

Antidepressants: Myths and Facts About SSRIs

Selective serotonin re-uptake inhibitors or serotonin-specific reuptake inhibitors^[1] (SSRIs) are a class of compounds typically used as [antidepressants](#) in the treatment of [major depressive disorder](#) and [anxiety disorders](#). SSRIs are believed to increase the [extracellular](#) level of the neurotransmitter [serotonin](#) by [inhibiting its reuptake](#) into the [presynaptic cell](#), increasing the level of [serotonin](#) in the synaptic cleft available to bind to the [postsynaptic receptor](#). They have varying degrees of selectivity for the other [monoamine transporters](#), with pure SSRIs having only weak affinity for the [norepinephrine](#) and [dopamine transporter](#). SSRIs are the most widely prescribed antidepressants in many countries.^[2] The efficacy of SSRIs in mild or moderate cases of depression has been disputed.^{[3][4][5]}

Millions of Americans suffer from [depression](#), [anxiety](#), and other [mental health](#) conditions. Selective serotonin reuptake inhibitors (SSRIs) can improve a wide variety of these conditions and, as a result, are commonly prescribed. SSRIs work by blocking a receptor in [brain](#) cells that reabsorb the chemical serotonin, thereby more of this chemical available to "amplify" its ability to send messages between nerve cells. [Brain](#) circuits that "run" on serotonin messaging are known to influence mood, but the exact way SSRIs improve [depression](#) isn't clear.

Commonly prescribed SSRIs include:

- [Prozac](#)
- [Celexa](#)
- [Luvox](#)
- [Zoloft](#)
- [Paxil](#)
- [Lexapro](#)
- [Viibryd](#) (an SSRI and 5HT1A receptor partial agonist)
- [Brintellix](#) (an SSRI that also targets several other serotonin receptors)

SSRIs have the power to markedly improve mood, outlook, and behavior in people with [depression](#). Although often positive, these same benefits can also be a cause of concern to many people. They may think that taking an SSRI will turn you into someone other than your own self? Most [depression](#) experts would say that when [antidepressants](#) are effective, they take away the negative effects of depression that mask your real self; [antidepressants](#) can reveal someone's true personality (rather than change it) by lifting the veil of depression.

All medicines can have side effects, and [depression treatments](#) are no exception. Although generally well-tolerated, [antidepressant](#) drugs affect each person differently. Understanding the reality behind SSRI myths can help you know what to expect, if you're prescribed these medicines.

SSRI Myth or Fact: SSRIs Are Dangerous to Combine With Other Medicines.

Although no drug is 100% safe for everyone, SSRIs are among the safest. Rarely do SSRIs interact or cause problems with other medicines. However, SSRIs should not be used with the following [medications](#) due to the risk of developing dangerously [high blood pressure](#) or a medically serious condition called [serotonin syndrome](#):

- Monoamine oxidase (MAO) inhibitors: These medicines can be extremely effective [treatments for depression](#), but should not be combined with other antidepressants. They include [Parnate](#), [Marplan](#), [Nardil](#) and [Emsem](#).
- [Tramadol](#): A pain medication that also blocks the reuptake of both serotonin and another [brain](#) chemical called norepinephrine.
- [Zyvox](#): This is an antibiotic that acts similarly to an MAO inhibitor.

Bottom Line: SSRIs are safe to take with almost all medicines. But before taking an SSRI, ask your doctor or pharmacist about any possible complications associated with taking the medicine with other treatments.

SSRI Myth or Fact: Taking an SSRI Will Change My Personality.

It's true that taking an SSRI changes the way nerve cells work inside your [brain](#). This causes subtle changes in the way you feel, act, and behave.

But you just might like the "new" you. In one of the few studies measuring personality changes in response to antidepressants, those taking SSRIs felt more emotionally stable, outgoing, trusting, and assertive, and less hostile.

Bottom Line: [Treating depression](#) with SSRIs may improve your mood, outlook and behavior so that you no longer feel depressed or anxious. This may reveal your true self and not your depressed or anxious self.

SSRI Myth or Fact: SSRIs Are Addictive.

SSRIs do not cause [addiction](#) in the way alcohol, [tobacco](#), or [heroin](#) do. After a period of exposure to SSRIs, however, the brain does adapt and get "used to" the medicine. For this reason, you shouldn't stop taking an SSRI suddenly without talking to your doctor. Suddenly stopping an SSRI can, for some people, cause temporary [headaches](#), [nausea](#), [dizziness](#), or [flu-like](#) symptoms. After completing treatment, most SSRIs are tapered before stopping, and the brain readjusts.

Bottom Line: SSRIs aren't addictive, but they shouldn't be stopped abruptly, either.

SSRI Myth or Fact: If I Start an SSRI, I'll Have to Take It Forever.

Most people with a first episode of depression take an SSRI for a limited period of time, usually a period of several months. General treatment guidelines for a first episode of depression suggest continuing treatment for at least several months after [symptoms](#) have improved in order to avoid a relapse.

Depression, however, returns periodically in many people. The same is true for many other conditions that SSRIs treat. For this reason, a doctor may recommend long-term treatment as prevention against future episodes or exacerbations of symptoms.

Bottom Line: Most people take SSRIs for a limited period of time. People with relapsing depression might benefit from long-term SSRI use.

SSRI Myth or Fact: Taking an SSRI Will Make Me Fat.

People react to SSRIs in different ways. Some people taking SSRIs gain [weight](#), while others lose weight. And some SSRIs may make you more likely to gain or lose weight than others.

Bottom Line: SSRIs may cause you to gain or lose weight. It is important to discuss concerns about weight and other side effects with your doctor when considering the available medication [treatments for depression](#).

SSRI Myth or Fact: An SSRI Will Stop Me From Feeling Anything.

Some people report a general dulling of emotion while taking SSRIs. On the other hand, people whose emotions are shut down by depression describe finally being able to feel again.

These are difficult effects to study and are not systematically measured in studies routinely done by manufacturers for submission to the FDA. Again, different SSRIs may create different effects in different people.

Bottom Line: Taking an SSRI can change how you experience emotions. If an antidepressant creates unpleasant feelings, you should discuss it with your [health care](#) provider.

SSRI Myth or Fact: Taking an SSRI Will Ruin My Sex Life.

SSRIs do affect [libido](#) and sexual experience in many people. Men often experience delayed ejaculation. Men and women may have a decreased intensity or ability to

orgasm. Estimates vary, but research shows between 20% and 45% of people will experience some decline in sexual function.

[Wellbutrin](#) is a non-SSRI depression medicine that does not diminish [sex drive](#) or intensity. It can be taken with an SSRI as an add-on therapy that may provide more potent antidepressant effects, and sometimes may help to reduce sexual side effects of an SSRI. This often helps people experience more normal [sex](#) lives. Some of the newer antidepressants that regulate serotonin, such as Viibryd and Brintellix, also appear to have relatively low risks for causing sexual side effects.

Depression and [anxiety](#) themselves put the brakes on many people's [sex](#) lives. Some people report that lifting of depression brings back their desire for sex.

Bottom Line: SSRIs can cause a decline in sexual function while continuing to take them. Talk to your [health care](#) provider to learn what you can do to overcome this frustrating side effect.

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