

Antidepressants

ANTIDEPRESSANT	NEUROTRANSMITTER EFFECTS	PROS	CONS
SSRIs <i>(selective serotonin reuptake inhibitor)</i>	Act primarily on serotonin (Celexa, Lexapro); some also act to a lesser degree on norepinephrine (Luvox, Paxil, Prozac, Remeron, Zoloft)	Fewer side effects than older drugs; can't overdose on unless combined with other lethal drugs.	Side effects include gastric upset, sexual dysfunction, weight gain, agitation, suicidal ideation, mania. Serzone may cause liver toxicity.*
Tricyclics	Act primarily on norepinephrine and to a lesser degree on serotonin.	Work on some patients who don't respond to SSRIs; sedative effect on agitated patients; much cheaper, because patents have expired.	Overdose potential; may cause fatal heart arrhythmias.
MAO inhibitors <i>(monoamine oxidase)</i>	Act on a broad variety of neurotransmitters.	May work on patients who don't respond to SSRIs or tricyclics	Overdose potential; can't be combined with certain foods,+ can cause stroke, heart attack. Can also cause dizziness, headaches, insomnia
Effexor	Effexor acts mostly on norepinephrine.	Works in some people who don't respond to other antidepressants	Effexor may cause agitation, high blood pressure.
Wellbutrin	Wellbutrin's primary effect is on dopamine.	Works in some people who don't respond to other antidepressants	Wellbutrin may cause grand mal seizures at higher doses.

*In March, the U.S. Food and Drug Administration cautioned physicians, patients and families to closely monitor adults and children on SSRIs, especially at beginning of treatment or when dose changed, and warned that patients who discontinue the drugs do so gradually.

+(salami, soy sauce, for example)