

Pros and Cons of Taking Medication for Manic Depression

Medication is not usually used as a first line of defense against manic depression. Often, the patient has to undergo psychotherapy before the doctor will finally decide if he or she needs to take antidepressants. The reason for this is that the effects of these medications can differ from patient to patient. And these effects can either be beneficial or, sometimes, fatal to patients.

Of course, the medications for manic depression are designed to cure the patient suffering from it. However, since it is a mental illness, it cannot be avoided that other patients would react negatively to the drug while others find the drug relatively helpful.

Manic depression occurs when there is an imbalance with the neurotransmitters. Neurotransmitters are chemicals that control the functions of the brain. When there is an imbalance among these neurotransmitters, either mania or depression occurs.

From here, let us discuss the pros and cons of manic depression medications:

At present, there are 4 groups of antidepressants:

- 1) SSRIs or Selective serotonin reuptake inhibitors
- 2) MAOIs or Monoamine oxidase inhibitors
- 3) TCAs or Tricyclic
- 4) Lithium carbonates

SSRIs are antidepressants that fix the serotonin levels of the brain. Popular SSRIs are sertraline (Zoloft), fluvoxamine (Luvox), fluoxetine (Prozac) citalopram (Celexa), paroxetine (Paxil), and escitalopram oxalate (Lexapro).

There are new SSRIs, the nefazodone (Serzone) and the venlafaxine (Effexor) that work not only to fix the serotonin levels of the brain but also another neurotransmitter, particularly the norepinephrine. Another antidepressant, the bupropion (Wellbutrin), affects dopamine and norepinephrine, more than the serotonin.

MAOIs or Monoamine oxidase inhibitors (phenelzine and tranylcypromine) inhibit the MOI (an enzyme works to break down certain neurotransmitters) at the same time reinstate the normal mood of the patient.

TCAs or Tricyclic antidepressants relieve depression by maintaining the right amount of neurotransmitters in the central nervous system. Popular tricyclic antidepressants are desipramine (Norpramin), imipramine (Janimine and Trofanil), amitriptyline (Elavil), and nortriptyline (Pamelor)

Lithobid and Eskalith are Lithium carbonates that reduce the excessive activity of the brain.

Other antimanic medications include carbamazepine (Tegretol), divalproex sodium (Depakote), and lithium citrate (Cibalith-S).

All these, of course, are created for the benefit of the patient suffering from manic depression, especially the episodes of depression. However, since they are drugs, the effects may not be as desirable as they have to be; because, there are several patients that experience several side effects in taking these drugs.

Side effects could range from hair loss, motor problems, weight gain, headaches, tremor, diarrhea, anxiety, reduced sexual performance or drive, nausea, to dry mouth depending on what type of medication is given.

The occurrences of these side effects still depend on each patient. Some can claim that they experience at least one of the mentioned side effects while others can experience two or more. It should be noted that these are unavoidable but if the patient thinks that the medication he or she is taking gives more harm than good, the choice to continue now depends on him or her with the advice of his or her doctor.

As a precautionary measure, the patient should consult an expert psychiatrist or a qualified doctor with experience of handling cases of manic depression. Alternatively, ask for other types of treatment that may work more effectively like alternative medicines, psychotherapy, or for the worst cases of manic depression - electroconvulsive therapy.

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