

Starting an SSRI: What Happens Next?

A plain-language guide for adults

You finally start the medicine. Now you are checking every headache, yawn, and awkward night of sleep: Is this the medication? Is it helping? Am I supposed to feel different already?

The first few weeks can be confusing because side effects may show up before the benefit does. Knowing what to watch, and when to call, makes that period easier to navigate.

What is an SSRI?

SSRIs are medicines used for depression and several anxiety-related conditions, including OCD and PTSD. Examples include sertraline, fluoxetine, escitalopram, citalopram, and paroxetine. Uses and precautions differ by medicine.

The full name is selective serotonin reuptake inhibitor. In everyday language: these medicines change how a chemical messenger called serotonin is recycled between nerve cells. That is part of how they work; depression and anxiety are more complex than a simple chemical shortage.

There are two clocks running

Clock	What to expect
The side-effect clock	Changes in your stomach, sleep, or energy

	may appear early.
The benefit clock	Relief usually builds over weeks. Depression often improves over 4–8 weeks; OCD may need a longer trial.

Not feeling better on day three does not tell you much. Feeling significantly worse is a reason to call.

This is general adult education. Follow your prescription and the Medication Guide for your exact medicine.

Is This an Adjustment or a Problem?

A little nausea can be an early side effect. So can tiredness or sleep changes. “Common,” though, does not mean “ignore it.” How severe it is, whether it is worsening, and how it affects your day matter.

What you notice	What it may mean	What to do
“My stomach is unhappy.”	Nausea or loose stools can appear early	Ask about taking it with food. Report persistent symptoms; keep up fluids.
“My head hurts.”	Headaches can occur	Report severe, unusual, or ongoing pain.
“I’m dragging through the day.”	Drowsiness or fatigue may ease or persist	Avoid driving if impaired; ask about timing.
“I’m awake at 2 a.m.”	Insomnia or vivid dreams can occur	Track sleep. Repeated bad nights deserve review.
“I feel wired or restless.”	Mild jitteriness can occur; intense restlessness needs attention	Call promptly if worsening or hard to tolerate.
“Sex feels different.”	Desire, orgasm, or erections can be affected	Say so directly. It may persist; ask about options.
“My appetite or weight changed.”	The direction and timing vary	Bring the pattern to your prescriber.

Many early effects ease over a few weeks. Some do not. There is no exact date when everyone adjusts.

Feeling emotionally flat is worth discussing too. The goal includes being able to enjoy your life.

Make the First Weeks Less of a Guessing Game

Give the medicine a routine

Take it as prescribed, with a reminder if needed. Ask your pharmacist what to do if you miss a dose. Do not double up. If you are sleepy or unusually awake after taking it, ask about morning versus evening timing.

Support the body you are living in

Keep meals and sleep reasonably steady. Smaller meals may be easier if you feel nauseated. Check whether caffeine is adding to jitteriness. Alcohol can worsen symptoms or side effects; ask what is appropriate for you.

The pharmacy list includes the “small stuff”

Tell the prescriber about prescriptions, supplements, over-the-counter medicines, and substance use. A cough medicine or herbal product can matter. Check before adding dextromethorphan, tramadol, or St. John’s wort. Some combinations raise the risk of too much serotonin activity, called serotonin syndrome.

Aspirin, ibuprofen, naproxen, and blood thinners also deserve review because of bleeding risk. Mention bipolar disorder or past unusually elevated moods, seizures, low sodium, bleeding, heart or liver problems, and pregnancy or breastfeeding.

Keep a note you can use at the appointment

“Less panic, more nausea” is a start. “Less panic, nausea after my morning dose, and I am skipping breakfast” gives the prescriber something concrete to work with. Track dose time, sleep, mood, side effects, and one everyday goal.

“I’m less anxious, but I feel restless every afternoon. Can we look at what might be happening?”

