

Notes for Staff using the Antidepressant Side-Effect Checklist (ASEC)

1. This is a self-reporting side-effect checklist (appendix 1) for those taking antidepressants.
2. Many physical complaints listed among adverse effects may be more common in patients with depression before initiating an antidepressant. **It is therefore important to try and get a checklist completed before initiating treatment to act as a comparative baseline.**
3. There are reports that the more severe the depression the more frequently adverse effects are reported. This may be because of the increased sensitivity and attention to physical discomfort that accompanies depressed mood.
4. Most adverse effects decrease over the first 12 weeks.
5. Persistent adverse effects may be an important determinant of long-term non-adherence.
6. Severe adverse effects are strong predictors of discontinuation.
7. Summed total scores are not predictive of discontinuation. It is specific, reported adverse effects that require further investigation.

February 2010

Review February 2012

Reference:

Uher R, Farmer A, Henigsberg N, Rietschel M, Mors O, Maier W, et al. Adverse reactions to antidepressants. Br J Psychiatry (2009);195, 202–210

The Antidepressant Side-Effect Checklist (ASEC)

Please score the following list of symptoms 0 = absent, 1 = mild, 2 = moderate, 3 = severe

Please indicate if the symptom is *likely* to be a side-effect of antidepressant medication (Y = YES, N = NO). Write a comment to provide relevant information if the item is **not** a side-effect.

| Symptom | Score (0-3) | | | | Linked to Antidepressant? | | Comment |
|--|-------------|---|---|---|---------------------------|---|---------|
| | 0 | 1 | 2 | 3 | Y | N | |
| 1 Dry Mouth | 0 | 1 | 2 | 3 | Y | N | |
| 2 Drowsiness | 0 | 1 | 2 | 3 | Y | N | |
| 3 Insomnia (difficulty sleeping) | 0 | 1 | 2 | 3 | Y | N | |
| 4 Blurred vision | 0 | 1 | 2 | 3 | Y | N | |
| 5 Headache | 0 | 1 | 2 | 3 | Y | N | |
| 6 Constipation | 0 | 1 | 2 | 3 | Y | N | |
| 7 Diarrhoea | 0 | 1 | 2 | 3 | Y | N | |
| 8 Increased appetite | 0 | 1 | 2 | 3 | Y | N | |
| 9 Decreased appetite | 0 | 1 | 2 | 3 | Y | N | |
| 10 Nausea or vomiting 1 = slight nausea, 2 = more nausea, 3 = with vomiting | 0 | 1 | 2 | 3 | Y | N | |
| 11 Problems with urination | 0 | 1 | 2 | 3 | Y | N | |
| 12 Problems with sexual function | 0 | 1 | 2 | 3 | Y | N | |
| 13 Palpitations | 0 | 1 | 2 | 3 | Y | N | |
| 14 Feeling light-headed on standing | 0 | 1 | 2 | 3 | Y | N | |
| 15 Feeling like the room is spinning | 0 | 1 | 2 | 3 | Y | N | |
| 16 Sweating | 0 | 1 | 2 | 3 | Y | N | |
| 17 Increased body temperature | 0 | 1 | 2 | 3 | Y | N | |
| 18 Tremor | 0 | 1 | 2 | 3 | Y | N | |
| 19 Disorientation | 0 | 1 | 2 | 3 | Y | N | |
| 20 Yawning | 0 | 1 | 2 | 3 | Y | N | |
| 21 Weight gain | 0 | 1 | 2 | 3 | Y | N | |

B1: What other symptoms have you had since the antidepressant medication (or since last completing the ASEC) that you think may be side-effects of the medication?

B2: Have you had any treatment for a side-effect?

B3: Has any side-effect led to you discontinuing the antidepressant medication?