

# Major depression affects approximately 15 million American adults

Depression is an illness and is treatable with medication, psychotherapy and other treatments – resulting in 80 to 90 percent of people responding well and almost all gaining some relief from their symptoms. Depression affects all ethnic, racial, social and economic groups. Major depression affects five percent of American adults, or about five percent of the U.S. population age 18 and older in a given year.<sup>1</sup>

The first step to getting appropriate treatment for depression is a physical examination by a physician. Certain medications and some medical conditions can cause the same symptoms as depression, and the physician should rule out these possibilities through examination, interview and lab tests. If a cause for the depressive symptoms is not found, a diagnostic evaluation for depression should be done by the family physician or by referral to a psychiatrist.

Treatment choice will depend on the diagnosis, severity of symptoms and preference. A variety of treatments, including medications, short-term psychotherapies and combinations of treatments, have proven effective for depression and mood disorders.

Antidepressants may be prescribed to correct imbalances in the levels of chemicals in the brain. These medications are not sedatives, uppers or tranquilizers. Neither are they habit-forming. Generally antidepressant medications have no stimulating effect on those not experiencing depression.<sup>2</sup>

Antidepressants may produce some improvement within the first week or two of treatment. However, full benefits may not be realized for two to three months.<sup>2</sup>

As is the case with any type of medication prescribed for more than a few days, treatments have to be carefully monitored to see if the most effective dosage is being used. The physician will check the dosage of each medicine and its effectiveness regularly.

It is very important to take medications as prescribed, not add or stop taking medications without consulting the prescribing doctor, and to gradually taper off medications under a doctor's supervision. Never, ever stop taking a medication without your doctor's consent and guidance. This is especially important for patients with depression or psychiatric disorders.<sup>3, 4</sup>

Medications of any kind—prescribed or over-the-counter—should not be mixed without consulting a doctor. Other health care professionals, such as a dentist who may prescribe a medication, should be given a list of all medications being taken. Some medications, although safe when taken alone, could cause severe and dangerous side effects if taken with other medications.

Patient studies show some of the reasons for people not taking antidepressant medications as prescribed include: stigma or

embarrassment, side effects and difficulty remembering to take the medications regularly. Psychiatric disorders are a medical condition and should be seen as such. Stigma or embarrassment should not be associated with this medical condition any more than other medical conditions. Possible side effects of any type to medications should be discussed with the prescribing physician.

Antidepressants should be taken every day, around the same time of day. Sometimes they are scheduled to be taken at different times of the day, depending on the possible side effects and the doctor's instructions. Taking too much or too little of antidepressants could have negative consequences.

People who do not take medications as prescribed are more likely to become depressed. Although most depressed people are not suicidal, most commonly people who die by suicide are depressed. More than 90 percent of people who died by suicide had an undiagnosed and untreated psychiatric disorder – most commonly a clinical depression or a substance abuse disorder.<sup>5</sup> Antidepressant medications to treat depressive disorders and antipsychotic medications to treat psychotic and mood disorders are examples of how appropriate use of medications can help reduce the risk of suicidal behaviors.

In this brief guide, we will address the relationship between medication use and suicide. Its objective is to provide patients, family members and friends with information regarding how appropriate medication use can be associated with a decrease in suicidal thoughts and behavior. The following information is compiled from the existing scientific studies and information available from regulatory agencies.

## Did you know?

Many studies have shown that medication such as antidepressants can be very helpful for persons suffering from clinical depression.

### What This Means

Taking an antidepressant as prescribed can go a long way to improving depression and reducing the likelihood of suicidal behaviors. Medications can really help!

## Did you know?

Taking a medication regularly and as prescribed is an important key to emotional and physical well being.<sup>6</sup>

### What This Means

Persons who take their medications as they should tend to be more involved in their medical care, understand their health conditions better and have better results. Healthy lifestyle practices, such as a healthy diet, regular sleep habits, setting small and manageable tasks, and routine exercise, can also lead to better health.

## Did you know?

The Food & Drug Administration (FDA) issued a black-box label warning regarding suicidal behaviors and the use of antidepressants in children, adolescents and young adults.<sup>4, 7, 8</sup>

### What This Means

A black-box warning is the most serious type of warning in prescription drug labeling. The warning states that children, adolescents and young adults being treated with antidepressants might be more likely to think about suicide and perhaps show suicidal behaviors. The FDA has not established that antidepressants are a cause of suicide in children, adolescents and young adults. The risk of suicidal behaviors should be examined by a physician in any child, adolescent or young adult who is treated or may be treated with an antidepressant.

## Did you know?

The FDA labeling points out that adults ages 65 and older taking antidepressants actually display a decreased risk of suicidality.<sup>4</sup>

### What This Means

Studies reveal that treating an elderly person with antidepressants has clear benefits.

## Did you know?

The FDA specifically recommends: It is very important that a person does not stop taking an antidepressant without first checking with his/her doctor. Consult your doctor to discuss the best course of action.<sup>4</sup>

### What This Means

Anyone being treated with an antidepressant should not just stop taking their medication. Abruptly stopping an antidepressant can produce negative consequences. Typical signs of not taking medications as prescribed include flu-like symptoms, problems sleeping, feeling like throwing up, imbalance and feeling jittery. Doctors should always be told when a person stops taking antidepressants so that they do not think it is something else and order more tests than are needed or treat the signs as something else.<sup>3</sup> Always consult the doctor first to discuss the best course of action.

