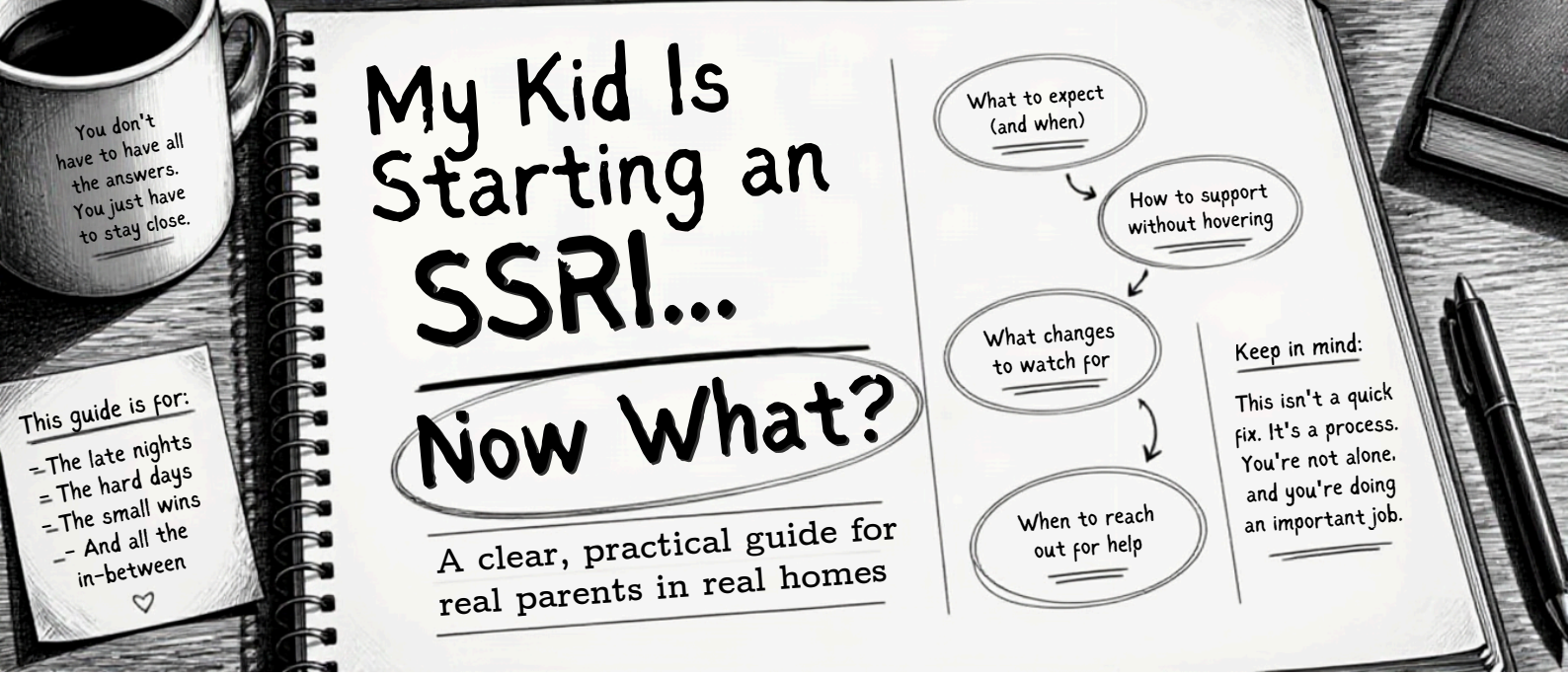


01

MEDICATION • CHILDREN & TEENS

My Kid Is Starting an SSRI... Now What?

Start here

A clear, practical guide for real parents in real homes

Your child has been prescribed medicine for anxiety, depression, or OCD. You want them to feel better. You also want to know whether the stomachache, extra yawning, or midnight ceiling-staring means something.

