

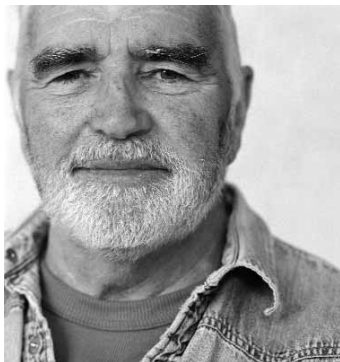
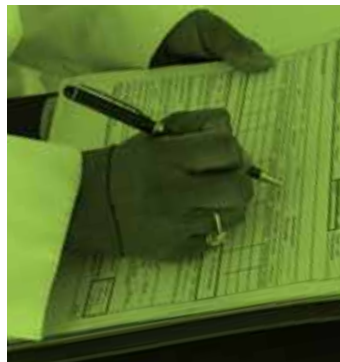
BEST BUY DRUGS



Antidepressants

Comparing Effectiveness, Safety, and Price

ConsumerReportsHealth.org/BestBuyDrugs



Our Recommendations

Antidepressants can improve the symptoms of depression, but they can also have serious side effects. So you don't want to take one if you don't have to. The information in this report can help you decide—with your doctor or mental-health professional—whether an antidepressant might be right for you, and if so, which one.

Retail prices for commonly prescribed antidepressants range from about \$20 a month to more than \$400 a month. This report shows how you can save \$100 a month (\$1,200 a year) or more if you have to take an antidepressant regularly.

Here's a thumbnail guide to help you decide if you should consider medication:

- If you are feeling “down” or “blue”—for example, in the wake of a stressful life event, such as the death of someone close, a divorce, or a job loss—you may have *mild* depression. That's especially likely if you are still able to function and have no history of depression. Your symptoms will usually ease on their own within a few months, aided, if necessary, by family support and professional counseling, without the use of an antidepressant.
- If you are not functioning well and your symptoms (see page 6) have lasted for a few weeks, you are more likely to be a candidate for an antidepressant. That is especially true if there is no apparent reason for you to be depressed or if you have had repeated episodes of depression.

Your doctor may not be aware of price differences between medicines, so be cautious if he or she offers you a free sample of an antidepressant that they happen to have in their office. While the free price may be tempting, the drug may not be the right one for you. Individual needs vary and people respond to antidepressants quite differently. Some have to try two or three antidepressants before finding one that works.

Taking effectiveness, safety, side effects, and cost into account, we have chosen five *Consumer Reports Best Buy Drugs* as initial options to consider for depression:

- Generic bupropion
- Generic citalopram
- Generic fluoxetine
- Generic paroxetine
- Generic sertraline

These medicines are substantially less expensive than brand-name antidepressants and are as equally effective. If you have drug coverage, talk with your doctor about finding the antidepressant that has the lowest out-of-pocket cost under your insurance plan.

Other important considerations:

- Start with a low dose. If it doesn't help within six to eight weeks or causes side effects, talk with your doctor about a higher dose or switching to another antidepressant.
- Tell your doctor about other mood, emotional, or mental symptoms that you may have, such as anxiety or panic attacks. They are important to consider when deciding which antidepressant is right for you.
- If you took an antidepressant before and it worked, you may want to stick with that one.
- Tell your doctor whether the differences in side effects among the antidepressants are important to you. (See page 10.)

This report was updated in July 2009.

This report on prescription drugs to treat depression is part of a Consumers Union and *Consumer Reports* project to help you find safe, effective medicines that give you the most value for your health-care dollar. To learn more about the project and other drugs we've evaluated, go to ConsumerReportsHealth.org/BestBuyDrugs.

We focus on the most commonly prescribed antidepressants, now taken by *tens of millions* of Americans every day to treat depression and other mood and emotional disorders. In 2008, antidepressants were the third most commonly prescribed class of drugs in the U.S. The first of these so-called “second generation antidepressants”—bupropion (Wellbutrin)—became available in 1985. Prozac, approved in 1987, is also in this class. Twelve are now available. *Note: Nefazodone (Serzone) has been associated with reports of severe liver damage. In 2004, the manufacturers of the branded version stopped producing it. The generic version of this drug is still available. You should talk with your doctor if you are taking nefazodone. (We discuss this drug in more detail on page 12).* The 12 are:

Generic Name	Brand Name(s)	Available as a generic?
1. Bupropion	Wellbutrin, Wellbutrin SR, Budeprion SR, Wellbutrin XL	Yes
2. Citalopram	Celexa	Yes
3. Desvenlafaxine	Pristiq	No
4. Duloxetine	Cymbalta	No
5. Escitalopram	Lexapro	No
6. Fluoxetine	Prozac, Prozac Weekly, Sarafem	Yes
7. Fluvoxamine	Luvox, Luvox CR	Yes
8. Mirtazapine	Remeron	Yes
9. Nefazodone	Brand name no longer on the market	Yes
10. Paroxetine	Paxil, Paxil CR, Pexeva	Yes
11. Sertraline	Zoloft	Yes
12. Venlafaxine	Effexor, Effexor XR	Yes

These medicines were a significant advance over drugs used to treat depression up to 1985, for one chief reason: They caused fewer serious side effects. Notably, however, they are no more *effective* than the older medicines, many of which are still available and used with success in some circumstances.

Eight of the 12 medicines listed above—bupropion, citalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, and venlafaxine—are now available as less costly generic drugs in some dosage forms. Several are also available in liquid formulations.

Many of the second-generation antidepressants have been approved for the treatment of other psychiatric conditions besides depression, such as anxiety, obsessive-compulsive disorder, panic disorder, social phobia, and post-traumatic stress disorder. In this report, we focus only on their use in the treatment of depression in adults, for which most antidepressant prescriptions are written.

Other treatments for depression are available, most notably psychotherapy or other professional counseling, and electroconvulsive therapy. In addition, some people with severe depression are hospitalized to undergo intensive treatment. This report does not evaluate those treatments or compare them with the use of antidepressants for outpatients. Table 2 on pages 7 and 8 presents treatment options for depression.

In any given year, nearly 7 percent of the U.S. adult population (18 and over)—some 14.8 million people—will have a depressive illness that warrants treatment. For reasons that remain unclear, women appear to develop depression at about twice the rate as men. About 4 percent of adolescents and 2 percent of children between the ages of 6 and 12 develop depression. The condition is rare in children under 6 years of age. Evidence indicates that today only about 30 percent to 40 percent of the people with major depression get adequate treatment, meaning that the majority are not getting the therapies that could bring them relief.

This report is based on a comprehensive expert analysis of the medical evidence on antidepressants. There's more information on page 22 and at ConsumerReportsHealth.org/BestBuyDrugs on how we conducted our evaluation.