Some Symptoms Should Not Wait

Emergency help now

- **Immediate danger or inability to stay safe:** call 911 or go to an emergency department. In the U.S., call or text 988 for suicide or mental health crisis support.
- **Possible serotonin syndrome:** a combination of fever, marked agitation or confusion, heavy sweating, fast heartbeat, and stiff or twitching muscles needs emergency assessment.
- **Other emergency signs:** seizure, collapse, trouble breathing or swelling of the face or throat, severe bleeding, or sudden severe eye pain with vision changes.

Contact your prescriber right away

- New or worsening suicidal thoughts, self-harm urges, or a sharp decline in mood. Do not wait for a routine visit.
- Intense restlessness or an inability to sit still, severe agitation, new hallucinations, or major behavior changes.
- Possible mania: unusually high or irritable mood, much less need for sleep, racing thoughts, or risky behavior.
- New confusion, weakness, or unsteadiness. These can signal low sodium, especially in older adults or people taking diuretics.

Seek prompt advice for severe or ongoing insomnia, inability to eat or drink adequately, substantial weight changes, or unusual bruising. Emergency symptoms take priority over waiting for a callback.

Monitoring matters at every age. Antidepressants carry a warning about increased suicidal thoughts and behaviors in younger people, particularly those age 24 and under. Watch closely after starting and after dose changes.

What Feeling Better Can Look Like

Sometimes improvement does not arrive as “I’m happy now.” It arrives as taking a shower without a long internal negotiation. Answering a friend. Getting through a meeting without spending the whole time fighting panic.

Look for:

- **Less low mood:** getting started or enjoying something takes less effort.
- **Less anxiety:** worry interrupts your day less often or feels easier to move through.
- **More participation:** you return to people or activities you have been avoiding.
- **More use of your skills:** you have enough room to practice what you are learning in therapy.

These are possible examples. Sleep, energy, and concentration may improve as symptoms improve. They do not all change together, and a medicine will not automatically solve memory, organization, or every source of stress.

What if some things improve and others get worse?

That is important information. Less panic with more emotional numbness, or better mood with unacceptable sexual side effects, deserves a review. The prescriber can consider the dose, timing, diagnosis, other factors, and treatment options. You shouldn't have to live with unacceptable side effects just to "feel better." Discuss with your provider even if it seems small or embarrassing.

> **"I am getting out more, but I feel flat and sex has become difficult. How can we improve the fit?"**

For OCD, a medication trial may need about 12 weeks to assess response. Exposure and response prevention, a therapy that helps you face triggers without doing rituals, remains important.

Therapy, practical support, sleep, and movement can complement medication. Ask which combination fits your needs.

Feeling Better? Plan What Comes Next.

When treatment helps, it can be tempting to think, "I'm fine now, so I can stop." Or a frustrating side effect may make you want to quit tonight. Either way, contact the prescriber and make a plan.

Stopping suddenly can make you feel unwell

Your body adapts to the medicine. Reducing it too quickly can cause dizziness, nausea, anxiety, disrupted sleep, or electric-shock sensations sometimes called "brain zaps." Symptoms can be mild or severe and can last longer than expected.

Withdrawal can resemble a return of the original condition. Your prescriber can help sort out the timing and symptoms. Do not assume that feeling worse means you can never stop.

A taper (reduction) should fit your response

Work out gradual dose reductions with the prescriber. Some people need small steps over months or longer. Skipping days is usually not a substitute for a taper. If symptoms develop, call rather than pushing through alone.

Three questions for your next visit

- "How long should I continue after I feel better?"
- "What benefits and side effects should we reassess?"
- "If I want to stop, what is the safest plan for me?"

A good plan has a next check-in, clear instructions, and room for your experience. You do not

have to make the decision by yourself.

Sources & further reading • reviewed October 2026

[1] NIMH: Mental health medications.

[2] NHS: Antidepressants.

[3] NICE: OCD treatment recommendations.

[4] MedlinePlus: Sertraline.

[5] DailyMed: Sertraline prescribing information and Medication Guide.

[6] Royal College of Psychiatrists: Stopping antidepressants.

Risks differ by medicine. Read the Medication Guide supplied with your prescription.

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