Medications for Anxiety, Depression, and OCD

Hilliard Pediatrics, Inc. - Dr. Tim Teller, MD

Introduction

Many of our patients suffer from issues with anxiety, depression, and obsessive-compulsive disorder. These conditions may respond to time and counseling, but if the symptoms are routinely interfering with everyday life, we will often discuss further treatment with medications. The medications used are the same medications that are used with adults, the dose is just adjusted. Despite these all being different conditions and diagnoses, the medications used are the same. These medications work on the neurotransmitters (brain chemicals) to help balance how they affect our emotions.

Types of and Commonly Used Medications:

Name	Usual Dose	Dosing Forms	Given	Side Effects
SSRIs or Selective Serotonin Reuptake Inhibitors				
Prozac® (fluoxetine)	10-40mg	Capsule, tablet, liquid	In morning	Brief nausea when starting
Zoloft® (sertraline)	25-100mg	Tablet, liquid	In morning	Brief nausea when starting
Celexa® (citalopram)	10-40mg	Tablet, liquid	In morning	Brief nausea when starting
Dopamine-Reuptake Blockers				
Wellbutrin® (bupropion)	150-450mg	Tablet	In morning	Not likely to cause nausea or weight gain
Serotonin/Norepinephrine Reuptake Inhibitors				
Effexor® (venlafaxine)	37.5-150mg	Tablet	In morning	Brief nausea when starting, if causing drowsiness, take in evening
Tricyclic Antidepressants				
Elavil® (amitriptyline)	25-100mg	Tablet	At bedtime	Likely to cause side effects: weight gain, dry mouth, constipation, urinary retention, blurry vision, drowsiness, and dizziness.

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General Guidance

- For those medications that can cause some **nausea and stomach upset** once the medication is started, these symptoms usually improve significantly over the next 2-4 weeks. Making sure the medication is taken with food helps. As with any of the above medications, if your child is taking the medication each morning and is drowsy during the day, switch to taking the medication in the evening. In fact, for those children who are anxious or depressed who struggle with falling asleep, taking the medication in the evening may very well help with falling asleep.
- Just as with other medications, it is often hard to tell what the **right medication is for any individual**. If someone in the family has taken one of these and had a good or bad experience with it, that can be helpful. We often start with one of the SSRIs then try something else if that medication is not helping. There are children and teens who will benefit from seeing a psychiatrist to manage and prescribe their medication. This is especially true if we are unsure of the diagnosis, if there may be another diagnosis (such as bipolar disorder), we are having issues finding the right medication for that person, or the symptoms are more severe. We have a list on our website under referrals (Referral List).
- Symptoms of anxiety or OCD tend to **respond to the medication** within just a week or two. Depression symptoms often take longer to respond, often 3-6 weeks. If we change doses, it may take less time to notice a difference. If we change medications, it will likely take this long to notice a difference.
- None of the above medications require any type of **monitoring lab work**. Although there are anti-depressants that require blood work to be checked, these above medications do not. Many children and adults take one of these medications for years. We have every reason to believe this is safe.
- If a medication is stopped, we recommend **weaning off the medicine** instead of stopping it suddenly. Stopping it without weaning can cause a very rocky emotional stretch and we want to avoid this from happening. Many times, we will have someone take half of their normal dose once daily for a week than half of their normal dose every other day for the following week before stopping. We will discuss with you if you will need to wean off a medication. This is most important when going from one group of medications to another (such as SSRI to dopamine-reuptake blocker).
- For children with **depression**, it is important to talk about **suicide risk**. Over the last 20 years, there has been much discussion of this issue. Children and adults with depression are certainly and sadly at risk for suicidal thoughts, suicidal attempts, and suicide. Some very depressed persons are so down and sad that they are not taking care of daily living activities – sleeping, eating, showering and hygiene, etc. When they start an anti-depressant, they often will have "**activation**" or more energy and desire to take care of these issues. This often happens more quickly than the help from the medication with the sadness and depression. If someone has been thinking of suicide and has been so down without the help of the medication that they have not acted on it, sometimes that "activation" of their "get up and go" to do something happens before they feel better. That would mean they may attempt or commit suicide. So the medicine did not cause the suicide or suicide attempt, but

it had not helped yet with how sad and desperate they feel. This all emphasizes that it is important to ask the tough questions: Are you thinking of hurting yourself? If so, do you have a plan to do it? Someone with a specific plan to hurt themselves or others needs more evaluation and often hospitalization for further help. Note: it has not been shown to increase suicide risk by asking someone about it.