

INFORMED CHOICES ABOUT

# DEPRESSION

## How long should you keep taking medication?

- It is usually recommended that you continue on the treatment for at least 12 months. This is 12 months after you feel quite well again, not 12 months after you first started the medicine.
- If there have been problems with depression several times in your life, or if the depression has been severe, the doctor may recommend that you stay on the medicine longer. Once you have been feeling better for 12 months, discuss with your doctor the pros and cons of continuing or tapering off the medicine and the timing of any changes you decide on.
- Medicines for depression are generally safe when used over long periods, and most people who stay on the treatment continue to feel a lot less depressed.
- It is important to stay with the dose that is helpful for you. Don't reduce the dose once you feel better unless the doctor recommends this. Reducing the dose often results in the depression returning.
- If you are considering reducing the dose or stopping the medicine, it is important to discuss this with your doctor. He or she may have some helpful advice.

**Disclaimer:** Information in this pamphlet is provided for educational purposes only. Always consult a qualified health care professional for your specific care.



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For more fact sheets and information about depression and its treatment please visit: <http://depression.informedchoices.ca>

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**Source:** This summary provides scientifically accurate information. It was prepared in a research review by researchers and young adults with the Mobilizing Minds Research Group. The researchers are based at six universities: Manitoba, York, McMaster, Brock, Brandon, and Université Laval. Our core community partner is mindyourmind.ca located in London, Ontario. Our young adult team members are located all across the country. Last revised: 12 March 2013.

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## References:

Anderson, I. M., Ferrier, I. N., Baldwin, R. C., Cowen, P. J., Howard, L., Lewis, G., et al. (2008). Evidence-based guidelines for treating depressive disorders with antidepressants: A revision of the 2000 British Association for Psychopharmacology guidelines. *Journal of psychopharmacology (Oxford, England)*, 22(4), 343-96.

Bockting, C. L. H., Spinhoven, P., Koeter, M. W. J., Wouters, L. F., & Schene, A. H. (2006). Prediction of recurrence in recurrent depression and the influence of consecutive episodes on vulnerability for depression: A 2-year prospective study. *Journal of Clinical Psychiatry*, 67(5), 747-755.

Lam, R.W., Kennedy, S.H., Grigoriadis, S., McIntyre, R.S., Milev, R., Ramasubbu, R., Parikh, S.V., Patten, S.B., & Ravindran, A.V. (2009). Canadian Network for Mood and Anxiety Treatments (CANMAT) clinical guidelines for the management of major depressive disorder in adults. III. Pharmacotherapy. *Journal of Affective Disorders*, 117 (Suppl 1),S26-S43. doi: 10.1016/j.jad.2009.06.041.

National Institute for Health and Clinical Excellence (NICE). (2009). *Depression: The treatment and management of depression in adults – National clinical practice guideline*. London: Author.