

Starting a New Psychiatric Medication

What the first six weeks look like

Starting a new medication can bring up a lot of questions, and some worry. That is normal. This guide walks you through what most people notice week by week, so you know what to expect and when to reach out.

Who this guide is for

This guide is written mostly for antidepressants such as SSRIs and SNRIs, which work gradually over several weeks. Some medications, like ADHD stimulants, work within hours and follow a different timeline. If the instructions I gave you differ from anything here, follow your instructions.

Week by week

When	What most people notice
Week 1	Side effects tend to show up before the benefits do. Mild nausea, headache, feeling jittery or restless, sleep changes, and vivid dreams are common. Most ease within 1 to 2 weeks. Taking your dose with food, at the same time every day, helps.
Week 2	Side effects are usually settling. Some people notice early changes in sleep, energy, or appetite. Many notice nothing yet. That is expected, and it does not mean the medication is failing.
Weeks 3 and 4	Many people start to feel a difference: fewer bad days, less worry, a little more room to breathe. Often the people around you notice before you do. This is a common time for a follow-up visit and, if needed, a dose adjustment.
Weeks 5 and 6	The picture gets clearer. Full benefit can take 6 to 8 weeks, sometimes longer. Together we decide whether to stay the course, adjust the dose, or try something else.

Improvement is rarely a straight line. Expect good days and hard days along the way.

Normal, call me, or get help now

Usually normal: mention it at your next visit

- Mild nausea or upset stomach, headache, or dry mouth
- Sleeping more or less than usual, or vivid dreams
- Mild jitteriness or sweating

Call the office: 724-558-8323

- **The same day** if you notice much less need for sleep without feeling tired, racing thoughts, or feeling unusually energized, irritable, or reckless
- Side effects that aren't easing after 2 weeks, or that get in the way of daily life
- Sexual side effects. They are common, rarely talked about, and often fixable.
- Feeling worse overall than before you started, or a new rash
- You have missed several doses, or you want to stop

Get help now: call or text 988, call 911, or go to the nearest emergency department

- New or worsening thoughts of suicide or self-harm
- Agitation, confusion, fever, heavy sweating, a racing heartbeat, and muscle twitching or stiffness, which can be signs of serotonin syndrome
- Swelling of the face, lips, or tongue, trouble breathing, or a rash with blisters, peeling skin, or mouth sores
- Fainting, chest pain, or a seizure

For teens, young adults, and families

In people under 25, antidepressants carry an FDA warning about a small increase in suicidal thoughts during the first weeks of treatment and after dose changes. That is not a reason to avoid treatment, since untreated depression carries serious risks too. It is a reason to watch closely. Families, call me right away if you notice new agitation, pulling away, or talk of death.

Good habits for the first six weeks

- **Take it at the same time every day.** A phone alarm or pill organizer helps.
- **Don't stop suddenly**, even if you feel better or the side effects are annoying. Stopping abruptly can cause dizziness, "brain zaps," irritability, and flu-like feelings. If you want to stop, call me and we will taper safely.
- **Feeling better means it's working.** It usually does not mean you no longer need it. We will decide together when and how to come off.
- **Missed a dose?** For most once-daily medications, take it when you remember unless it is almost time for the next one. Never double up. Check your pharmacy label or ask if you're unsure.
- **Check with me before adding anything**, including supplements. St. John's wort, 5-HTP, and some pain, migraine, and cough medicines can interact.
- **Go easy on alcohol and cannabis.** Both can worsen side effects and mood, and they make it harder to tell whether the medication is helping.
- **Keep your other supports going:** therapy, sleep, movement, and your people. Medication works best as one part of the plan.
- **Tell me** if you are pregnant, planning a pregnancy, or breastfeeding.

My six-week check-in log

Medication and dose

Start date

Time I take it

Week	Mood, 0 to 10	Sleep, 0 to 10	Side effects	Notes and questions for my visit
Week 1				
Week 2				
Week 3				
Week 4				
Week 5				
Week 6				

0 is the worst it has been, 10 is the best. Jot a quick note each week and bring this to your follow-up visit, or snap a photo of it.

If you are in crisis

Call or text **988** any time. Veterans, press **1**. If you are in immediate danger, call **911**. This practice is not set up to respond to emergencies.

About the author: Dr. Ellen M. Riccio is a dual board-certified psychiatric and family nurse practitioner. Before advanced practice she spent 18 years in emergency services as a 911 telecommunicator, paramedic, prehospital registered nurse, flight nurse, and emergency department nurse.