**Please Keep this Antidepressant Handout from Dr. Duffey**

This handout is meant to supplement my usual informed consent process for antidepressants. Rather than put out different handouts for all the antidepressants, I am going to use Zoloft as an example because it is the medication that I prescribe most frequently. Partly, that is because Zoloft can be used to treat depression, anxiety, PTSD, social anxiety, and obsessive-disorder.

Zoloft is a selective serotonin reuptake inhibitor, an SSRI. It works on the serotonin neurotransmitter system. By reducing the amount of serotonin the reuptake pump pumps into the sending nerve cell, Zoloft makes more serotonin available to send messages between nerve cells. That eventually results in improvement in sleep, mood, energy, appetite, enjoying things again, concentration, and a reduction in anxiety and ruminative thinking. Other SSRI’s include Prozac, Luvox, Celexa, and Lexapro. Of all the SSRI’s Celexa and Prozac are the cheapest and cost about five to ten dollars monthly without insurance.

If I prescribe another medication, I will verbally tell you additional information about how it differs from Zoloft. The other antidepressants I use might modulate some combinations of serotonin, norepinephrine or dopamine neurotransmitters. Some of these medications may have additional side effects that Zoloft does not have. Some may also not have some of the side effects that you would see with Zoloft. Often, they have similar side effects but to different degrees.

Side effects of Zoloft may include, but are not limited to**: nausea, diarrhea, dizziness, insomnia ,headache, transient irritability, yawning,** dryness around the edges of your lips, fatigue, tremor, drop in sexual drive, delay in or difficulty reaching orgasm, sexual dysfunction, indigestion, agitation, drop in appetite, sweatiness, constipation, abdominal discomfort, vomiting, palpitations, visual disturbance, anxiety, and ringing in the ears**.** (Some people with pre-existing bipolar disorder might become manic if they are not already taking a mood stabilizer.) **The bolded ones are the more frequent ones.**

There are some people who genetically have problems with their reuptake pump already and, in those cases, Zoloft can result in suicidal ideas and a restless agitation. If this should happen to you, you need to call me immediately and we will taper you off the medication. There is Genesight genetic testing we can do to find a better fit in that case. You might even want to do it before you try any of the psychotropic drugs. If you have insurance, the Genesight company says that your co-pay will never be more than $330 or they will tell you before they run the test on your mouth swabs.

You may go through medication phase effects or not. Those effects may be a few days long where you are grumpy and blah. Then you may go through a sleepy/tired phase, a yawny phase, and a phase where you feel amazingly carefree and a little floaty. These are transient and you just need to acknowledge them and pass through them. They reflect transient changes in neurotransmitter systems and your receptor sites gearing back down to normal. Some people never experience the phases, just gradual improvement. More often than not, students tell me I have needlessly alarmed them and their side effects were brief and not a problem. I would rather you know, in case you do have a side effect, but I realize it can cause the nocebo effect—you look for and experience the side effect I suggest you might have.

If you are already in treatment with me, you know I am worried about you getting pregnant while taking medications I prescribe and I am bringing it up in conversation, perhaps more often than you would like, about the on-going need for you to use adequate contraception if you are sexually active. You may not know that I have been concerned for some years with unplanned pregnancy and have a published book about it. I am aware of the anguish that an unplanned pregnancy can cause.

If you have had unprotected sex since your last menses, do not take any medication before we do a pregnancy test to determine you are not currently pregnant.

It is very difficult to quantify with certainty the risk of fetal harm from taking Zoloft. For that reason, if you decide the benefits of taking Zoloft out-weigh the risks, you should assume that there is risk and **minimize that risk by using effective contraception.**

The risk of fetal abnormalities in any pregnancy is said to be between 3-5% even in women who are taking no medication. That makes it difficult to know whether a birth defect was related to Zoloft or not.

There are more recent studies suggesting earlier concern about persistent pulmonary hypertension was exaggerated. You should research this issue until you feel you know enough about it. You are welcome to ask me more questions about it as well.

What the actual risk of any particular fetal abnormality on Zoloft is depends on who you ask and when the study was done. For example, lawyers involved in birth defect litigation claim that Zoloft can potentially cause these defects: craniosynostosis (a bone formation defect in the skull), heart defects, autism, respiratory problems, club feet, spina bifida, abdominal wall defects, complete or partial closure of the anus, cleft lip, and cleft palate. In addition, there are transient symptoms if the mother is using Zoloft during the last part of pregnancy.

In an article*, Antidepressant use in pregnancy and the risk of cardiac* defect, published in the New England Journal of Medicine in 2014, the authors concluded the results of their study suggested that “first trimester use of antidepressants does not substantively increase the risk of specific cardiac defects. The accumulated evidence implies low absolute risks and argue against the existence of important cardiac teratogenic effects for the most commonly used antidepressant medications.”

MotherToBaby has a recent review of risks. It was written in September of 2017. I would recommend you read this and review other articles you can find on the internet to give you the broadest view. MotherToBaby also presents the case for risk from being depressed during pregnancy. “Studies have shown that when depression is left untreated during pregnancy there may be increased risks for miscarriage, pre-eclampsia, preterm delivery, low birth weight, and a number of other harmful effect on the mother and baby.”

Remember that using a condom alone is not adequate contraception. A comprehensive list of contraceptive methods, except for the newest morning-after pill, Plan B, is listed on the government website:

<https://www.hhs.gov/opa/performance-measures/index.html>