## Did you know?

Only some antidepressant medications are FDA approved for children and adolescents.<sup>9</sup>

### What This Means

Fluoxetine (Prozac<sup>®</sup>) and escitalopram (Lexapro<sup>®</sup>) are the only antidepressants approved for use in children and adolescents for the treatment of major depressive disorder (clinical depression). Fluoxetine (Prozac<sup>®</sup>), sertraline (Zoloft<sup>®</sup>), and fluvoxamine (Luvox<sup>®</sup>) are approved for use in children and adolescents for

the treatment of obsessive compulsive disorder (OCD). Have a thorough discussion with the doctor if another medication is recommended. The other medications have no approved uses in children.

## Did you know?

The FDA has identified several medications (in addition to antidepressants) that have been shown in clinical studies to be associated with increased risk of suicidal thinking or behavior. The FDA has not established that any of these medications cause suicide though.<sup>10</sup>

### What This Means

The FDA has advised that montelukast (Singulair<sup>®</sup>), isotretinoin (Accutane<sup>®</sup>), zolpidem (Ambien<sup>®</sup>/Ambien CR<sup>®</sup>), mefloquine (Lariam<sup>®</sup>), varenicline (Chantix<sup>®</sup>), atomoxetine (Strattera<sup>®</sup>) and antiepileptic medications have also been associated with increased risk of suicidal thinking or behavior in patients who received the medications in randomized clinical studies. These medicines should be discussed with the prescribing physician.

## Did you know?

No scientific studies exist to support the myth that a person talking about suicide with a family member or friend increases the likelihood they will take their lives.

### What This Means

Mental health professionals recognize that anyone who talks or feels like killing themselves should be taken seriously. Talking to a family member or friend about their suicidal thoughts and feelings can be helpful in opening the door to getting appropriate help. It can also help in ensuring the immediate safety of the person. Listen, but do not try to argue with him or her. Of greater concern and potential danger is a person with depression who successfully hides the fact that he or she is having suicidal thoughts.<sup>8, 11</sup>



## The six Rs can help reduce suicide

1. Recognizing that appropriate antidepressant treatment is important (best amount of medicine, addressing side effects, ensuring the person takes the medicine, sufficient duration of treatment course, etc.).
2. Recognizing that disorders other than depression can also be associated with an increased risk of suicide. Although not comprehensive, some conditions associated with increased suicide risk include: bipolar disorder, anxiety disorders, schizophrenia and alcohol and substance use.
3. Recognizing that clinical depression is one of the major risk factors for suicide. Prior to beginning treatment with an antidepressant, be sure the suicidal risk is assessed by a physician.<sup>12</sup>
4. Recognizing that suicidal risks may increase when: <sup>5, 8, 10, 11, 13</sup>
  - The person is being treated for clinical depression, bipolar disorder, schizophrenia and alcohol/substance use.
  - The person has a history of prior suicidal behaviors.
  - The medication being prescribed is associated with an identified risk of increased suicidal behaviors. Examples include: antidepressant medications, montelukast (Singulair®), isotretinoin (Accutane®), zolpidem (Ambien®/Ambien CR®), mefloquine (Lariam®), varenicline (Chantix®), atomoxetine (Strattera®) and antiepileptic medications.
5. Recognizing any of the following symptoms, especially if they are new or worse:<sup>13</sup>
  - thoughts about suicide or dying
  - attempts to die by suicide
  - depression
  - anxiety or nervousness
  - feeling very agitated or restless
  - panic attacks
  - insomnia or problems sleeping
  - irritability or crankiness
  - acting aggressive, being angry or violent
  - acting on dangerous impulses
  - an extreme increase in activity and talking (mania)
  - other unusual changes in behavior, mood or emotions
6. Remember, when in doubt whether someone is suicidal, seek help from a mental health professional or a suicide prevention help line. (See the help list.)

While some suicides occur without any obvious warnings, most do not. Help prevent suicide among loved ones by learning to recognize the signs of someone at risk, taking those signs seriously and knowing how to respond to them.

### ACTION NEEDED:

Look for immediate help from a mental health professional or call 911 when you hear or see any of these behaviors:<sup>14</sup>

- Someone is saying they want to hurt or kill themselves, or talking of wanting to hurt or kill themselves.
- Someone is looking for ways to kill himself/herself by trying to get a gun, pills, or another way of killing himself/herself.
- Someone is talking or writing about death, dying or suicide, when this way of behaving is out-of-the-ordinary for the person.

### EMERGENCY – WHERE TO GET HELP

Write in Local Telephone Numbers

**Ambulance, law enforcement, etc.**

911

**24-Hour Crisis Line**

- **Florida Suicide Web Site with Information to Hotline by County**  
[www.helppromotehope.com/resources/resource\\_map.php](http://www.helppromotehope.com/resources/resource_map.php);  
[www.suicide.org/hotlines/florida-suicide-hotlines.html](http://www.suicide.org/hotlines/florida-suicide-hotlines.html)

- **National Suicide Prevention Hotlines**  
National Suicide Prevention Lifeline 800-273-8255 (TALK)  
National Hopeline Network 800-784-2433 (SUICIDE)

### NON-EMERGENCY – WHERE TO GET HELP

- **American Psychiatric Association** 703-907-7300 or 888-357-7924  
[www.psych.org](http://www.psych.org)
- **American Psychological Association** 202-336-5500 or 800-374-2721  
[www.apa.org](http://www.apa.org)
- **American Association of Suicidology** 202-237-2280  
[www.suicidology.org](http://www.suicidology.org)
- **Depression and Bipolar Support Alliance** 312-642-0049 or 800-826-3632  
[www.dbsalliance.org](http://www.dbsalliance.org)
- **National Alliance on Mental Illness** 703-524-7600 or 800-950-6264  
[www.nami.org](http://www.nami.org)

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What patients, family members  
and friends need to know about

depression, medications  
and suicide