

PE1651/W

James Moore submission of 24 December 2017

My name is James Moore and I am currently in the midst of an extremely unpleasant and distressing attempt to withdraw from antidepressant drugs. I am one of the many people who experienced profound and debilitating effects when they stop taking their medications after a prolonged period of use (up to 63% of those taking antidepressants according to the Royal College of Psychiatrists¹). In a recent trial undertaken in the Netherlands, only 6% of long term users who wished to stop their antidepressant drugs were able to do so.² Unfortunately, in my experience, medical knowledge of this and the experience required to support someone who is struggling is extremely difficult to find. In my case, the severity of withdrawal has cost me my career after 20 years in the UK Civil Service. I am now unemployed and barely able to function at all, I am a burden to my family and to society, all because of taking a psychiatric drug that I was told would 'help me'.

There are many problems inherent in the liberal prescribing of psychiatric prescription drugs but they can be summarised as:

- Doctors often do not tell patients when they start psychiatric drugs that there may be issues with dependence and withdrawal at the end of treatment.
- Doctors seem quite content to leave patients on these drugs for far longer than is necessary or even helpful, medication reviews are few and far between.
- Many patients are prescribed one psychiatric drug after another, so they end up on a cocktail of medications, making adverse effects more likely and withdrawal more difficult.
- The NICE guidelines³ that doctors use to try and support those who wish to stop their medications are wholly inadequate and not based on any sound science or evidence, indeed it is actually impossible for patients or doctors to comply with the guidelines as they are written.
- Doctors cannot rely on the pharmaceutical manufacturers for advice or guidance, as they don't acknowledge that there are any problems with withdrawal even though their own clinical trials clearly demonstrated that dependence occurs after a short period of taking the drugs.
- The evidence tells us that the dramatic increase in prescriptions for psychiatric drugs are because more patients are becoming dependent and unable to stop, rather than new prescriptions.⁴
- Many prescriptions for antidepressant, antipsychotic or anxiolytic drugs are not for their indicated psychiatric conditions, but for 'off-label' uses such as insomnia, chronic pain or migraines, there is little evidence⁵ that these drugs are effective for these other uses and those taking the drugs for a variety of non-psychiatric conditions are never told of the dependence potential.

The result of this is that we are prescribing millions of drugs with a high dependence potential with scarcely a thought as to how we may manage the process of getting people off their drugs safely and with the minimum cost to our economy and to the long-term health and well-being of patients.

There is an alarming gap in services for dependent patients and this needs addressing urgently. If I were dependant on alcohol or nicotine, there would be a

range of support services that I could access, both within the public and the private sectors and many that are partly funded by the alcohol or tobacco industry. Why should the users of prescribed drugs be left with no advice or support?

We have the opportunity through a helpline and formal guidelines for doctors, to address this issue, help patients and better support doctors too. I fully support Petition number PE01651.

References:

1. <http://www.rcpsych.ac.uk/healthadvice/treatmentswellbeing/antidepressants/comingoffantidepressants.aspx>
2. <http://bjgpopen.org/content/early/2017/11/14/bjgpopen17X101265>
3. <http://pathways.nice.org.uk/pathways/depression/antidepressant-treatment-in-adults.pdf>
4. <https://www.ncbi.nlm.nih.gov/pubmed/26241666>
5. <http://www.bmj.com/company/newsroom/off-label-antidepressants/>