

Factors to Consider When Starting an Antidepressant Medication

Aim to foster collaborative and supportive relationships with people considering taking an antidepressant medication.

Start an antidepressant medication at a lower dose and slowly up-titrate to a therapeutic dose. This process helps:

- Alleviate the initial, transient side effects common to these medications; and
- Identify the lowest effective dose for the patient.

Balance the time it takes to titrate to a therapeutic dose with a potential delay in clinical response. A slower rate of dose titration is practical with advanced age, co-occurring mental health disorders, or when side effects emerge early in treatment.

Side Effects and Informed Consent

The therapeutic effect of the medication may happen slowly, and the individual may experience side effects before noticing benefit.

- There are no consistent ways to predict the likelihood of specific adverse effects of an antidepressant medication.
 - Concerns brought up by the patient of potential side effects of treatment should not be dismissed or ignored.
- See [Comparing Antidepressant Monotherapies Based on Adverse Effects](#).

Discontinuation and Withdrawal Management

Antidepressant medications are challenging to discontinue for most people because withdrawal symptoms are common and can be distressing. See [Factors to Consider with Stopping an Antidepressant Medication](#).

Transient Side Effects

Some side effects can be very distressing for some people in the first weeks of treatment, but most are transient and should subside.

- Gastrointestinal side effects, such as nausea, vomiting, or diarrhea
- Activating CNS side effects, such as insomnia, agitation, anxiety, restlessness, or akathisia
- Sedating CNS side effects
- Headache

Antidepressant medications can **increase risk of suicidality** during the first few months of treatment. Suicidality is rare and can affect all ages but has been shown to be a more prominent risk in adolescents and young adults.

Longer-term Side Effects (may persist with continued use, require intervention)

Some side effects like sexual dysfunction and emotional blunting can be a more persistent feature of some medications like SSRIs and can impact the sexual health of individuals (see [Sexual Health and Antidepressant Medications](#)).

Some antidepressant medications can induce hypomania or mania in people with undiagnosed bipolar disorder. A careful diagnostic assessment or consultation with the [Oregon Psychiatric Access Line \(OPAL\)](#) will help determine if an antidepressant medication is safe to prescribe in individuals who have a history of these symptoms.

The [Mayo Clinic Depression Medication Choice Decision Aid](#) will help patients and providers compare relative side effects of different antidepressant medications.

Monitor for new drug interactions in patients on an SSRI. Some interactions can exacerbate side effects or prolong the QT-interval.

A provider should set reasonable expectations of these side effects with the patient and receive either verbal or written informed consent before starting treatment.

Time to Treatment Response

Individuals who begin an antidepressant medication should experience clinical improvement in the first 1-2 weeks of treatment, but maximum therapeutic effect is not typically achieved until 4-6 weeks of treatment.

- If there is no improvement in the first 2-4 weeks, switch to another medication.
- If there is only a partial response in the first 2-4 weeks and it is well tolerated, consider increasing the dose of the medication before deciding to switch to another antidepressant medication.
- If there is only a partial response at a maximum dose in the first 6-8 weeks, further improvement with the medication is unlikely. Discuss with the patient about augmentation strategies and non-pharmacological interventions versus switching to another medication.
 - See [Drug Augmentation for Treatment-resistant Depression](#) and [When Depression Treatment Doesn't Work](#)
 - See [Medication Treatment for Adults with Generalized Anxiety Disorder](#) and the associated [treatment algorithm](#)
- Cross-titrate when switching between antidepressant medications (see [Switching Between Antidepressant Medications](#)).

Patient Monitoring When Starting Medication

Engage the patient with frequent, regular touchpoints to provide support at the start of treatment. These touchpoints will also:

- Ensure timely dose adjustments can be made to determine the lowest effective dose; and
- Assess tolerability of the new medication.

Minimum recommended follow-up schedule:

- For patients with mild to moderate symptoms:
 - Schedule a follow-up appointment in the first 4-6 weeks when an antidepressant medication is first prescribed. Advise the patient to contact the provider if anything worrisome emerges.
- Patients with moderate to severe symptoms, adolescents and young adults, or patients with serious co-occurring psychiatric conditions should be monitored more closely.
 - Schedule an initial follow-up in 2 weeks, then every 2-4 weeks during the first 3 months of treatment, and about every 3 months thereafter. Set up a safety plan and integrate care with behavioral health.
- All patients should be aware of the free support lines available 24/7. Language interpreters are available.
 - Behavioral Health Support Line: [LINES FOR LIFE](#), call 1-800-923-HELP (4357) or text OREGON to 741741
 - [SUICIDE AND CRISIS LIFELINE](#), Call, text or [chat](#) 988.

Providers should utilize convenient mechanisms for the patient to reach out to them or their delegate.

- Follow-up does not necessarily need to be conducted in-person.
- Online messaging, telehealth, or phone consults offer timely responses that help maintain a strong collaborative relationship with the patient.

Treatment Duration

Duration of treatment is dependent on the individual patient factors, such as:

- Ongoing circumstances that initially precipitated the condition or current circumstances impacting the condition
- Tolerability and consistency of treatment, desire to continue treatment
- Number of prior depressive episodes

Risk of return of symptoms is higher if the medication is discontinued too soon. If the patient has been stable for 6-12 months, begin regular conversations with the patient at each encounter about their circumstances and preference to continue treatment.

You can get this document in other languages, large print, braille or a format you prefer.

Contact Oregon Prescription Drug Program, Amanda Parish at 503-383-8142 or email amanda.b.parish@oha.oregon.gov.

We accept all relay calls or you can dial 711.

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