

**PE1651/QQQQQ**

Jo Dennison submission of 26 January 2018

I am a Scottish resident.

Following the prescribed drug dependence meeting on 18<sup>th</sup> January 2018, I would like to raise these points.

I think the Minister said that increasing rates of prescribing represented better diagnoses and treatment.

Prof David Healy says in his book "The Antidepressant Era" that depression used to be something too rare to merit.

"When we stop at the pharmacy to pick up our Prozac, are we simply buying a drug? Or are we buying into a disease as well?"

The first complete account of the phenomenon of antidepressants, this authoritative, highly readable book relates how depression, a disease only recently deemed too rare to merit study, has become one of the most common disorders of our day-and a booming business to boot. "The Antidepressant Era" chronicles the history of psychopharmacology from its inception with the discovery of chlorpromazine in 1951 to current battles over whether these powerful chemical compounds should replace psychotherapy. An expert in both the history and the science of neurochemistry and psychopharmacology, Prof David Healy offers a close-up perspective on early research and clinical trials, the stumbling and successes that have made Prozac and Zoloft household names. The complex story he tells, against a backdrop of changing ideas about medicine, details the origins of the pharmaceutical industry, the pressures for regulation of drug companies, and the emergence of the idea of a depressive disease. This historical and neurochemical analysis leads to a clear look at what antidepressants reveal about both the workings of the brain and the sociology of drug marketing. Most arresting is Healy's insight into the marketing of antidepressants and the medicalisation of the neuroses. Demonstrating that pharmaceutical companies are as much in the business of selling psychiatric diagnoses as of selling psychotropic drugs, he raises disturbing questions about how much of medical science is governed by financial interest.

The Committee discussed the issue of informed consent. No one would ever take an antidepressant if they knew the damage I have. Hardly anyone would take an antidepressant for "low mood" or even for a bout of severe depression if the doctor said it could cause permanent severe depression and severe brain dysfunction. This is what I have suffered now at 2 years off the drug that I had severe reaction to (not withdrawal). I have heard of so many people saying "Oh, I was just prescribed an antidepressant" but not one person said "The doctor said that I would experience something likely worse than my original condition and I would be debilitated likely for years". But I have met many people who have said "I was ok for a few months without the antidepressant and then I could not cope at all, so I had to go back to the doctor to get the antidepressant again". This is through spending a lot of time in mental health drop in centres when I was going in and out of withdrawal, thinking I was mentally ill, and many people that I spoke to have been on antidepressants

longterm. It really needs to be emphasised that severe depression and anxiety are withdrawal symptoms.

Dr Mitchell mentioned that if the patient relapsed after coming off a treatment duration of 6 months then they would look at prescribing for longer. But it is likely that this is withdrawal after 6 months on an antidepressant. I was left on 1 year before going back to the doctor to come off but the "worsening of original condition" that suddenly appeared two months off, I now know was withdrawal and nothing like what I went on the drugs for.

Dr Mitchell mentioned support for life-limiting effects. Support is too late now. The condition is an unliveable state. I cannot do mindfulness or any techniques for distress because of the brain dysfunction that the drug has caused. Through the severe withdrawals over the years no professional input really helped. The techniques I was given through the years did not really help the severe mental symptoms but I could at least try them. Now it feels like I cannot even try these techniques because it feels like the function in brain to do it is blocked. I can feel this dysfunction as physical feeling also.

I do not feel that NHS 24 etc are adequately knowledgeable on how bad the withdrawal states are and how long lasting. They could only relate to anxiety and depression of psychological origin and people would probably feel worse being given suggestions that the person cannot do because their brain is not functioning. Akathisia is really beyond human endurance and people's lives are really at risk. I do not feel the NHS regular helplines are appropriate to deal with this. Kelly Brogan, an American based psychiatrist has said on her website ([kellybroganmd.com](http://kellybroganmd.com)): "Psychotropic withdrawal can make alcohol and heroin detox look like a breeze".

I know people who have had diagnosis (it is not a therapeutic tool as Dr Mitchell said) of neurotoxicity through a specialist in neurotoxicology with SPECT scans. It did take someone going through many neurologists who performed the same tests until he went to see a specialist in this field before he was diagnosed. It is, apparently difficult for regular neurologists to diagnose neurotoxicity. Also I know someone was diagnosed with damage following adverse reaction through a PET scan.

The Minister for Mental Health advises to go back to prescriber. In my case in all my years on and off the antidepressant my doctor did not recognise withdrawal. I was sent to day crisis hospitals (with much cost and time to NHS may I add) many times and not one person recognised I was in withdrawal. When I then found out that I was in withdrawal but had reinstated the drug before finding the groups, I requested the NHS to refer me to Prof David Healy. I was denied and told I have to see psychiatrist to confirm that it was withdrawal. Of course, the psychiatrist said it is "all psychological". When I went to another psychiatrist, shockingly he said that my condition is due to serotonin imbalance! The last psychiatrist said it was a worsening of my original condition. At this point, I had severe akathisia dropping tiny doses and felt terrible on the drug. I took the terrible decision to switch drugs to come off first

one on her advice and had a severe reaction. So that is the result of going back to the prescribers.

It makes no sense to me that psychological therapies should exist alongside medication. In my case and I know many people feel like this on the drugs, I became so numb that I no longer cared about being stressed out at my job because of low self esteem. Also in the latter years, on top doses of the drugs, I had severe inner restlessness (different to the pacing in withdrawal), which gave suicidal thoughts. I was told it was anxiety even although I did not feel anxious and went back and forth to therapies trying to find the cause. I now know was a side effect. So how many other people are suffering the same thing and being told it is psychological?

The tapering websites say to reduce by 5 - 10 percent of previous dose every 4 weeks and lower and slower if need be. The Royal College of Psychiatrists website says:

- after 6-8 months treatment, taper off over 6-8 weeks
- if you have been on maintenance treatment, taper more gradually: e.g. reduce the dose by not more than  $\frac{1}{4}$  every 4-6 weeks

It was reported that people in the original drug company clinical trials of 6 weeks experienced withdrawal so those on for 6-8 months is more than likely. Secondly, reducing by  $\frac{1}{4}$  dose is too fast and even that is slower than a doctor would recommend. They would reduce over a few weeks only. From the experiences of the online support group members, once you get under 10mg, even the last mg's are the most difficult.

I would also like to raise the point that the depression I experience now, after severe reaction to a second SSRI 2 years ago is way beyond liveable, much worse than what I experienced in withdrawal from the first SSRI and this really says something about what SSRIs can do to someone as I never had depression before the drug when I first went on at 17. I would like to raise attention to the very important article "Antidepressants Make Things Worse in the Long Term" which can be found on the Behaviourism and Mental Health website.

I feel like there are many great things that could be done to help any naturally occurring state however this state is drug induced and this is extremely unfair to deny people the chance to overcome normal life challenges, or indeed even if they are naturally prone to anxiety and/or depression but instead induce chemically an absolutely unlivable unrelenting depression. For me, it feels like something on the right side of brain is being suppressed and the closest I could call it is depression but really it is torture. I'm still completely appalled by my treatment by the medical profession who one psychiatrist said that this state could have happened anyway. So flippant and really it makes me feel absolutely worthless, like my life is just a statistic.