This report was updated in July 2009.



What Are Antidepressants and Who Needs Them?

Antidepressants are thought to work primarily by altering levels of chemicals in the brain called neurotransmitters. The most important of these are serotonin, norepinephrine, and dopamine.

There are several different types of antidepressants among the 12 drugs listed on page 4. The main group of second-generation antidepressants is called the “selective serotonin reuptake inhibitors,” or SSRIs for short. As the name implies, they appear to affect mainly serotonin (a neurotransmitter) levels in the brain. This group includes citalopram (Celexa), escitalopram (Lexapro), fluoxetine (Prozac), fluvoxamine* (Luvox, Luvox CR), paroxetine (Paxil), and sertraline (Zoloft). *(Note that while fluvoxamine is an SSRI, it is not FDA approved for treating depres-

sion. It is only approved for treating social anxiety disorder and obsessive-compulsive disorder, but doctors do prescribe it “off label” to treat depression.

The other antidepressants—bupropion (Wellbutrin), desvenlafaxine (Pristiq), duloxetine (Cymbalta), mirtazapine (Remeron), and venlafaxine (Effexor)—appear to work by affecting brain levels of one, two, or possibly three neurotransmitters. Knowing this can help you understand why your doctor may prescribe another antidepressant for you if the first one doesn’t work. Our brain chemistries may be just as unique as our appearances and personalities.

Being sad, blue, or unhappy at times is a normal part of life. But being seriously “down” or depressed for a prolonged period—more than two weeks or so—may not be normal and can be helped by professional attention. Depression is not simply unhappiness. Indeed, prolonged depression should be viewed as an illness like any other, no different than an infection, cancer, or heart disease. The symptoms are distinct (see Table 1) and can be triggered by adverse life events or arise for no apparent reason; both ways feel equally painful and the biological changes in the body and brain are the same.

Depression can be recurrent and chronic, and it can run in families as a result of genetic inheritance. And no matter what the cause, if left untreated, it can be deadly. People with untreated depression are at much greater risk of premature death, not only from suicide but also from a host of other illnesses.

The difficulty comes in determining the difference between a normal slump, even one that may last a while, and serious depression. Table 2 on pages 7 and 8 can help you determine the type of depression you may have. It is a brief guide to the different kinds and levels of depression and treatment options.

The bottom line is this:

- If you have some of the symptoms in Table 1 but they are not particularly severe and you are functioning OK in life, you may have mild depression. If your “blues” seem to be triggered by a specific event, trauma, or transition in your life (see Table

Table 1. The Symptoms of Depression

People experience depression symptoms differently. But generally, if you have five or more of the following symptoms persistently for several weeks or longer, you may have serious or so-called “major” depression that could warrant treatment with medication. That is especially likely if you have a history of depression and there has been no “triggering” event or trauma in your life, such as a death in the family, a job loss, a divorce, or marital problems.

Feelings of unhappiness, hopelessness, pessimism

Feelings of low self-esteem, worthlessness, guilt

Loss of interest or pleasure in hobbies, work, and activities you usually enjoy, including sex

Decreased energy, fatigue, feeling “slowed down”

Insomnia, early-morning awakening, or oversleeping

Difficulty concentrating, remembering, making decisions

Appetite changes (eating significantly less or more)

Irritability, restlessness, hostility

Feeling anxious; low tolerance for stress

Recurrent thoughts of death or suicide; suicide attempts

Unexplained physical symptoms or pains—such as headaches or chronic indigestion—that do not respond to treatment

2) but you have no history of depression, you may also have a mild “situational” depression. In both cases, you should think twice before taking an antidepressant. Experts believe that too many people whose temporary depression can resolve on its own in a few weeks are prescribed an antidepressant.

- If you have five or more of the symptoms in Table 1, for most of the time almost everyday for two weeks or longer—and you are decidedly not functioning well in life—you are likely a candidate for an antidepressant. This is true even if your depression was triggered by a life event or trauma, and is especially true if you have had previous episodes of depression. Millions of people who have such symptoms are not getting the treatment they need.
- If you have had several of the symptoms in Table 1 at a low-grade level for months, you should see

a doctor or therapist. You may want to try psychotherapy or other counseling first, especially if your symptoms can be linked to a definable stressor (such as marital discord, an unhappy work situation, or the illness of someone you care about). If that doesn’t help, consider an antidepressant.

Some studies have found—and many experts believe—that antidepressants often work best in combination with psychotherapy lasting at least several months. But antidepressants on their own play an important role in our culture. That’s because not everyone has access to, can afford, or accepts that psychotherapy can help. On the other hand, many people prefer to try psychotherapy alone, or they are afraid of the side effects and skeptical of the benefits of antidepressant drugs. We would encourage you to seek out whichever type of treatment or combination of treatments you are most comfortable with. Getting some treatment, even if it is psychotherapy alone, is better than getting no treatment at all.

Table 2. Types and Levels of Depression

Level	Symptoms/Comments	Treatment Options
“Normal” sadness	<ul style="list-style-type: none"> ■ Feeling blue or down, usually not more than once or twice a month ■ No significant disruption in normal life or ability to work ■ Symptoms more likely if tired or stressed ■ Any of the symptoms in Table 1 (except thoughts of suicide) may be present, but usually not for longer than a couple of days 	<ul style="list-style-type: none"> ■ No treatment needed; goes away on its own ■ Support from family and friends, and social activity can help alleviate symptoms
“Situational” or “reactive” sadness, grief, or depression	<ul style="list-style-type: none"> ■ In response to a life event, change, transition or stressor, such as divorce, job loss, a move, marital discord, or the death of a loved one ■ Any of the symptoms in Table 1 can be present, including thoughts of suicide ■ May affect people who have no history of depression ■ Can also be triggered by a medical problem, particularly after a heart attack, open-heart surgery, a stroke, or a diagnosis of cancer or Parkinson's disease ■ Certain medicines can also trigger it, including beta-blockers. 	<ul style="list-style-type: none"> ■ None if symptoms ease or decline ■ Counseling, psychotherapy ■ Family and social support ■ Sleep aid if needed for short periods ■ Antidepressants, but only if symptoms persist or interfere with normal life for at least two weeks

Table 2. Types and Levels of Depression (continued)

