

13 - References

References

340 The Maudsley® Prescribing Guidelines in Psychiatry CHAPTER 3 Toxicity in overdose varies both between and within groups of antidepressants⁴² (see section on psychotropics in overdose in Chapter 13). Duration of treatment Antidepressants relieve the symptoms of depression but do not treat the underlying cause. A reasonable amount of evidence suggests that they should be taken for 6–9 months after recovery from a single episode (presumably to cover the duration of an untreated episode). In those patients who have had several episodes, there is evidence of benefit from maintenance treatment for at least 2 years, but no upper duration of treatment has been identified (see section on antidepressant prophylaxis in this chapter). Beyond 2 years, continued treatment offers some benefits, but many people can safely stop at this point.⁴³ There are few data on which to base recommendations about the duration of treatment of augmentation regimens. A minority view is that antidepressants worsen outcome in the long term.⁴⁴ Next-step treatments Approximately one-third of patients do not respond to the first antidepressant that is prescribed. Options in this group include dose escalation, switching to a different drug and several augmentation strategies. A small proportion of non-responders will respond with each treatment change, but effect sizes are modest and there is no clear difference in effectiveness between strategies (see sections on the management of treatment-resistant depression in this chapter). Use of antidepressants in anxiety spectrum disorders Antidepressants are first-line treatments in a number of anxiety spectrum disorders (see section on anxiety spectrum disorders in this chapter).

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