

Recommendations for anti-depressants and their effects

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School Psychological Services February 24, Mr. Client Dr. Ryan Shepard, MD

Recommendations for Anti-Depressants and Their Effects Due to your last consultation and the consultation with your therapist, we believe that in addition to your cognitive therapy and treatment can be greater enhanced through the use of medication. There are wide variety of medications out on the market which have a variety of advantages and disadvantages to us prescribing them for you. We hope that in addition to your therapy, you will see a greater relief in your symptoms and will be able to pursue a healthier state of being. The proposed medications of your choice are: Lexapro, Zoloft and Prozac. These medications all belong to a group of medications called SSRIs or selective serotonin reuptake inhibitors which in particular should help regulate your bodies systems as well as raise your mood. SSRIs

Selective serotonin reuptake inhibitors are a specific type of medication which works on the neurotransmitter serotonin. Serotonin is responsible for helping regulate mood, sleep, appetite, etc. This is why when dealing with the psychopharmacology of depression that it is important to work with this neurotransmitter in particular. During neural communication, electrical signals are sent from the brain which indicates to neurons to release serotonin. If the serotonin is absorbed too quickly, then the effects it is supposed to create will be minimal. Selective serotonin reuptake inhibitors are responsible for keeping serotonin in the synapse, the space between the neurons, longer. By keeping serotonin in the synapse longer, patients who are suffering from depression can often see relief from the symptoms and greater energy levels. Lexapro Lexapro has been approved in the treatment of not only depression, but also general anxiety disorder and social anxiety

disorder. The dosages vary depending on the type, but the most common medication ranges range from 10mg pills a day to a maximum recommended dose of 20 mgs a day. The medication can impact a person for about 54 hours to 64 hours. Of all the selective serotonin reuptake inhibitor available through prescription, Lexapro is the most selective when dealing with serotonin meaning that it rarely causes any problem with other neurotransmitters in the body. It also can target serotonin quickly and more efficiently than any other drug on the market. The con to taking Lexapro is compared to other drugs, it is harder to discontinue. Some of the typical side effects which can be seen when taking Lexapro can range from: headache, nausea, dry mouth, sweating, insomnia, constipation, weight gain/lost, or loss of libido (Thompson PDR 734-736). Zoloft Zoloft, while used in the treatment of depression, can also be used to help treat obsessive-compulsive disorder, panic attacks, and social anxiety disorders. Zoloft is typically found as capsules in the form of 25mg, 50mg, and 100mg doses. This is one of the more commonly prescribed SSRIs on the market and has a great level of success. Typical side effects of Zoloft include: drowsiness, dizziness, nausea, dry mouth, changes in appetite, sleep problems, decreased sex drive etc (Gormon 97-100). Prozac Prozac is also used in the treatment of depression, but has also been used in the treatment of obsessive compulsive disorder, premenstrual dysmorphic disorder, panic disorder, and eating disorders such as bulimia nervosa. It is the third most often prescribed SSRI in the United States for dealing with depressive disorders. Prozac is available in 20mg capsules. Some side effects of Prozac are cold symptoms (stuffy nose, sneezing, sore throat, and cough),

drowsiness, nausea, appetite changes, sleep problems, decreased sex drive, and dry mouth (J., and Koellhoffer 34-41). Bibliography Gormon, J. The Essential Guide to Psychiatric Drugs. 4th ed. New York, NY: St. Martin's Press, 2007. 97-100. Print. J., Ronald, and Tara Koellhoffer. Junior Drug Awareness: Prozac and Other Antidepressants. New York, NY: Infobase Publishing, 2008. 34-41. Print. Thompson PDR, First. PDR Pocket Guide to Prescription Drugs. 9th ed. New York, NY: PDR Network, 2010. 734-736. Print.