Level	Symptoms/Comments	Treatment Options
Mild or low-grade depression, also called dysthymia or chronic depression	<ul style="list-style-type: none"> ■ Presence of some of the symptoms in Table 1 but at a low level. Symptoms may change or shift over time ■ Still able to function but rarely feel happy or satisfied ■ Reduced pleasure in life; vulnerability to stress ■ May be chronic or long-term, lasting months ■ Prone to major depression 	<ul style="list-style-type: none"> ■ Counseling or psychotherapy; may take time to feel better ■ Family and social support ■ Antidepressants if symptoms worsen, if ability to function declines, or if psychotherapy alone fails to relieve symptoms
Major depression	<ul style="list-style-type: none"> ■ Presence or worsening of five or more of the symptoms in Table 1 for two weeks or longer ■ Moderate to severe symptoms ■ Disruption in normal life, ability to work and function, and engage in normal social contact and activities ■ May be recurrent, with history of past depressions ■ May require ongoing treatment even after acute episode subsides ■ May require hospitalization or a brief stay in a clinic 	<ul style="list-style-type: none"> ■ Can try counseling and psychotherapy first, without antidepressants. Some people respond, but evidence is mixed on success. Improvement can take time. Can be costly if insurance coverage is lacking ■ Antidepressants alone can produce good but variable responses; one-third of people get little relief. Most drugs take four to six weeks to take effect ■ Some people respond better to a combination of psychotherapy and antidepressants, but evidence is mixed on the advantage ■ Electroconvulsive therapy can be an option if drugs fail to provide any relief and symptoms are severe and chronic, or for people who can't take antidepressants. Used sparingly these days.

Choosing an Antidepressant – Our *Best Buy* Picks

Second-generation antidepressants have been proven to help relieve the symptoms of depression in 55 percent to 70 percent of the people who take them. None have clearly been shown to be any more effective in relieving symptoms or bringing about a full recovery than any other when taken in comparable doses.

However, a recent meta-analysis—the combined results of many different studies—found that escitalopram and sertraline were superior to other second-generation antidepressants when considering both effectiveness and safety. But you should know that some experts have disagreed with this conclusion, pointing out that the study had several limitations that make the results unreliable. For example, it combined the results of several studies that measured patient responses to the medicines using different methods, so they say it is problematic to lump the results together. And while a few of the studies included in the analysis were done well, others were of lower quality. Another weakness is that the studies involved patients who may have varied significantly in terms of the severity of their depression, such as those treated in a hospital, those treated on an outpatient basis, elderly patients, and patients who also suffered from anxiety.

Other analyses—including the comparative effectiveness review conducted by researchers with the Drug Effectiveness Review Project at Oregon's Health & Science University that this *Best Buy Drugs* report is based upon—have concluded that no one second-generation antidepressant is clearly superior to another. That conclusion was also echoed by the American College of Physicians' current depression treatment guidelines, which recommend that antidepressants be chosen based on cost and the known differences in side effects.

Antidepressants differ significantly in the side effects they cause, and retail prices vary from about \$20 a month to more than \$400 a month (see Table 5 beginning on page 14).

The vast majority of people who take antidepressants (90 percent) experience at least one side effect. Most tolerate mild side effects without much difficulty. But a sizable minority—up to 30 percent—find the side effects so intolerable that they stop taking the medicine.

Table 3. Side Effects

Relatively minor side effects that usually go away in time or are short-lived:

- Diarrhea
- Dizziness
- Dry mouth
- Headaches
- Nausea
- Sweating
- Tremors

More serious side effects that can be annoying or dangerous (if they persist, you may need to switch drugs):

- Drowsiness or confusion
- Feeling of panic or dread
- Increased thoughts of suicide
- Insomnia
- Loss of libido, difficulty achieving erections, inability to reach orgasm
- Nervousness and agitation
- Weight gain

Table 3 lists some of the side effects of antidepressants. Those related to one's sex life are many people's chief concern, but are not dangerous. Pharmaceutical company information and some studies indicate that between 5 percent to 15 percent of the people who take antidepressants can expect to experience a decline in interest in sex or difficulty reaching erection or orgasm. But other longer-term studies and some surveys, including one of the largest to date, conducted by Consumers Union and published in the October 2004 issue of *Consumer Reports*, found that 40 percent to 50 percent of respondents had sexual problems associated with the use of some antidepressants.

Increases in agitation, anxiety, and thoughts of suicide are more worrisome. These are relatively rare and most likely to occur in the first month of taking an antidepressant. *If you have such symptoms, you should contact your doctor immediately.*

Table 4. Effectiveness and Tolerability of Antidepressants

Generic Name	Brand Name	Response to Treatment (percent) ¹	Discontinuation Because of Side Effects (percent) ²	Comments/Special Notes ³
Bupropion	Wellbutrin	55-70	6-8	<ul style="list-style-type: none"> ■ Lowest rate of sexual side effects ■ Risk of seizures at high doses ■ Used less often by people with combined anxiety and depression
Citalopram	Celexa	55-70	5-9	None
Desvenlafaxine	Pristiq	55-70	6-22	<ul style="list-style-type: none"> ■ May increase blood pressure
Duloxetine	Cymbalta	55-70	3-13	<ul style="list-style-type: none"> ■ Has been associated with liver failure, including some cases that were fatal ■ May increase blood pressure
Escitalopram	Lexapro	55-70	3-10	None
Fluoxetine	Prozac, Sarafem	55-70	7-14	<ul style="list-style-type: none"> ■ Only antidepressant FDA approved for use by children and teenagers
Fluvoxamine	Luvox CR	55-70	N/A	<ul style="list-style-type: none"> ■ Not FDA approved for treatment of depression; used "off label" for this illness. ■ Higher rate of side effects and drug interactions compared with several other SSRIs in one key study⁴
Mirtazapine	Remeron	55-70	10-17	<ul style="list-style-type: none"> ■ May have faster onset of action (See page 19) ■ Higher risk of weight gain
Nefazodone	Brand drug no longer manufactured; generic still available	47-59	Insufficient data	<ul style="list-style-type: none"> ■ Reports of liver failure leading to death or liver transplant (See page 12) ■ Lowest rate of sleep disturbances and sexual side effects
Paroxetine	Paxil	55-70	7-16	<ul style="list-style-type: none"> ■ Higher risk of sexual side effects compared with some other antidepressants⁵ ■ Higher risk of sweating
Sertraline	Zoloft	55-70	7-14	<ul style="list-style-type: none"> ■ Higher rate of diarrhea
Venlafaxine	Effexor	55-70	9-16	<ul style="list-style-type: none"> ■ Substantially higher rate of nausea and vomiting ■ May increase blood pressure and heart rate

1. Response defined as at least 50 percent reduction in depression symptoms on behavioral and emotion rating scales.

2. Numbers are the lower and upper quarter percentile of discontinuation rates from studies.

3. Based on multiple studies and combined analysis of studies, or from the drug's product label information. Statements made in reference to all other drugs listed except where noted. List is not intended to be comprehensive.

