



# Better Living Through Chemistry

## In This Chapter

- ▶ Drugs that can actually chase away depression
- ▶ What are antidepressants, how do they work, and how can they work for you?
- ▶ The pros and cons of the “wonder drug” Prozac
- ▶ The terrific trio of neurotransmitters: serotonin, dopamine, and norepinephrine
- ▶ How tricycles, MAOIs, and SSRIs can keep depression away

Every morning it's the same thing. You drag yourself out of bed and dread everything about your day. You dread having to work, to socialize, to talk to your family. And when this dreadful feeling lasts more than two weeks, your doctor prescribes an antidepressant, but you don't want to take drugs because you're afraid you'll get addicted to them.

But there are drugs that don't make you high or low. They just make you feel normal. These kinds of drugs feed your brain vital chemicals it needs for you to feel good and for your brain to function effectively when stress has worn it out. These drugs are called antidepressants, and they really do produce “better living through chemistry” for those who need them.

In this chapter, we'll talk about some of these drugs and how they work. We'll also describe the different types of medication available today. The good news is this:

If there were ever a “good” time to experience depression—this is it! Scientists are hard at work coming up with better medications all the time so that no matter how depressed you feel, if you keep working at it, you can find the right answers for your mind and body and live better through chemistry!

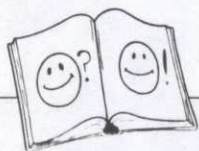
## Drugs That Make You Feel Normal

I would be the last person to suggest that you take drugs—unless you *really* need them. And some people *really* do need antidepressants to get well. Now I know some of you may be saying: “Yeah, yeah, yeah! I won’t go near that junk, no matter what that nutsy Dr. Ellen says. You hear about people goin’ off the deep end on this stuff all the time.” I used to think like that too. I thought I really would be nutsy Dr. Ellen if I encouraged my therapy clients to work with a physician for antidepressants. I thought we could fix whatever was wrong through therapy. I was wrong. Really wrong.

What I didn’t know and what is very hard to learn is how deeply the mind and body are connected when you have the blues and depression. When the mind is blue, it makes the brain blue and vice versa. So it makes sense that if the brain is drained of “feel-good” chemicals, there’s no way you can feel good with any amount of therapy until the brain is filled up again.

So how do you know if you or someone you love needs these drugs? In Chapter 2, you took a quiz to determine whether the feelings of sadness, anxiety, and frustration you or a loved one are experiencing are the result of everyday blues or depression. If it’s just a funk, the self-help exercises in this book will help you or your loved one beat the blues.

But if you’re clinically depressed, then it’s very important that you get help from a psychologist, social worker, psychiatrist, or other mental health practitioner who specializes in the treatment of depression. (See Chapter 9 for a discussion of therapy options.) The best treatment for depression involves some type of talk therapy, often combined with the use of *antidepressants*: drugs that balance the chemicals in your brain responsible for controlling behavior and mood.



### Terms of Encheerment

*Antidepressants* are prescription medications that help depleted mood chemicals in the brain return to normal, balanced levels.

Most therapists work closely with a psychiatrist or family physician to find the antidepressant that’s best for you. The client, therapist, and psychiatrist keep talking with each other and experimenting until they find which medicine works for you.

One antidepressant you’ve probably heard mentioned is Prozac, because that was one of the first of a new class of antidepressants (called Selective Serotonin Reuptake Inhibitors or SSRIs) that treats depression with the fewest side effects. The bloom is off the rose on Prozac and the other common SSRIs (Paxil and Zoloft), however, because of the sexual dysfunction that some people experience when they are taking these drugs.