

Antidepressants - What You Need to Know

Background — Depression is hard to recognize. Symptoms can be masked by a wide range of factors including communication difficulties, atypical presentation, and refusal to seek help. Depression is likely to be much more common in people with intellectual disabilities (ID) than the general population – it is estimated that mental health conditions are up to 50% more common in people with intellectual disabilities than the general population.

Depression as described by the World Health Organization (WHO) is a mood disorder characterized by specific symptoms including sadness, loss of interest, anhedonia (loss of pleasure), lack of appetite, feelings of guilt, low self-esteem or self-worth, sleep disturbance, feelings of tiredness, and poor concentration.

According to DSM-5, ID has an impact on 3 broad domains in a person's life: conceptual (eg, language and memory), social (eg, empathy, social judgment), and practical (eg, personal care, money management). These impacts can predispose an individual with ID to depression and/or worsen depressive episodes.

Treatments — Psychotherapy is one of the first line therapies to treat depression, along with using medications such as antidepressants in order to help manage a person's depression. The most commonly prescribed antidepressants fall within the Selective Serotonin Reuptake Inhibitor (SSRI) class, but across all classes, antidepressants take approximately 6 weeks to start taking effect. Patients may see clinical improvement earlier.

The University of Hertfordshire discusses the approach to depression in intellectual disabilities; depression which fails to respond to treatment might suggest that there is an additional factor maintaining the depression, which has not been addressed, including possible adverse childhood experiences (ACE's) or other trauma in a person's history. Some people might require antidepressant medications, but these are not required in every depressive illness. Counseling and psychotherapy are underused for people with intellectual disabilities but, as with everyone with depression, should always be considered and offered promptly. Therapy can be very effective both one-to-one and in groups.

Antidepressants can be classified into six major classes:

- **Selective Serotonin Reuptake Inhibitors (SSRI)**
 - Fluoxetine
 - Sertraline
 - Paroxetine
 - Fluvoxamine
 - Citalopram
 - Escitalopram
 - Vilazodone
- **Norepinephrine-Dopamine Reuptake Inhibitors (NDRI)**
 - Bupropion
- **Serotonin-Norepinephrine Reuptake Inhibitors (SNRI)**
 - Venlafaxine
 - Desvenlafaxine
 - Duloxetine
 - Milnacipran
 - Levomilnacipran
- **Serotonin Modulators**
 - Nefazodone
 - Trazodone
 - Vilazodone
 - Vortioxetine
- **Tricyclic Antidepressants (TCA)**
 - Amitriptyline
 - Amoxapine
 - Desipramine (Norpramin)
 - Doxepin
 - Imipramine (Tofranil)
 - Nortriptyline (Pamelor)
 - Protriptyline
 - Trimipramine
- **Monoamine Oxidase Inhibitors (MAOI)**
 - Isocarboxazid
 - Phenelzine
 - Selegiline (oral and transdermal formulations)
 - Tranylcypromine