4. The other SSRIs were fluoxetine (Prozac), paroxetine (Paxil), and sertraline (Zoloft).

5. Higher than fluoxetine (Prozac), sertraline (Zoloft), and fluvoxamine (Luvox CR) in controlled trials. Highest rate of sexual side effects (53 percent) in *Consumer Reports* survey of 1,664 people when compared with bupropion (Wellbutrin) (21 percent); fluoxetine (Prozac) (41 percent); citalopram (Celexa) (45 percent); sertraline (Zoloft) (46 percent); and venlafaxine (Effexor) (51 percent).

Talk with your doctor about the difference between antidepressants in terms of side effects. This may well affect your choice. Table 4, on page 10, summarizes the evidence on the effectiveness of antidepressants and the rate at which people stopped taking each antidepressant because of side effects. The table also has comments on some of the strengths and identified problems with each drug.

When you talk with a doctor about the antidepressant and dosage that is right for you, you should discuss:

- The scope and severity of your symptoms, especially any thoughts of suicide. Be specific; consider writing down symptoms before your discussion
- Any prior use of and response to an antidepressant or drug to treat anxiety or other psychiatric illness
- Other treatments you may want or plan to pursue, such as psychotherapy or counseling, or dietary supplements such as St. John's wort
- Side effects and dosage that may reduce the risk of them
- Side effects you fear or would prefer to avoid
- The rate at which people stop taking various antidepressants, as listed in Table 4
- The importance to you of how quickly the drug yields a response vs. the risk of side effects
- Cost (See Table 5 on pages 14 to 17)
- Your insurance coverage (if you have it) and which drugs may be "preferred" under that plan, for which you may pay less out-of-pocket

Taking the evidence on effectiveness, safety, side effects, and cost into account, we have chosen five *Consumer Reports Best Buy Drugs* as initial options to consider:

- Generic bupropion
- Generic citalopram
- Generic fluoxetine
- Generic paroxetine
- Generic sertraline

These medicines are substantially less expensive than the brand-name antidepressants we evaluate in this report, and are as effective and safe as any of them for initial treatment. They are also affordable options if you need to try another antidepressant because the first one your doctor prescribed did not help or caused unacceptable side effects. Citalopram, fluoxetine, paroxetine, and sertraline are also available in low-cost liquid formulations. (Escitalopram (Lexapro) is also available as a liquid, but it is more expensive.)

All five are generic drugs. There is no reason to take the brand-name version of any of those medicines. There are other generics available at comparable cost to our five *Best Buy Drugs*. (See Table 5.) Our choice of the five was based on the strength of the evidence for effectiveness, the risk of side effects, the risk of having to discontinue the drug, and other unique factors as identified in Table 4.

Several antidepressants discussed in this report are approved to treat people diagnosed with a combination of anxiety and depression. Our *Best Buy* picks are for those whose diagnosis is depression only (though some mild anxiety symptoms may be present). Talk with your doctor about the best medicine for you if he or she identifies you as having a combined depression/anxiety illness.

Be aware that there is a widely accepted practice in prescribing antidepressants. Doctors will—and should—try the lowest dose possible initially. They will then monitor your response—mainly how you feel, how you are functioning, your symptoms, and any side effects. It's rare for antidepressants to have any immediate effect. Most people do not feel any different for several weeks, and a response can take as long as six weeks. Your response may build over time, too.

Response is also quite subjective; that is, some people are pleased with any improvement at all while others are not satisfied until they feel a substantial reduction in their symptoms.

If you do not respond to the first drug tried—and studies suggest that about 30 percent to 40 percent of the people don't—your doctor can (a) increase the dose of that drug or (b) switch you to another one. Typically, he or she will increase the dose first, unless you have had side effects that are severe or unacceptable. They can then switch you to a comparable or perhaps

slightly higher dose of another antidepressant. It's not uncommon to try as many as three or even four antidepressants before you find one that works. By that time, your symptoms may be waning anyway.

Once you and your doctor find an antidepressant that works for you, your doctor may increase the dose to see if you can tolerate it and experience more improvement without side effects.

Venlafaxine (Effexor) is more often used as a "second line" drug in people who have not responded to other antidepressants, particularly those drugs in the subclass known as selective serotonin reuptake inhibitors, or SSRIs. If your doctor recommends this drug, you should know that it may increase blood pressure and heart rate. So if you start taking venlafaxine, your blood pressure should be monitored. If you do experience a rise in blood pressure that persists, you may have to either lower the dose or stop taking the drug. And if you have other conditions, including an overactive thyroid, heart failure or have recently had a heart attack—any of which can make you particularly vulnerable to problems from an increased heart rate—you should avoid the drug.

Given those risks, we advise against venlafaxine as initial therapy. In addition, we recommend that people with high blood pressure and heart disease avoid the medicine. If you are taking venlafaxine, you should talk with your doctor.

Desvenlafaxine (Pristiq) and duloxetine (Cymbalta), the newest antidepressants, are chemically similar to venlafaxine. Both can increase blood pressure, but they have not been linked to an elevated heart rate. Desvenlafaxine was approved in 2008, so it does not have the long track record of some of the other antidepressants, and its safety profile is not fully established. We recommend caution.

Also, you should know that there have been reports of people taking nefazodone who suffered liver failure that resulted in death or the need for a liver transplant. The available studies involving nefazodone are insufficient to determine if it does or does not cause liver damage. The maker of the brand-name version, Serzone, discontinued the drug in 2004 after it was associated with reports of liver toxicity, but generic versions of the drug are still available. An advantage of nefazodone is that it car-

ries a lower risk of sleep problems and sexual dysfunction side effects than the other antidepressants. But given the potential seriousness of the liver problems, we recommend avoiding nefazodone if at all possible until this important safety issue is resolved. If the antidepressant you're taking is causing you sleep disturbances or sexual side effects, we advise you to work with your doctor to find another antidepressant (other than nefazodone) that you tolerate better, or other solutions to alleviate these problems.

When taking an antidepressant, you should:

- Never take more than specified without telling your doctor. This raises your risk of side effects, and most notably could trigger agitation or distressing feelings of anxiety
- Never stop taking it on your own without consulting your doctor. Sudden withdrawal can cause uncomfortable, distressing, and even dangerous symptoms if you have been taking the drug for a while. These include agitation, nervousness, anxiety, tremors, irritability and insomnia, dizziness and nausea.
- When starting an antidepressant (or any new drug, for that matter), always ask about possible drug interactions with medications and dietary supplements you are already taking.

Antidepressant Use in Children and Teenagers

The FDA now requires drug makers to put warnings (detailed descriptions of the medicine's intended use, safety, and efficacy) on labels for all antidepressants, stating that an increased risk of suicidal thinking may occur in children and teenagers starting an antidepressant. This action took place after studies found that there was double the risk of suicidal thoughts in children and teenagers who took the drugs compared with those who took dummy pills. Such thoughts were rare, occurring in about 4 percent of children and teenagers, and there were no actual suicides in the studies the agency reviewed.

