiety (100-200mg/d) Premenstrual dysphoric disorder (25-100mg/d)
Paroxetine (Paxil, Brisdelle, Pexeva)  <i>Released</i> 12/29/1992	> Tabs: 10, 20, 30, 40mg > Caps: 7.5mg (brand only) > XR: 12.5, 25, 37.5mg > Liquid: 10mg/5ml	Depression (20-40mg/d) Generalized anxiety (20-60mg/d) OCD (40-60mg/d) Panic disorder (20-75mg/d) PTSD (20-60mg/d) Social anxiety (20-60mg/d) Premenstrual dysphoric disorder (20mg/d) Vasomotor symptoms of menopause (7.5mg/d)

Fluvoxamine (Luvox)  <i>Released</i>	> Tabs: 25, 50, 100mg > ER: 100, 150mg	OCD in adults and children (100-300mg/d)
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12/5/1994		
Citalopram (Celexa)  <i>Released</i> 7/17/1998	> Tabs: 10, 20, 40mg > Liquid: 10mg/5ml	Depression (20-40mg/d) <i>Note: doses beyond 40mg/d may cause heart arrhythmias</i>
Escitalopram (Lexapro)  <i>Released</i> 8/14/2002	> Tabs: 5, 10, 20mg > Liquid: 5mg/5ml	Depression (10-20mg/d) Generalized anxiety (10-20mg/d)

# Olanzapine

Olanzapine (Zyprexa) can help depression, anxiety, agitation, paranoia and hallucinations. It belongs to a class of medications called the atypical antipsychotics, which differ widely in their side effects and benefits. Among these medications, olanzapine has the highest risk of weight gain but can be very effective for depression when other options have not worked.

Olanzapine can take up to 2-3 weeks to work fully but can bring benefits after a few days.

## How should I take it?

Olanzapine can be taken once a day with or without food. Olanzapine's benefits build up gradually in the brain and are not impacted by the time of day you take it. Most people prefer to take it at night as it can cause drowsiness.

Olanzapine is also available as a dispersible tablet that dissolves under the tongue.

Link the time you take olanzapine with a daily routine that you already have in place, such as showering or brushing your teeth. Store the medicine near that routine and take it at the same time so you can build on habits you've already developed.

## What if I forget a dose?

Take the missed dose as soon as you remember it. However, if it is almost time for the next dose, skip the missed dose and continue your regular dosing schedule. Do not take a double dose to make up for a missed one.

## How long do I need to take it?

This depends on your diagnosis and which other medications you are taking. Most people with bipolar disorder need to stay on at least one mood stabilizer for the long term in order

to prevent mood swings. If olanzapine helped, it is best to stay on it for at least 6 months before considering going off it. That gives the brain time to build up habits of stability.

## What happens if I stop it?

### Key Points

1. Olanzapine is sedating. Take at night.
2. There are several rare, but serious, side effects with olanzapine (diabetes, high cholesterol, tardive dyskinesia).
3. Check for tardive dyskinesia with the app tdscreen.ai
4. Olanzapine interacts with fatty and sugary foods. We can prevent weight gain if we measure your risk. Check your weight before starting it and 4 weeks later.

Olanzapine is not addictive and does not cause withdrawal symptoms. If you plan to come off olanzapine, it is best to do so slowly (over at least 2 weeks) as that will lower the chance of sudden mood swings returning.

## Checking labs

We will check for diabetes and high cholesterol while taking olanzapine. This medication, as well as bipolar disorder itself, increases the risk of these conditions.

## Preventing weight gain

Olanzapine causes weight gain by making food more rewarding and altering metabolism. Not everyone gains weight on the medicine. We can prevent weight gain on this med if we know that you're at risk. Here's how to tell. Weigh yourself carefully before starting it and again one month later (use the same scale, check in morning, naked, before eating and after going to the bathroom).

It is easier to control your environment than your instincts, so start with that by removing snack foods and sweets from your kitchen.

