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Alyne Duthie submission of 2 January 2018

In reviewing my time on antidepressants and the subsequent hell I experienced in trying to come off them as well as the likelihood of further damage to my brain and central nervous system as a result of polypharmacy, I cannot help but reflect with some foreboding on my future prospects. The American psychiatrist Dr Peter Breggin is clear on the outcomes of psychiatric drugs namely: they are neurotoxins; they harm the brain and mind by impairing neurotransmitter systems; and they hide their harmful effects by medication spellbinding whereby you underestimate the harm and overestimate any good effects. I feel particularly concerned given my over 30 year exposure to a variety of antidepressants.

The roll call of drugs I was prescribed in antidepressant withdrawal illustrates very well the neurotoxic nature of psychiatric drugs. Seroquel which is an antipsychotic is linked with brain shrinkage and can cause tardive dyskinesia, a form of involuntary, repetitive body movements, as indeed are the SSRI antidepressants. At one stage I was prescribed Pregabalin. Gabapentin and Pregabalin, anti-seizure drugs known as the “new diazepam”, which are widely used off-label for conditions such as anxiety, have a high risk of dependence, have many adverse side effects including memory loss and shocking new evidence shows they block the formation of new brain synapses drastically reducing the potential for brain plasticity. It gives me no comfort to think on my increased chances of getting dementia and Alzheimer’s disease associated with both antidepressants (1) and benzodiazepines (2) especially in light of my current state of cognitive impairment. Permanent brain damage as a result of prescribed psychotropic drugs is more than likely according to Professor Peter Gotzsche of the Nordic Cochrane Centre in Copenhagen, Denmark (BMJ2014;349:g5312). To add to the neurotoxic concerns of these drugs benzodiazepines and sleeping tablets appear to be carcinogenic (3).

As a mother whose child suffered the anguish of antidepressant withdrawal at 8 hours after being born, I fervently wish that more women were made aware that antidepressants are tetatrogenic (4, 5). My child has had to contend with serious deficiencies in memory and concentration continuing well into adulthood. An entire life blighted all because of an uninformed decision I took before birth. This leads me to one of my greatest concerns which lies with our increasing prescriptions of antidepressants for children and adolescents. In Scotland in 2016 252 children aged 12 were given antidepressants while in 2009/10 it was 57. Figures doubled in 2016 for the under 18s from 2,748 in 2009/10 to 5,572. One wonders what effects these drugs have on brain development. We know that adults can suffer permanent sexual dysfunction from antidepressants and worryingly little is known on the potential harm we may be causing to the sexual relationships of people previously treated with antidepressants as children. The DSM (the Diagnostic and Statistical Manual of Mental Disorders) which most psychiatrists consult has expanded it’s definition of psychiatric conditions since the 1950s – DSM-IV expanded DSM-III disorders from 292 to 374. It allows for too much subjectivity. Critics claim that not only has it led to over diagnosis in adults it has been especially detrimental to our children (6). We must also bear in mind that SSRI antidepressants have been found to increase suicidality in young people which is why the FDA placed a back box warning on them

in 2007, a finding confirmed by a 2009 review published in the British Medical Journal.

One final word on suicide. It is my belief that I was driven to attempt suicide in part because of a side effect of antidepressants known as akathisia, an intense form of agitation. Something I believe I experienced in antidepressant withdrawal and something I was entirely ignorant of until fairly recently. Antidepressants increase the risk of suicide and violence for all age groups (7) and akathisia must be a factor in many such cases. The danger is greatest when an antidepressant is started, when the dose is adjusted, and when the antidepressant is stopped. Suicidal ideation from my own experience can most definitely lead to suicide. In my own case the addition of a benzodiazepine withdrawal greatly raised the danger of those suicidal intentions.

Guidelines from the National Institute for Health and Clinical Excellence (NICE) states clearly that for mild to moderate depression, pills should not be the first resort. Talking therapies work better in the long-term, reduces by half suicide risk (8) and there are no harmful side effects. Professor Tim Kendall consultant psychiatrist and deputy director of the Royal College of Psychiatrists' Research Unit, supports talking therapies as the first port of call for depression especially for the under 30s. With the pressure of time and funding precluding GPs from prescribing this for their patients - and many might benefit from social prescribing – one must ask if antidepressants are being used as a sticking plaster for the ills of society.

We also have to ask do antidepressants worsen outcomes for patients? A 2011 meta-analysis by McMaster University in Canada (9) discovered: “Patients who use antidepressants are much more likely to suffer relapse of major depression than those who use no medication at all.” How many of these patients have been misdiagnosed and may in actual fact be suffering not from relapse but withdrawal.

I am heartened that there are people like Ian Singleton a withdrawal advisor with the Bristol Tranquilliser Project who recognise the often overlooked and prolonged nature of antidepressant withdrawal (10). And there is no doubt that patients will benefit from ongoing research into antidepressant tapering and withdrawal by the REDUCE programme spearheaded by Professor Tony Kendrick at Southhampton University and likewise from the tapering strips produced by Dr Groot from the University of Maastricht in the Netherlands, something the NHS could replicate saving patients the cost. But I do feel a sense of betrayal when I read the comments (11) of the current editor of the Lancet, Dr Richard Horton: “The case against science is straightforward: much of scientific literature, perhaps half, may simply be untrue.” How can any of us have any trust in any kind of pharmaceutical intervention especially when it impacts the fragile aspects of the human mind and brain? As I wake up every day feeling scared and miserable, with a ruined digestion, dizziness, tinnitus, cognitive impairment and sundry other withdrawal related problems it is my hope that someone will call time on this iatrogenic pandemic.

1. http://onlinelibrary.wiley.com/doi/10.1002/da.22584/full
2. https://doi.org/10.1136/bmj.g5205
3. *'Is Long-term Use of Benzodiazepines a Risk for Cancer?'*, Jason Kutner, published on Mad in America, 11 March 2016
4. *'Chemicals Have Consequences: Antidepressants, Pregnancy, and the* New York Times', Adam Urato MD, published on Mad in America, 2 June 2015
5. https://www.theguardian.com/society/2009/oct/14/antidepressant-seroxat-glaxosmithkline-pregnancy?CMP=share-btn-tw
6. *'DSM-5: A Disaster for Children'*, Helen Guldberg PhD, published on Psychology Today, 14 June 2013
7. *'Antidepressants Increase the Risk of Suicide and Violence at All Ages'*, Peter Gøtzsche, MD, published on Mad in America, 16 November 2016
8. http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(14)00083-2/abstract
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