The studies were too small to compare the risk between drugs, so the agency decided to require that all antidepressants carry the warning labels and that ads and promotions for the drugs cite this.

Of course, depression itself puts people at much higher risk for suicide, including teenagers, especially if they do not get proper treatment. While the agency now requires a warning of this association for adults as well, there are no studies linking an increased risk of suicide attempts or deaths in adults to antidepressants.

The FDA also urged that children and teenagers prescribed antidepressants be monitored by a doctor or mental-health professional much more closely—weekly during the first four weeks of treatment—than was the norm before the findings establishing this alarming link. The FDA has also issued a medication guide on antidepressant medicines that should be given to patients by their physicians.

It is also important that families and caregivers observe patients closely and communicate with their doctors. Parents and caregivers should monitor for clinical worsening, as well as agitation, irritability, and unusual changes in behavior, especially during the initial few months of antidepressant therapy, or also at times of dosage changes.

Parents who suspect that their children or teenagers may be depressed should seek the help of a doctor or mental-health professional. We advise the following:

- Confirm the diagnosis. Depression can be more difficult to detect in children and teenagers.
- Be especially alert to any signs of suicidal thinking or actions

- Consider psychotherapy or counseling
- Consider an antidepressant (fluoxetine to start) if a doctor advises it, especially if other treatments have not helped
- Use antidepressants with caution, and learn about the risks and side effects in children and teenagers

To date, only fluoxetine (Prozac) has been fully tested and proven effective in children and teenagers. It is also FDA approved for use in children and teens.

Pill Splitting

You may be able to save money by splitting your antidepressant pills or tablets. As you can see from Table 5, some antidepressants are more expensive at higher doses, but usually not twice as much. And higher doses of some antidepressants cost about the same as a lower dose.

Some antidepressant pills can be safely split. But you should talk with your doctor before you do this. Some people find splitting pills to be confusing or cumbersome to do. Other types of pills, including long-acting, sustained-release, or continuous-delivery pills, should not be split.

If you and your doctor agree that you can safely split your pills, you should use a pill splitter to make certain that the two halves are the same size and will therefore provide you with the correct dose. The devices cost \$5 to \$10 and are widely available.

Table 5. Antidepressant Cost Comparison






Generic Name and Strength	Brand Name ¹	Frequency of Use ²	Average Monthly Cost ³
Bupropion 75 mg tablet	Wellbutrin	Three a day	\$302
 Bupropion 75 mg tablet	Generic	Three a day	\$58
Bupropion 100 mg tablet	Wellbutrin	Two to four a day	\$294 - \$588
 Bupropion 100 mg tablet	Generic	Two to four a day	\$43 - \$86
Bupropion 100 mg sustained-release tablet	Wellbutrin SR	Two a day	\$246
Bupropion 100 mg sustained-release tablet	Budeprion SR	Two a day	\$100
Bupropion 100 mg sustained-release tablet	Generic	Two a day	\$100
Bupropion 150 mg extended-release tablet	Wellbutrin XL	One a day	\$222
Bupropion 150 mg extended-release tablet	Budeprion XL	One a day	\$173
Bupropion 150 mg extended-release tablet	Generic	One a day	\$83
Bupropion 150 mg sustained-release tablet	Wellbutrin SR	Two a day	\$280
Bupropion 150 mg sustained-release tablet	Budeprion SR	Two a day	\$108
Bupropion 150 mg sustained-release tablet	Generic	Two a day	\$72
Bupropion 200 mg sustained-release tablet	Wellbutrin SR	Two a day	\$528
Bupropion 200 mg sustained-release tablet	Generic	Two a day	\$182
Bupropion 300 mg extended-release tablet	Wellbutrin XL	One a day	\$287
Bupropion 300 mg extended-release tablet	Budeprion XL	One a day	\$152
Bupropion 300 mg extended-release tablet	Generic	One a day	\$110
Bupropion 348 mg extended-release tablet	Aplenzin	One a day	\$242
Bupropion 522 mg extended-release tablet	Aplenzin	One a day	\$635
Citalopram 10 mg tablet	Celexa	One a day	\$149
 Citalopram 10 mg tablet	Generic	One a day	\$35
Citalopram 20 mg tablet	Celexa	One a day	\$138
 Citalopram 20 mg tablet	Generic	One a day	\$24
Citalopram 40 mg tablet	Celexa	One a day	\$141
 Citalopram 40 mg tablet	Generic	One a day	\$37
Desvenlafaxine 50 mg sustained-release tablet	Pristiq	Once a day	\$155
Desvenlafaxine 100 mg sustained-release tablet ⁴	Pristiq	Once a day	\$155
Duloxetine 20 mg capsule	Cymbalta	Two a day	\$325
Duloxetine 30 mg capsule	Cymbalta	Two a day	\$373
Duloxetine 60 mg capsule	Cymbalta	One a day	\$179

Table 5. Antidepressant Cost Comparison(continued)






Generic Name and Strength	Brand Name ¹	Frequency of Use ²	Average Monthly Cost ³
Escitalopram 5 mg tablet	Lexapro	One a day	\$121
Escitalopram 10 mg tablet	Lexapro	One a day	\$119
Escitalopram 20 mg tablet	Lexapro	One a day	\$123
Fluoxetine 10 mg capsule	Prozac	One to two a day	\$213 - \$426
 Fluoxetine 10 mg capsule	Generic	One to two a day	\$22 - \$44
Fluoxetine 10 mg tablet	Prozac	One to two a day	\$201 - \$402
 Fluoxetine 10 mg tablet	Generic	One to two a day	\$44 - \$88
Fluoxetine 20 mg capsule	Prozac	One to two a day	\$214 - \$428
 Fluoxetine 20 mg capsule	Generic	One to two a day	\$22 - \$44
 Fluoxetine 20 mg tablet	Generic	One to two a day	\$32 - \$64
Fluoxetine 40 mg capsule	Prozac	One to two a day	\$435 - \$870
 Fluoxetine 40 mg capsule	Generic	One to two a day	\$44 - \$88
Fluoxetine 90 mg delayed-release capsule	Prozac Weekly	One per week	\$181 ⁵
Fluvoxamine 25 mg tablet	Generic	One to two a day	\$68 - \$136
Fluvoxamine 50 mg tablet	Generic	One to two a day	\$67 - \$134
Fluvoxamine 100 mg tablet	Luvox	One to two a day	\$91 - \$182 ⁶
Fluvoxamine 100 mg tablet	Generic	One to two a day	\$58 - \$116
Fluvoxamine 100 mg continuous-delivery capsule	Luvox CR	One a day	\$178
Fluvoxamine 150 mg continuous-delivery capsule	Luvox CR	One a day	\$189
Mirtazapine 7.5 mg tablet	Generic	One at bedtime	\$81
Mirtazapine 15 mg tablet	Remeron	One at bedtime	\$158
Mirtazapine 15 mg tablet	Generic	One at bedtime	\$50
Mirtazapine 15 mg dissolvable tablet	Remeron	One at bedtime	\$120
Mirtazapine 15 mg dissolvable tablet	Generic	One at bedtime	\$74
Mirtazapine 30 mg tablet	Remeron	One at bedtime	\$156
Mirtazapine 30 mg tablet	Generic	One at bedtime	\$50
Mirtazapine 30 mg dissolvable tablet	Remeron	One at bedtime	\$115
Mirtazapine 30 mg dissolvable tablet	Generic	One at bedtime	\$76
Mirtazapine 45 mg tablet	Remeron	One at bedtime	\$196
Mirtazapine 45 mg tablet	Generic	One at bedtime	\$58
Mirtazapine 45 mg dissolvable tablet	Remeron	One at bedtime	\$125

