

## **PE1651/BBBBBBBBBB**

Anonymous submission of 11 July 2018

### **Introduction**

I withdrew from an antidepressant – Escitalopram - using a medically advised 2 week taper from a 10mg dose and a withdrawal syndrome developed. It consisted of mental and physical effects. Physically it mainly affected the functions of the autonomic nervous system which were disturbed and fell out of balance. Control of cardiac rhythm is one of these functions and I had 3 cardiac hospital admissions (see appendices for details). These disturbances are written up in my notes as, **“impaired autonomic control of cardiac rhythm.”**

The autonomic nervous system (ANS) keeps automatic functions in the body in balance and regulates them. In my case the effects were wide spread and transient. They affected various functions of the ANS including saliva and tear production, vision and my digestive tract as well as cardiac rhythm. I enclose a full list of mental and physical symptoms in the appendices. The symptoms which could be evidenced in my notes were reported to the MHRA by the hospital responsible for my ongoing cardiac care in 2016 – ten years after they occurred.

I was diagnosed with a cardiac fainting disorder which affects the ANS. It was not a good fit to my symptoms, however, it was all that cardiology had to explain what happened to me as they had no advice on the cardiac effects of antidepressants and no advice on withdrawal – just side effects.

I was incorrectly treated with a corticosteroid for low blood pressure. This caused suicidal ideation and this then sparked a further cycle of antidepressant prescribing and unrecognised withdrawals. A series of worsening mental health symptoms developed which appeared to be cyclical due to the constant re-prescribing and unrecognised withdrawal reactions. It was then mistaken for more serious mental illness and my protests that the drug was to blame were diagnosed as “medication anxiety” – the treatment for which was more Citalopram.

A pacemaker was implanted to treat bradycardia (a low heart beat) and pauses in cardiac rhythm caused by the disturbed ANS. All other ANS disturbances gradually disappeared but the cardiac disturbances – treated with a permanent pacemaker – did not. It has been difficult to find out whether the pacemaker has been the cause of continued pacing, (pacing makes the sinus node lazy) or whether there was permanent damage to my sinus node before the pacemaker was implanted.

In 2011 psychiatry mooted chronic and cyclical mental illness and as part of this, medicine assumed health anxiety when I questioned my cardiac diagnosis in 2012 and drew escalating ventricular pacing to medical attention. I was refused a second opinion on the incorrect cardiac diagnosis which has since been written up as “probably a misdiagnosis” and ventricular pacing, which is dangerous and associated

with the development of cardiac arrhythmia, was left in place. By 2012 it had risen to 59% and by 2014 to over 70%.

The condition I was diagnosed with (neuro-cardiogenic syncope) is usually paced at 1-2% per annum in the atria only. I had been paced at 80% in the atria since implantation of the device, but no one investigated between 2008-2015 either. Mistakes in communication compounded these assumptions of health anxiety.

I now have further cardiac arrhythmia, which have developed in the interim and I suspect I will be a cardiac patient for life. Attempts to turn pacing down in 2014 didn't work and ten years later my sinus node is still paced at 80% per annum.

## **APPENDICES**

Please find below: 1) A breakdown of my mental & physical withdrawal symptoms, 2) Results of cardiac testing 3) Hospital admissions & symptoms linking withdrawal to the ANS and 4) Results of various tapering approaches.

### **1) Breakdown of Withdrawal Symptoms:**

My original symptoms pre-antidepressants were oversleeping, exhaustion, worry and tearfulness.

#### **a) Mental Symptoms in withdrawal:**

- Intense unprovoked rages, intense anxiety, mood instability – volatile, tearful, confused and highly sensitive to stress reactions.

Citalopram 10mg was prescribed for 6-12 months in 2008, 2010, 2011/12. No taper is advised from 10mg Citalopram. Therefore the withdrawals in 2010 & 2011/12 were cold turkey withdrawals. The symptoms from these later cold turkey withdrawals were:

- Cold washes of panic, terror, paranoia / hypervigilance, an “out of body” feeling, suicidal ideation and intense agitation.

None of these symptoms were present before antidepressants and they disappeared when I finally got off the drugs, although not before psychiatry mooted serious mental illness as the explanation. Serious mental illness does not resolve when withdrawal is over.

#### **b) Physical Symptoms:**

The symptoms below were most significant during my first withdrawal from the stronger antidepressant – Escitalopram 10mg.

**Movement** - Severely restless legs, muscle stiffness, muscle spasms, jerks and un-co-ordinated limbs. **Jaw/ENT area** – my jaw would involuntarily clench and there was involuntary tooth grinding. The underside of my jaw beneath my chin and deep into my throat would suddenly spasm and clench impacting on my ability to swallow.

**Nose** - My sinuses were over-reactive and swelled when I cried and would block my

nose entirely for hours afterwards. The small/fine nerves in the skin of my nose, seem to have sustained some minor permanent damage and they are difficult to control and twitch when I wrinkle my nose. **Internal shaking feeling** - which wasn't anxiety and was difficult to describe but felt as if my organs were quivering constantly. **Stomach/Digestion** – severe nausea, feelings of blood sugar clearing leaving me shaky & weak, severe constipation / bowel standstill, reaction to the BHF (low fat) diet with intolerance and sickness which didn't occur when I followed low fat diets previous to AD w/d). **Eyes** – floating black spots, blurred vision. **Sleep** – Sleep disturbances and inability to sleep through dreams which would gradually reach a speed that I could not process with fast moving images, leaving me confused and unable to sleep. Similar brain symptoms erupted with the heating coming on in the mornings and early waking for years as my head would heat up and the sleep disturbances would start. This was at it's worst pre-pacing when night time blood flow to my brain and a slow pulse may have contributed to problems. **Brain** – Fleeting feelings of electricity crossing the head which were still current in 2015 (3 years after my final withdrawal in 2012). Severe burning feelings inside my head that felt as if my brain was frying.

