

The Depressing Truth About Antidepressants

The FDA cleared the antidepressant drug Prozac, in 1988. Within two years of its debut, Prozac was the number-one antidepressant drug. *New York* magazine called it a “wonder drug.” The March 1990 issue of *Newsweek* had a picture Prozac on its cover. By 1994, it had become the fastest-growing prescription drug in America, with sales over \$1.2 billion. Two other selective serotonin re-uptake inhibiting (SSRI) drugs, Paxil and Zoloft, had almost equal sales. In 1998, these three medications accounted for over \$4 billion in annual sales. And, prescriptions for antidepressant-drug therapy have nearly tripled in the last decade, reaching \$37 billion in sales in 2003.

One in three doctor visits by women now involve a prescription for an antidepressant medication. And one in ten American women take at least one antidepressant drug. Americans now spend more money on antidepressants than the Gross National Product of two-thirds of the world’s countries.

It may surprise you to know that the FDA approved Eli Lilly’s Prozac based on three studies involving 286 patients over a period of six weeks. Of the 14 studies submitted for review, only three proved that Prozac was more effective than placebo or an older antidepressant. Almost half of the studies show that up to 70 percent of those taking SSRI antidepressant medications do just as well by taking a placebo or sugar pill. And, the other half, show that overall improvement was minimal. Individuals on SSRI drugs increased their Hamilton Rating Scale by two points compared to those on placebo.

For the record, I do believe these medications can be helpful. I’ve witnessed first hand how they have benefited family, friends, and patients. However, the indiscriminate use of these overly hyped, potentially dangerous drugs has become all too common. Consider that the fastest growth spurt for antidepressant drugs has been in preschoolers, ages two to four. In 2003, more than one million American children were taking an antidepressant medication.

This is rather alarming since the FDA has warned that antidepressants increase the risk of suicide in those under age eighteen. Just as alarming is the fact that many of the SSRI drugs have proven to be ineffective (worthless) in the treatment of adolescent depression. Courtroom documents reveal this little email gem from GlaxoSmithKline: “Essentially, the study (concerning Paxil) did not really show it was effective in treating adolescent depression, which is not something we want to publicize.” If I was Joe America, I sure would want to know whether the antidepressant I was considering for my teenage son was one, effective, and two, safe, wouldn’t you? Other SSRI drugs have been found to be just as dangerous. Zoloft has been linked to suicidal tendencies. The pediatric studies involving Zoloft show it to be no more than 10 percent more effective than placebo. And, side effects occurred three hundred times more in those taking Zoloft than those taking a placebo.

In December of 2006, the agency gave advanced notice of its new findings: Antidepressants, all of them, according to the FDA, cause increased suicidality in young adults. Suicide occurs more than twice as much with antidepressants than with sugar pills in individuals under age 25. This statistic is even more scandalous when you learn that Eli Lilly knew from its earliest trials in 1985 that Prozac increased the risk of suicide by as much as 12 to 1 over placebo or older antidepressants.

Individuals, age 25 and above, who take SSRI drugs should know that they aren’t immune from suicidal risk (see above) or the numerous side effects associated with these drugs. Common side

effects include anxiety, depression, headache, muscle pain, chest pain, nervousness, sleeplessness, drowsiness, weakness, changes in sex drive, tremors, dry mouth, irritated stomach, loss of appetite, dizziness, nausea, rash, itching, weight gain, diarrhea, impotence, hair loss, dry skin, chest pain, bronchitis, abnormal heart beat, twitching, anemia, low blood sugar, and low thyroid.

Prozac alone has been associated with over 1,734 suicide deaths and over 28,000 adverse reactions. The FDA estimates that only 1-5 percent of negative drug reactions are ever reported. With this in mind, it is reasonable to suspect that Prozac may be associated with 156,060 suicide deaths and 2,520,000 adverse reactions! Researchers agree that the SSRI drugs are all similar in nature so that they share many, if not all, of the same potential side effects. Essentially, individuals who take Celexa, Paxil, Lexapro, and Zoloft are all in the same boat. Unfortunately, many of the side effects elicited from these medications are never uncovered.

A case in point is generalized muscle spasms, aches, and pains, which are common side effects of SSRI drugs. These spasms may occur in the neck, shoulders, or lower back. (This particular side effect can often complicate matters when I treat some of my chronic back pain or fibromyalgia patients.) Sleep disturbances, either insomnia or somnolence, have been reported in about 25 percent of patients taking serotonin re-uptake inhibitors.

Could your patient's insomnia be due to their SSRI medication? Rarely, if ever, is the patient encouraged to wean off of their antidepressant to see if it is, in fact, causing their poor sleep—which, of course, increases their risk of other health problems (fibromyalgia, chronic pain, lowered immune function, weight gain, adrenal fatigue, etc.).

Since Mrs. Jones is having problems falling asleep, her family doctor prescribes Ambien. And, while she is able to sleep better, Ambien may cause short-term memory loss, flu-like symptoms, "brain fog," early-morning fatigue, and more depression. No problem—a little Aderrall will get her going in the morning. A couple of months later, she begins to have anxiety and panic attacks. No fear—Xanax is here. And, on it goes. Meanwhile, none of the consulting doctors ever suspect the SSRI drug as being the originator of this chain of events. This scenario is all too common.