Table 5. Antidepressant Cost Comparison (continued)







Generic Name and Strength	Brand Name ¹	Frequency of Use ²	Average Monthly Cost ³
Mirtazapine 45 mg dissolvable tablet	Generic	One at bedtime	\$76
Nefazodone 50 mg tablet ⁷	Generic	Two a day	\$72
Nefazodone 100 mg tablet ⁷	Generic	Two a day	\$70
Nefazodone 150 mg tablet ⁷	Generic	Two a day	\$68
Nefazodone 200 mg tablet ⁷	Generic	Two a day	\$69
Nefazodone 250 mg tablet ⁷	Generic	Two a day	\$73
Paroxetine 10 mg tablet	Paxil	One a day	\$135
Paroxetine 10 mg tablet	Pexeva	One a day	\$178
 Paroxetine 10 mg tablet	Generic	One a day	\$23
Paroxetine 20 mg tablet	Paxil	One a day	\$145
Paroxetine 20 mg tablet	Pexeva	One a day	\$203
 Paroxetine 20 mg tablet	Generic	One a day	\$21
Paroxetine 30 mg tablet	Paxil	Once a day	\$147
Paroxetine 30 mg tablet	Pexeva	One a day	\$208
 Paroxetine 30 mg tablet	Generic	One a day	\$45
Paroxetine 40 mg tablet	Paxil	One a day	\$155
Paroxetine 40 mg tablet	Pexeva	One a day	\$213
 Paroxetine 40 mg tablet	Generic	One a day	\$49
Paroxetine 12.5 mg sustained-release tablet	Paxil CR	One a day	\$127
Paroxetine 12.5 mg sustained-release tablet	Generic	One a day	\$104
Paroxetine 25 mg sustained-release tablet	Paxil CR	One a day	\$142
Paroxetine 25 mg sustained-release tablet	Generic	One a day	\$111
Paroxetine 37.5 mg sustained-release tablet	Paxil CR	One a day	\$141
Paroxetine 37.5 mg sustained-release tablet	Generic	One a day	\$120
Sertraline 25 mg tablet	Zoloft	One a day	\$144
 Sertraline 25 mg tablet	Generic	One a day	\$37
Sertraline 50 mg tablet	Zoloft	One a day	\$133
 Sertraline 50 mg tablet	Generic	One a day	\$33
Sertraline 100 mg tablet	Zoloft	One a day	\$140

Table 5. Antidepressant Cost Comparison (continued)



Generic Name and Strength	Brand Name ¹	Frequency of Use ²	Average Monthly Cost ³
Sertraline 100 mg tablet	Generic	One a day	\$35
Venlafaxine 25 mg tablet	Effexor	Two to three a day	\$171 - \$256
Venlafaxine 25 mg tablet	Generic	Two to three a day	\$107 - \$161
Venlafaxine 37.5 mg tablet	Effexor	Two to three a day	\$195 - \$293
Venlafaxine 37.5 mg tablet	Generic	Two to three a day	\$108 - \$162
Venlafaxine 50 mg tablet	Effexor	Two to three a day	\$172 - \$258 ⁶
Venlafaxine 50 mg tablet	Generic	Two to three a day	\$117 - \$176
Venlafaxine 75 mg tablet	Effexor	Two to three a day	\$229 - \$344
Venlafaxine 75 mg tablet	Generic	Two to three a day	\$110 - \$165
Venlafaxine 100 mg tablet	Effexor	Two a day	\$167
Venlafaxine 100 mg tablet	Generic	Two a day	\$119
Venlafaxine 37.5 mg sustained release capsule	Effexor XR	One a day	\$160
Venlafaxine 37.5 mg sustained release tablet	Generic	One a day	\$112
Venlafaxine 75 mg sustained release capsule	Effexor XR	One a day	\$174
Venlafaxine 75 mg sustained release tablet	Generic	One a day	\$118
Venlafaxine 150 mg sustained release capsule ¹⁰	Effexor XR	One a day	\$187
Venlafaxine 150 mg sustained release tablet	Generic	One a day	\$127

1. "Generic" indicates drug sold by generic name

2. As typically prescribed.

3. Prices reflect nationwide retail average for May 2009, rounded to the nearest dollar. Information derived by *Consumer Reports Best Buy Drugs* from data provided by Wolters Kluwer Health, Pharmaceutical Audit Suite®. Wolters Kluwer Health is not involved in our analysis or recommendations.

4. According to Pristiq's drug label, "in clinical studies, doses of 50-400 mg/day were shown to be effective, although no additional benefit was demonstrated at doses greater than 50 mg/day and adverse events and discontinuations were more frequent at higher doses."

5. Based on the cost of four capsules.

6. Price based on fewer than 20 prescriptions in one month.

7. The brand-name version of generic nefazodone (Serzone) is no longer manufactured. This drug has been associated with reports of severe liver damage and should be used with caution.

The Evidence

This section presents more detailed information on the effectiveness and safety of antidepressants.

This report is based on an analysis of the scientific evidence for second-generation antidepressants. Overall, 3,253 studies and research articles dealing with antidepressant use were identified and screened. All were published between 1980 and April 2008. From these, the analysis focused on 245 studies that included 182 controlled clinical trials, 27 studies that performed a cross-cutting analysis of multiple other studies, 23 observational studies and 13 studies of other design. An additional 44 articles were reviewed for background information pertinent to antidepressant chemistry, biology, and clinical use.

How Effective Are Antidepressants?