## 2) Cardiac Testing:

The results of all tests performed over a 12 month period are listed below. I had no indicators for any kind of heart disease and a caesarean section in 1995 under general anaesthetic – pre-antidepressants – had not shown any problems with my heart rhythm prior to antidepressant use. The only risk factor was the antidepressant Escitalopram. :

- An angiogram showed normal arteries for my age (43) and no heart disease. There had been a small area of plaque rupture which accounted for the spasms I felt in my chest on admission to hospital. The blockage cleared spontaneously but profound bradycardia, catheter related spasms and chronotropic incompetence (inadequate increase in heart rate when necessary) were recorded in the report. Apart from the spasms – which subsided - the other symptoms remained.
- An echocardiogram showed no structural issues in my heart.
- Tilt table test - My heart stopped on tilt for 10 seconds and I lost consciousness. The consultant letter following this test recorded “**impaired autonomic control of cardiac rhythm**”.
- Stress MRI test – This tests for damage /perfusion defects and was done to check if the original plaque rupture had caused any damage. Result: There was no damage from the original cardiac event / plaque rupture to account for ongoing profound bradycardia and pauses in cardiac rhythm which were still present 12 months after the cardiac event.
- Mobile ECG Testing x 3 – ECGs found: pauses in cardiac rhythm, bradycardia – approx. 22-27bpm at night, approx. 47 bpm when exercising. This

remained unchanged and did not improve when Citalopram 10mg was taken for six months.

**“Impaired autonomic control of cardiac rhythm”** resulting in bradycardia (pulse below 30bpm) and short pauses were the main finding, and although a diagnosis of neuro-cardiogenic syncope (a cardiac fainting disorder) seemed to account for the bradycardia, I did not have the typical low blood pressure or fainting associated with the condition. ANS symptoms affected me sporadically in a windows & waves pattern. This is typical of withdrawal syndromes.

### **3) Hospital Admissions and Events linking symptoms to withdrawal & the ANS**

There were three cardiac hospital admissions in total. All were emergencies. I received thorough cardiac testing over 12 months. Citalopram 10mg was prescribed for 6 months during this period. It was withdrawn twice – once in hospital and once as part of a planned taper. The effect of each of these withdrawals is evidenced below along with events which link antidepressant withdrawal and disturbances to the ANS to symptoms.

- a) Citalopram was re-instated by my GP after my first hospital admission. Citalopram is contra-indicated when bradycardia is present and I was re-admitted to hospital 2 weeks later. During the 2<sup>nd</sup> admission Citalopram was abruptly stopped by the electro-cardiologist. This caused the muscles in my legs to stiffen and my mood became over-reactive. I was unable to walk around the ward for ambulatory ECG monitoring as the muscles in my legs seized. **Muscle stiffness is an antidepressant withdrawal reaction. The muscle stiffness resolved when my GP re-instated Citalopram on discharge.**
- b) I was referred to electro-cardiology shortly after this. They requested a tilt table test to test for disturbances to my ANS. Citalopram had been re-instated again. I was struggling with brain disturbances at night when my pulse was very low and the low dose of Citalopram had done nothing to address the ANS disturbances. My heart stopped on the tilt table. The conclusion from this test is written up in my notes as **“impaired autonomic control of cardiac rhythm.”**
- c) The 3rd hospital admission occurred after my GP asked me to taper off Citalopram using a 3 month liquid taper. This taper failed. **I was admitted again with worsening ANS / cardiac symptoms.** A decision to implant a pacemaker was made after this admission **and an autonomic nervous system disorder was diagnosed.** It was assumed that the disturbances to my heart’s rhythm were permanent as **my sinus node was still dysfunctional just 5 months after the withdrawal of Citalopram. Other physical symptoms were also present (jaw stiffness for example) that could not be explained** as part of the cardiac diagnosis provided, but can occur in severe SSRI withdrawal.

- d) When a pacemaker was implanted and its settings adjusted, I developed Parkinson type jerks and could not co-ordinate my limbs to walk. **This indicated that my nervous system had been disturbed again by the anaesthetic / operation and subsequent changes in programming.**

#### ***4) Tapering and Duration of Symptoms***

There were 6 tapers / withdrawals between 2003-2012. None of them were successful or managed effectively. Peer support was in its infancy and there were no resources online when I first withdrew and medicine had no information on withdrawal. These were the tapers / results:

2003 – initial taper after 8 month use from Escitalopram 10mg. No ANS disturbances, but mood disturbances and what looked like a return of my original symptoms. Result: reinstatement.

2006 – 2 week taper after 4 years use from Escitalopram 10mg. Cardiac, mood and ANS disturbances which were still present in 2009 as detailed above. (During this time Citalopram was re-instated for 6 months and tapered over 3 months – see below)

2008 – 3 month taper from Citalopram 10mg using liquid Citalopram. Taper failed at 2-3 drops remaining and I was re-admitted to hospital with cardiac symptoms. Specialist advice and tapering support would have been very helpful as my nervous system was clearly sensitised during this period and I needed extra support to taper successfully.

2010/11/12 – Cold turkey withdrawals from Citalopram 10mg. ALL cold turkey withdrawals resulted in extreme mental confusion, agitation and severe mental health symptoms in my case.

References:

[Citalopram and escitalopram: QT interval prolongation](#)

[Drug-induced parkinson syndromes\]. - PubMed - NCBI](#)

[Drug-induced Parkinson`s disease. A clinical review. - PubMed - NCBI](#)

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