

SAD (Seasonal Affective Disorder)

A handy chart to help you compare the medicines to help the depressive symptoms of SAD

Please note: You are unique and this is only a **guide!**

This guide will be about right for most people, but not everyone. Some people may get better but some may stay the same. Some may improve quicker than other people. Some may get all the side effects in the book, others none at all. What happens to you will depend on your unique brain and your genes. However, this guide should help you to be able to start to choose between the many medicines. There are many other ways you can be helped e.g. light therapy, talking therapies, help with coping with the symptoms, relaxation, and self-help.

No guide can be 100% unbiased, but we have tried hard to stick to the facts about medicines. We hope you take this guide in the way in which it is intended i.e. an honest attempt to inform, educate and help.

What the sections in the table mean:

Medicine – these are the main medicines to help treat the symptoms of **Seasonal Affective Disorder**, and a few others that are sometimes used.

- These are in no special order, although SSRIs is usually the first choice
- We have listed them as their “generic name” (the name of the actual drug)
- This is only a short guide. Please see the rest of our website for more details
- Not all these medicines work as well as each other. Your clinician may be able to help you choose which one (or ones) might be best for you.
- Some of these medicines might not be used in your area

Usual dose per day – this will depend on how well you do and what side effects you get. Some people need higher, some need lower doses. It is usually best to start a medicine slowly; it's kinder to your brain.

How we think it might work – this is how we think the medicine works in the brain. There is more on this on our website. Taking two medicines with the same way of working doesn't often help much. Serotonin, noradrenaline and dopamine are three of the brain's chemical messengers. Serotonin helps control mood, emotions, feeding and sleep. Noradrenaline helps control drive, motivation, alertness and sleep.

How long it takes to work – this is just a guide as some people may get better quicker or slower. But don't give up too early.

Some of the main side effects – these are just a few of the main side effects. Many are worse at higher doses, but most wear off after a few weeks.

- = Most people will get this side effect
- = Quite a few will get this side effect
- = Only a few people will get this side effect
- o = This is very rare or not known

The side effects here are:

- **Drowsiness** – feeling sleepy or doped up
- **Weight gain** – feeling more hungry and putting on weight
- **Nausea** – feeling sick, but not usually being sick
- **Dry mouth, blurred vision** – plus constipation, poor memory, difficulty passing urine (sometimes called “anticholinergic side effects”)
- **Sexual problems** – lack of desire or pleasure

There are many other possible side effects.

Please see our website for more details of each of the medicines and side effects.

How long you could or should take it for - how long you take any medicine for will be up to you. Taking a medicine means remembering every day and may be also getting some side effects. It also often means you get well and stay well. You will need to decide what helps you best and what helps you get on with your life.

How to stop it – some medicines can be stopped quickly. Others should be stopped slowly. It is best to try to stop all medicines slowly – it's kinder to your brain.

Tips on how to get the best out of medication:

- Read our website to make sure you know what the medicine is for, when and how to take it and for how long to take it
- Try to get the best out of one medicine before trying another. Get the right dose for you, try taking it at different times, and try to cope with any side effects
- Take it regularly every day, unless it is meant to be taken only when required (*find ways to remember e.g. leave the pack by your bed, in the kitchen or bathroom, in your car if you have one, next to the TV or computer, but don't forget to keep them out of the sight and reach of children*)
- Although medicines can help most people's symptoms, they are not always the only answer. Please see our website for ideas for self-help, and help from others

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Medicine	Usual dose	How we think it might work (probably)	How long it takes to work	Some of the main side effects *					How long you could or should take it for	How to stop it
				Drowsiness	Weight gain	Nausea	Dry mouth, blurred vision	Sexual problems		
Sertraline, an SSRI <i>Although other SSRIs can be used, the best evidence is for sertraline</i>	50-200mg a day	Boosts serotonin	Takes about 4 weeks for full effect but you may feel better after a few weeks. Can be started for winter depression in autumn before your mood drops	●	●	●●●	●	●●●	Can be for shorter courses e.g. 3 months but may be better to take for about 4-6 months	Should be no great problem but slowly over a week or so is a good idea
Other SSRIs e.g. citalopram, escitalopram, paroxetine, fluoxetine	Citalopram, paroxetine and fluoxetine 20mg a day. Escitalopram 10mg a day	Boosts serotonin		●	●	●●●	●	●●●		Stop paroxetine slowly over several weeks. No problems with others
Bupropion - licensed in USA	150-300mg a day	Boosts dopamine		0	0	●	●	0		Should be no great problem but slowly over a week or so is a good idea