Antidepressants are moderately effective medicines, with a wide variety of responses. Their effectiveness and benefits are assessed based on four criteria:

- Response to treatment, with at least a 50 percent improvement in depressive symptoms on a rating scale indicating a “positive” response
- Full recovery, or the complete elimination of symptoms
- Speed of response
- Quality of life

On average, 55 percent to 70 percent of the people who take antidepressants can expect at least a 50 percent improvement or decrease in their symptoms. This is measured using a rigorous rating scale but is still highly subjective. Response is quite different among individuals, as is the length of treatment required. Some people respond within a few weeks and experience an almost complete elimination of their symptoms within a few months. Others may get only about a 50 percent improvement even after months of taking an antidepressant. Roughly 30 percent to 45 percent of the people fail to respond to treatment with an antidepressant.

Also, of those who do respond, some can gradually stop taking their medicine six months or so after they improve, while others must take an antidepressant for long periods to keep symptoms at bay or prevent a relapse.

The antidepressants discussed in this report do not differ overall in the response they yield, though, as discussed, people respond to drugs differently. And no evidence indicates that any antidepressant is more effective than another in comparable doses. Larger doses of each of them can sometimes, but not always, improve the chances of response, but at the same time larger doses increase (sometimes sharply) the risk of side effects.

More extensive studies have been conducted on some antidepressants than on others. Unfortunately, not all of the antidepressants have been directly compared with others in terms of either effectiveness or safety.

In addition, most studies of antidepressants are short-term, lasting only six to 12 weeks. Such a time frame does not allow for an assessment of long-term response. The few longer-term studies have found a highly variable success rate in achieving “full recovery” in particular. They indicate that between 30 percent and 60 percent of the people “fully recover” from depression after taking an antidepressant alone. Here as well, no particular antidepressant has an edge over any other.

As we have already noted, a recent meta-analysis concluded that escitalopram and sertraline were superior to other second-generation antidepressants. But some experts have pointed out that this study had several limitations that make the results unreliable. In addition, other analyses have concluded that no one second-generation antidepressant is better than any of the others. So we recommend that the choice of antidepressant should be based on cost and the known differences in side effects, which are discussed in more detail below.

Studies have found that the so-called “second generation” antidepressants that are the subject of this report are as effective as and much safer—in terms of the risks of serious consequences as a result of overdose—than older medicines for depression, the tricyclic antidepressants and monoamine oxidase inhibitors, or MAOIs. Second generation antidepressants are also usually better tolerated.

Although marketing campaigns often tout the benefits of antidepressants for people who suffer from both depression and anxiety or other symptoms, there are few studies comparing drugs head-to-head in this regard. Several studies have found bupropion (Wellbutrin) to be less effective than other second-generation antidepressants for anxiety symptoms. Among other drugs, however, studies have not found a clear advantage of one antidepressant over another in such people.

Some antidepressants do act faster than others. In particular, mirtazapine (Remeron) shows a faster onset of action in multiple studies compared with some SSRIs—fluoxetine (Prozac), paroxetine (Paxil), and sertraline (Zoloft). The makers of venlafaxine (Effexor) claim a similar fast onset but the evidence is less clear than for mirtazapine (Remeron). In the case of Remeron, a faster onset of response means a noticeable improvement of symptoms one to two weeks earlier than with the compared drugs. Unfortunately, this advantage is sometimes offset by an increased weight gain that many patients find disturbing.

How Safe Are Antidepressants?

By and large, the evidence indicates that antidepressants should be taken with caution, full awareness of the risks, and close attention to side effects. That said, they have been used safely by millions of people for 20 years.

As discussed earlier in this report, the vast majority of people who take an antidepressant (up to 90 percent) will experience at least one side effect. Most of them are minor. Diarrhea, dizziness, dry mouth, fatigue, headache, nausea, sexual side effects, sweating, tremors, and weight changes are the most common. Sometimes they are very severe, making it necessary to discontinue the medication and try another.

Antidepressants differ in the side effects they cause, and this can be a basis for choosing one over another, or weighing the risks against the benefits. As presented in Table 4, bupropion (Wellbutrin) has a lower rate of sexual side effects; venlafaxine (Effexor) leads more often to nausea and vomiting, and elevations in blood pressure and heart rate; duloxetine (Cymbalta) has been associated with liver failure, including some cases that were fatal; sertraline (Zoloft) has higher rates of diarrhea; and mirtazapine (Remeron) leads

more often to weight gain. High doses—and especially overdoses—of bupropion (Wellbutrin) have been linked to seizures, so most doctors don't prescribe it to people who have a history of seizures.

All antidepressants can cause serious side effects, too, as discussed on pages 9 and 10. The most serious of them are agitation, anxiety, confusion, panic, and suicidal thinking. (For most people, antidepressants reduce suicidal thinking. But for a small percentage of people, they may increase it.) These symptoms can also occur—in fact, are more likely to occur—if you stop taking an antidepressant suddenly, a condition called “discontinuation syndrome.”

Antidepressants can also cause very rare but potentially life-threatening side effects. They include seizures and dangerously low blood-sodium levels. If you have ever experienced any of these conditions before or feel that you may have an increased risk, tell your doctor before he or she prescribes an antidepressant for you.

Drug Interactions

Antidepressants can interact with other medicines or dietary supplements in ways that can be dangerous. Some drugs should never be used in combination with second-generation antidepressants. They include:

- Older antidepressant medications known as MAOIs, such as selegiline (Eldepryl), isocarboxazid (Marplan), phenelzine (Nardil), and tranylcypromine (Parnate)
- Certain psychiatric drugs, such as thioridazine (Mellaril) and pimozide (Orap)

In some cases, your doctor may recommend that you take a specific second-generation antidepressant because of evidence that it is less likely to interact with another medicine you are taking. The main drugs to be concerned about are:

- Blood thinners, such as warfarin (Coumadin)
- Seizure medications, such as carbamazepine (Tegretol) or phenytoin (Dilantin)
- Psychiatric medications, such as lithium (Eskalith or Lithobid), haloperidol (Haldol), or risperidone (Risperdal)

- Antianxiety medications, such as alprazolam (Xanax), diazepam (Valium), or lorazepam (Ativan)
- Certain antibiotics such as ciprofloxacin (Cipro) and erythromycin, or antifungal medicines, such as ketoconazole (Nizoral)
- Migraine medications, such as sumatriptan (Imitrex), zolmitriptan (Zomig), or others in this class of drugs known as “triptans”

You should also be aware that there’s conflicting evidence from two recent studies about the potential for some antidepressants to negatively interact with the breast cancer drug tamoxifen (Nolvadex and generic). Many women may be taking both drugs because antidepressants are also sometimes used to treat hot flashes due to menopause. A U.S. study found that women taking tamoxifen and SSRI antidepressants had an increased rate of recurrence of their cancer over two years. But another study done in The Netherlands found no increased rate of cancer recurrence in women taking both tamoxifen and antidepressants for four years. Until these conflicting results are resolved, we would recommend that if you are taking tamoxifen, then you should avoid SSRI antidepressants for treating hot flashes and talk to your doctor about using other therapies. If you need an SSRI antidepressant for depression, two drugs – citalopram and escitalopram – may be the least likely to negatively interact with tamoxifen, but studies to support this have not yet been done.