Just as concerning are the studies which show that using these drugs cause the brain to release less and less serotonin. SSRI drugs work by blocking the removal of serotonin from its synapse. Over time, the brain tries to compensate by shutting down the nerves that produce the neurotransmitter. This is known as down-regulation. Eventually, the brain begins to reduce the number of serotonin receptors—up to 40-60 percent in some parts of the brain—until they literally disappear from the brain. This is one of the reasons, besides the drug simply not working, that patients often switch from one antidepressant to another. And, unfortunately, the reduction of serotonin receptors may become permanent. If so, the patient is most likely doomed to a life of anxiety, depression, and poor health.

Patients who stop their mood-disorder drugs may experience an assortment of unwanted side effects. The possible withdrawal symptoms include severe depression, anxiety, agitation, dizziness, spinning sensations, swaying, difficulty walking, nausea, vomiting, upset stomach, flu-like symptoms, lethargy, muscle pain, tingling or electric shock sensations, and sleep disturbances.

Patients may falsely feel that the increased feelings of depression and/or anxiety are because they still need their mood-disorder drug. However, they may not actually need the drug, but like an alcoholic, who stops drinking, they often feel worse before they feel better. There are reports of antidepressant-related withdrawal symptoms lasting two to three months after discontinuing the

medication. Withdrawal symptoms of benzodiazepines (Xanax, Ativan, etc.) may last up to one year.

Fortunately, there is a happy ending to this story. There are a number of safe and effective nutritional therapies to help patients beat their mood disorders. I prefer to use amino acids which, when combined with essential vitamins and minerals, are the raw ingredients that make the neurotransmitters. The amino acid tryptophan, or 5-hydroxytryptophan (5HTP), turns into serotonin. Studies comparing 5HTP to SSRI's and older antidepressants have consistently shown that 5HTP is as good, if not better, than the prescription drugs.

There are over 100 peer-reviewed studies showing that S-adenosyl-methionine (SAMe) is a safe and effective antidepressant. It increases the action of several neurotransmitters including serotonin, norepinephrine, and dopamine. A review of 23 randomized double-blind, placebo-controlled studies involving 1,757 people with mild to moderate depression shows that the herb St. John's Wort was nearly three times superior to placebo (certainly better than most prescription drug trials) in relieving depressive symptoms.

Perhaps its time we start correcting nutritional insufficiencies instead of treating Prozac deficiencies.

Robins LN, Regier DA (Eds), *Psychiatric Disorders in America, The Epidemiologic Catchment Area Study*, 1990, New York: The Free Press.

Beth Hawkins, "A Pill is Not Enough," *City Pages.com*, Vol 25, issue 1225, Minneapolis MN.

JAMA, February 23, 2000; 283:1025-1030,1059-1060

Drug report barred by FDA. "Scientist Links Antidepressants to Suicide in Kids." Rob Waters, Special to *The Chronicle*, Sunday, February 1, 2004.

Joan-Ramone Laporte and Albert Figueras, "Placebo Effects in Psychiatry." *Lancet* 334 (1993):1206-8.

Death and near death attributed to Prozac, Citizens Commission on Human Rights.

Whittle TJ, Wiland Richard, "The Story Behind Prozac, The Killer Drug." *Freedom Magazine*, 6331 Hollywood BLVD., Suite 1200, Los Angeles, CA 90028.

Monthly Prescribing Reference Haymarket Media Publication, Nov 2005, New York NY.

Peter R. Breggin, MD, "The Antidepressant Fact Book: What Your Doctor Won't Tell You About Prozac, Zoloft, Paxil, Celexa and Luvox." Perseus Books, 2001.

IKirsch I, Moore TJ, Scoboria A, Nicholls SS (2002). "The Emperor's New Drugs: An Analysis of Antidepressant Medication Data Submitted to the U.S. Food and Drug Administration." *Prev Treat* 5:23.

Moncrieff J, Kirsch I (2005), "Efficacy of Antidepressants in Adults. *BMJ* 331:155-157.

Sidney Wolfe, Larry Sasich, and Rose-Ellen Hope, "Worst Pills Best Pills."

Pocket Books, New York, NY 1999.

Leape LL. "Error in Medicine." *JAMA*, 1994 Dec.21; 272(23):1851-7.

Birdsall T., "5-Hydroxytryptophan: A Clinically Effective Serotonin Precursor." *Alt Med Rev* 1998; 3(4):271-280.

W. Poldinger, B. Calancini, W. Schwartz, "A Functional-dimensional Approach to Depression: Serotonin Deficiency as a Target Syndrome in Comparison of 5HTP and Fluvoxamine." *Psychopathology* 24 (1991):53-81.

Costa and Greengard (1984), "Frontiers in Biochemical Pharmacological Research in Depression." *Advances in Biochemical Psychopharmacology*. Vol 39, p.301-313.

Meyers, S. "Use of Neurotransmitter Precursors for Treatment of Depression." *Altern. Med. Rev.*, 2000 Feb; 5(1): 64-71.

Linde, K. , Ramirez, G, Mulrow, C.D, Pauls, A., Weidenhammer, W., Melchart, D. "St. John's Wort for Depression: An Overview and Meta-analysis of Randomized Clinical Trials." *Br. Med. J.* 1996, Aug 3:313(7052):253-