Then there is the bigger question: **How will we know whether this is helping?** Here is what to watch, how to support your child, and when to call.

First: what is an SSRI?

SSRIs are medicines used for depression, anxiety disorders, and OCD. Examples include fluoxetine (Prozac), sertraline (Zoloft), and escitalopram (Lexapro). They change how the brain handles serotonin, a chemical messenger involved in mood and other functions. [1–3]

The full name is selective serotonin reuptake inhibitor. You do not need to memorize it. The useful questions are what the medicine is treating, why it fits your child, and how you will monitor it.

Why this medicine for this child?

Choice depends on age, symptoms, health history, and treatment goals. FDA approval varies by medicine and condition. Sometimes clinicians prescribe “off-label,” outside the specific FDA-approved use. Ask the prescriber to explain the evidence and reasoning. [1]

The goal is less suffering and easier participation in life, with your child still feeling like themselves.

General family education. Your child’s prescriber guides medication choices and changes. Read the Medication Guide for the exact prescription.

02

TIMING & REAL-LIFE BENEFITS

Two Clocks. One Confusing Start.

Your child notices nausea on Tuesday. By Friday, you are both wondering why the worries have not packed up and left. Side effects and benefits can run on different clocks.

The side-effect clock may start first

Changes in the stomach, sleep, or energy can show up early.

Meaningful relief usually takes several weeks

For depression, improvement may begin around four to six weeks; assessing the full response can take longer. Ask about the expected trial for your child’s condition. [1]

Not seeing improvement immediately is different from seeing your child get significantly worse. Worsening symptoms deserve a call.

What might “better” look like?

- **Anxiety:** getting into the car with less dread, trying something previously avoided, or moving through a worry more easily.
- **Depression:** answering a friend’s text, showing interest in a favorite activity, or finding an ordinary task less exhausting.

- **OCD:** symptoms taking up less of the day, with more room to practice facing triggers without rituals.

These are possible examples, not promises. Compare the pattern across days and weeks. Medication does not automatically teach coping, improve grades, or solve every difficulty with memory or organization.

Keep the skills in the plan

Therapy and everyday support still matter. When distress eases, your child may have more room to practice. Ask the therapist and prescriber how to coordinate that work.

SSRIs are generally taken consistently, rather than only on difficult days. Follow the prescribed schedule. [2, 3]

03

SIDE EFFECTS • WHAT TO NOTICE

Is This an Adjustment or a Problem?

Notice the pattern

A little nausea can be an early side effect. So can tiredness or sleep changes. “Common” does not mean “ignore it.” Severity, whether it is worsening, and its effect on your child’s day matter. [2, 3]

What you notice	What to track	A useful next step
Stomach upset or diarrhea	Timing, severity, food and fluid intake	Ask about taking it with food. Report persistent symptoms or trouble drinking.
Headache	When it happens; whether it is unusual	Report ongoing, severe, or unusual pain.
Tiredness or sleepiness	Effect on school, activities, and safety	Ask about timing; teens should not drive if impaired.

Trouble sleeping	Actual sleep, bedtime, and dose time	Repeated poor nights deserve review.
Appetite changes	Intake and meaningful weight changes	Discuss the pattern; keep growth monitoring appointments.
Irritability or restlessness	Whether it is new or stronger after a dose change	Contact the prescriber promptly if concerning.

Some effects ease. Others persist or require a treatment change. Your child does not have to reach a certain level of misery before you call.

Make space for the less visible effects

Ask about feeling emotionally flat or unlike themselves. Teens may also have sexual side effects. Give them room to discuss sensitive concerns privately with the prescriber. [2, 3]

“School feels easier, but they’re exhausted every afternoon. Can we review both?”

04

MOOD CHANGES & MONITORING

More Energy Is Not Always Improvement

There is a difference between “they’re interested in things again” and “they’re barely sleeping, pacing, acting unusually impulsive, and cannot settle.”