If you are taking other medicines with a second-generation antidepressant, you should tell your doctor.

The main concern with mixing medicines is a potentially life-threatening condition called serotonin syndrome that occurs when serotonin levels in your body become too high. This can occur with antidepressants alone, but increasing the dosage or adding a new drug or dietary supplement to your regimen can also cause it. The main drugs or dietary supplements of concern are antipsychotics, the antibiotic linezolid, MAOIs, the “triptans,” tryptophan, and the herbal St. John’s wort.

Symptoms include diarrhea, dilated pupils, fever, rapid or irregular heartbeat, seizures, shivering, or unconsciousness. If you develop any of these within hours after increasing your dosage or taking a new drug or dietary supplement, contact your physician or go to an emergency room immediately.

It’s also wise to limit or eliminate your use of alcohol while taking an antidepressant. First, alcohol is a depressant (after the initial “high”) and it can worsen depression. Second, alcohol can affect you much more strongly when you are taking an antidepressant. Third, heavy alcohol use can damage your liver so that an antidepressant becomes toxic.

Age, Race, and Gender Differences

People older than 65 and members of various ethnic groups have been underrepresented in most studies of antidepressants. Still, the existing evidence does not indicate that any antidepressant is more or less effective in older patients, people of any particular race or gender, or in patients who have other diseases. Recent studies, however, have raised caution about the safety and effectiveness of antidepressants in children and adolescents, as discussed on page 12.

Talking with Your Doctor

It's important for you to know that the information we present here is not meant to substitute for a doctor's judgment. But we hope it will help you and your doctor arrive at a decision about which antidepressant and dose is best for you, and which gives you the most value for your health-care dollar.

Bear in mind that many people are reluctant to discuss the cost of medicines with their doctor, and that studies have found that doctors do not routinely take price into account when prescribing medicines. Unless you bring it up, your doctors may assume that cost is not a factor for you.

Many people (including physicians) believe that newer drugs are better. While that's a natural assumption to make, it's not usually true. Studies consistently find that many older medicines are as good as—and in some cases are better than—newer medicines. Think of them as “tried and true,” particularly when it comes to their safety record. Newer drugs have not yet met the test of time, and unexpected problems can and do crop up once they hit the market.

Of course, some newer prescription drugs are indeed more effective and safer. Talk with your doctor about the pluses and minuses of newer vs. older medicines, including generic drugs.

Prescription medicines go “generic” when a company's patents on a drug lapse, usually after about 12 to 15 years. At that point, other companies can make and sell the drugs.

Generics are much less expensive than newer brand-name medicines, but they are not lesser-quality drugs. Indeed, most generics remain useful medicines even many years after first being marketed. That is why today more than 60 percent of all prescriptions in the U.S. are written for generics.

Another important issue to talk with your doctor about is keeping a record of the drugs you are taking. There are several reasons for this:

- First, if you see several doctors, each may not be aware of medicines the others have prescribed
- Second, since people differ in their response to medications, it is very common for doctors today to prescribe several medicines before finding one that works well or best
- Third, many people take several prescription medications, nonprescription drugs, and dietary supplements at the same time. They can interact in ways that can either reduce the benefit you get from a drug or be dangerous
- And fourth, the names of prescription drugs—both generic and brand—are often hard to pronounce and remember

For all those reasons, it's important to keep a written list of all the drugs and supplements you take and to periodically review it with your doctors.

Always be sure, too, that you understand the dose of the medicine being prescribed and how many pills you are to take each day. Your doctor should tell you this information. When you fill a prescription at a pharmacy (or if you get it by mail), check to see that the dose and the number of pills per day on the bottle match the amounts that your doctor told you.

How We Picked the *Best Buy* Antidepressants

Our evaluation is based on an independent, scientific review of the evidence on the effectiveness, safety, and adverse effects of antidepressants. A team of physicians and researchers at the Oregon Health & Science University Evidence-based Practice Center conducted the analysis as part of the Drug Effectiveness Review Project, or DERP. DERP is a first-of-its-kind 12-state initiative to evaluate the comparative effectiveness and safety of hundreds of prescription drugs.

A synopsis of DERP's analysis of antidepressants forms the basis for this report. A consultant to *Consumer Reports Best Buy Drugs* is also a member of the Oregon-based research team, which has no financial interest in any pharmaceutical company or product.

The full DERP review of antidepressants is available at <http://www.ohsu.edu/ohsuedu/research/policycenter/DERP/about/final-products.cfm> (It is a long and technical document written for physicians and experts.)

The drug costs we cite were obtained from a health-care information company that tracks the sales of

prescription drugs in the U.S. Prices for a drug can vary quite widely, even within a city or town. All the prices in this report are national averages based on sales of prescription drugs in retail outlets. They reflect the cash price paid for a month's supply of each drug in April 2009.

Consumers Union and *Consumer Reports* selected the *Best Buy Drugs* using the following criteria. The drug (and dose) had to:

- Be in the top tier of effectiveness among the 11 antidepressants
- Have a safety and side-effect record equal to or better than other antidepressants
- Have an average price for a 30-day supply that was substantially lower than the most costly antidepressant meeting the first two criteria

The *Consumer Reports Best Buy Drugs* methodology is described in more detail in the methods section at ConsumerReportsHealth.org/BestBuyDrugs.

About Us

Consumers Union, publisher of *Consumer Reports*[™] magazine, is an independent nonprofit organization whose mission since 1936 has been to provide consumers with unbiased information on goods and services and to create a fair marketplace. Consumers Union's main Web site is ConsumersUnion.org. The magazine's Web site is ConsumerReports.org.

Consumer Reports Best Buy Drugs[™] is a public education project administered by Consumers Union and can be found online at ConsumerReportsHealth.org/BestBuyDrugs. It is partially grant-funded. Principal current outside funding comes from the state Attorney General Consumer and Prescriber Education Grant Program, which is funded by the multistate settlement of consumer-fraud claims regarding the marketing of the prescription drug Neurontin.

The Engelberg Foundation provided a major grant to fund the creation of the project from 2004 to 2007. Additional initial funding came from the National Library of Medicine, part of the National Institutes of Health.

A more detailed explanation of the project is available at ConsumerReportsHealth.org/BestBuyDrugs.

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