Another simple technique is to increase your intake of protein – that will stabilize your appetite throughout the day. Eating a high-protein breakfast, within half an hour of awakening, is particularly important. Finally, have a high-protein snack, such as nuts or a protein bar, between meals. This will “spoil your appetite” so you’ll be less likely to overeat during the meal.

Here is a nutrition plan that improves mood, causes weight loss, and has no calorie counting:

[www.chrisaikenmd.com/antidepressantdiet](http://www.chrisaikenmd.com/antidepressantdiet)

### Side effects

Weight gain, drowsiness and restlessness are the most common side effects with olanzapine.

If you don’t tolerate olanzapine, cut the dose in half until the side effects get better and then raise it back up.

*These side effects tend to improve with time or by lowering the dose:* Tiredness, restlessness, muscle aches or stiffness.

As you are starting the medicine, use caution when driving or performing tasks that require alertness. This should not be a problem once you have adjusted to the medicine and know how it affects you.

### Medical risks

*Low blood pressure:* olanzapine can cause blood pressure to drop when you stand up (leading to dizziness or falls). You can reduce this risk by standing up slowly.

*Elevations of prolactin hormone:* this can cause menstrual irregularities and breast milk secretion. We may need to stop olanzapine or use treatments to lower prolactin if this occurs.

*Metabolic Changes:* Olanzapine can increase the risk of diabetes and high cholesterol.

*Tardive Dyskinesia:* With long term use, this med may cause involuntary movements, such as twitching in the face, hands, or other muscles. This condition can be treated but sometimes it is not reversible. We will check for movements while you are on it, and you can prevent it further by using the [tdcheck.ai](https://tdcheck.ai) app every few months. It detects early signs of the problem better than doctors.

*Neuroleptic Malignant Syndrome:* This syndrome, which is extremely rare on olanzapine, consists of sudden, severe muscle

### Akathisia

This side effect is a feeling of inner restlessness that makes it uncomfortable to sit still. It is not dangerous and may improve with time or a lower dose.

Akathisia can be relieved with several medications including propranolol, vitamin B6, betaxolol, pramipexole, gabapentin, trazodone, and mirtazapine.

stiffness, fever and irregular pulse and blood pressure.

*Use in Dementia:* Olanzapine can increase the risk of death when used in older adults with dementia.

*Pregnancy:* Olanzapine has not been adequately studied in pregnancy. It does pass through breast milk.

### Interactions

*Sugary and Fatty Foods:* Olanzapine can interact with these foods to make them more rewarding to the brain and more inflammatory in the stomach, leading to weight gain and potentially diabetes. Remove sugary and fatty foods from your environment while taking olanzapine.

*Recreational drugs:* Alcohol (in excess of 2 glasses/day) and recreational drugs can prevent olanzapine from working.

*Other medications:* These web sites help you check for drug interactions. You should talk with us about the information you find as many drug interactions have only a mild effect:

[reference.medscape.com/drug-interactionchecker](http://reference.medscape.com/drug-interactionchecker)

### **How to store and dispose of medication**

- Keep out of the reach of children.
- Store away from heat, direct light and damp places.
- To safely dispose of unwanted pills: Do not pour in the toilet or sink (it will enter the water supply). To prevent children or pets from eating it, mix unwanted pills in a bag with water and inedible trash (such as coffee grounds) and throw in the garbage.

### **Cost and insurance coverage**

Olanzapine is available as generic. If you are paying out-of-pocket, the lowest cost is usually found at [GoodRx.com](http://GoodRx.com) or Costco (you do not need to be a member to use their pharmacy).

—Chris Aiken, MD, updated 6/26/2025

### **Olanzapine**

Brand	Zyprexa Symbyax (combined with the antidepressant fluoxetine)
Dose range	2.5-20 mg/day
Sizes	Tabs: 2.5, 5, 7.5, 10, 15, 20mg Dispersible: 5, 10, 15, 20mg
Release date	9/30/1996
FDA-approval	Depression and bipolar depression (when combined with the antidepressant fluoxetine). Bipolar mania and mixed states, schizophrenia.