Know the word “activation”

SSRIs can sometimes cause increased agitation, restlessness, irritability, impulsivity, or sleep difficulty. Clinicians may call this activation. New or marked changes need prompt review, especially after starting or increasing a dose. [1–3]

“Since the dose changed, they’re sleeping much less and seem unusually restless. What should we do?”

Understand the suicidal-thinking warning

Antidepressants carry a warning about increased suicidal thoughts and behaviors in some children, teens, and young adults. Depression itself can also involve suicidal thinking. The clinician weighs treatment benefits and risks; close monitoring is part of that decision. [2, 3]

Arrange early follow-up and a plan for reaching the prescriber between visits. Watch particularly closely after starting and after dose changes. Do not wait for a scheduled appointment if a concerning change appears.

Ask directly, without making it a lecture

“Have you been thinking about hurting yourself or wishing you weren’t alive?”

Asking does not put the idea in their head. It gives them a way to tell you. If they say yes, stay calm, stay with them as needed for safety, and get help. [1]

Do not decide on your own whether a major mood change is “just puberty,” the condition, or the medication. Describe the change to the prescriber.

05

SAFETY • WHEN TO ACT

When to Call. When to Get Help Now.

When to call

Contact the prescriber right away [2, 3]

- New or worsening suicidal thoughts, self-harm urges, a sharp decline in mood, or major behavior changes.
- Intense restlessness, agitation, or unusual impulsivity.

- Much less need for sleep with unusually high energy, racing thoughts, or risky behavior. These may be signs of mania.
- Seeing or hearing things that others do not, severe confusion, or other alarming mental changes.

Persistent vomiting, inability to eat or drink adequately, unusual bleeding or bruising, or significant sleep loss also need prompt advice. Ask what to do about the next dose.

Emergency care now

Emergency care now [2–4]

- **Immediate danger:** a suicide attempt, overdose, or inability to keep your child safe.
- **Serious physical symptoms:** seizure, collapse, severe bleeding, trouble breathing, or swelling of the face or throat.
- **Possible serotonin syndrome:** fever together with marked agitation or confusion, heavy sweating, and stiff or twitching muscles. This combination needs emergency assessment.

In the U.S., call or text **988** for crisis support. **Call 911** for immediate danger. Stay with your child if safety is in question. Emergency symptoms take priority over waiting for a callback.

Make a safety plan

Have a safety plan before you need it

Know who to call, how to obtain help after hours, and how to limit access to medicines or other potential means of harm. Discuss this with your child's treatment team. [1]

06

YOUR ROLE AT HOME

Support the Plan. Keep the Conversation Open.

Check in, then leave some breathing room

> **“Any changes in your sleep, stomach, mood, or worries today?”**

You do not need to ask whether it is working every time they enter the kitchen. Keep brief notes: dose time, sleep, food, mood, what got easier, and what got harder. Include your child’s report.

Give teens a voice

Try: “I want the prescriber to hear how this feels to you. You can talk privately about anything you’d rather not discuss with me.”

Keep medication routines safe [2, 3]

- Agree on who manages each dose. Store medicines securely and supervise access as appropriate.
- Ask about missed doses; do not double up. Check before adding other medicines or supplements. Over-the-counter products can interact too.
- Do not stop or change doses yourself. Sudden stopping can cause dizziness, nausea, anxiety, or sleep problems. The prescriber should guide any reduction.

Feeling better is a reason to discuss the next step, rather than automatically stopping. Ask how long to continue and when to reassess.

Sources & further reading • reviewed October 2026

[1] AACAP: Depression: Parents’ Medication Guide.

[2] MedlinePlus: Fluoxetine.

[3] MedlinePlus: Escitalopram.

[4] NIMH: Mental health medications.

Risks differ by medicine. This guide does not list every risk or interaction.

Bring the whole picture

Have questions? Bring the whole picture to follow-up: benefits, side effects, and your child’s experience.

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