

Antidepressant Awareness

Part 2

BEWARE !

NEVER stop taking a psychotropic drug suddenly. The withdrawal effects can be horrendous!

It is not some spurious “disease” returning or worsening as most doctors and nurses will tell you.

For good advice see
“COMING OFF.COM”

<http://www.comingoff.com/>

The ICARUS PROJECT. “Harm Reduction Guide To Coming Off Psychiatric Drugs & Withdrawal”

<http://theicarusproject.net/downloads/ComingOffPsychDrugsHarmReductGuide1Edonline.pdf>

MIND “Making sense of coming off psychiatric drugs”

http://www.mind.org.uk/help/medical_and_alternative_care/making_sense_of_coming_off_psychiatric_drugs

The National Institute for Health and Clinical Excellence (NICE) Guidelines for Depression recommend:

Antidepressant of choice: SSRI (Selective Serotonin Reuptake Inhibitor) because of minimal side effects NICE ref 8.1.7.6.

Side effects can include:

- *Anxiety
- *Suicidality
- *Hostility
- *Sexual Dysfunction
- *Insomnia
- *Headaches
- *Nausea
- *Diarrhoea
- *Weight Gain
- *Urine retention
- *Sweating
- *Blurred vision

For some people the side effects are far from “minimal” and result in high risks of dementia, strokes, Parkinson’s Disease and others that affect the quality of life.

Source: Jackson GE [Drug Induced Dementia: a perfect crime](#)
(Bloomington, IN: Author House, 2009).

The National Institute for Health and Clinical Excellence (NICE) Guidelines for Depression recommend:

Augmentation strategies:

Antidepressant + lithium or antipsychotic, anticonvulsant, antidepressant, buspirone, benzodiazepine

These additional strong psychiatric drugs are recommended for patients who may already be suffering antidepressant toxicities.

**Differences of opinion in
information given to patients
about antidepressants'
effects Re: Serotonin
Syndrome**

Serotonin Syndrome

NICE Guidelines (UK)

- Confusion, delirium, sweating, changes in blood pressure, myoclonus (twitching), shivering

Choice and Medication (UK)

- Causes a “flu-like set of symptoms”

Both these UK sites provide conflicting information.

However the US Food & Drug FDA 2006 provides explicit information on Serotonin Syndrome.....

FDA 2006

Alert issued about life-threatening condition called Serotonin Syndrome can occur when medicines, Serotonin and Norepinephrine Reuptake Inhibitors (SSRIs and SNRIs, such as Prozac) and 5-hydroxytryptamine receptor agonists (TRIPTANS) are taken together.

Signs and symptoms of Serotonin Syndrome include: restlessness, hallucinations, loss of coordination, fast heartbeat, increased body temperature, fast changes in blood pressure, overactive reflexes, diarrhoea, coma, nausea, vomiting.

Mismatches of Antidepressant side effects

Choice and Medication and NICE Depression Guidelines have a mismatch of side effects. For example Choice & Medication has omitted some serious side effects or Adverse Drug Reactions e.g akathisia.

Neither of the UK sites point out that antidepressant induced Serotonin Syndrome is **potentially life threatening, due to excessive serotonin, depending on individual genetic variations in the serotonin transporter gene.**

(see in Part 4 Pharmacogenetics)

Serotonin Syndrome results in hallucinations and coma which also has the potential to lead to misdiagnosis. e.g. schizophrenia

Mismatches and Omissions

Suicide Ideation (ideas of suicide) and **completed Suicide**

There is no reference to suicide ideation and completed suicide in Choice and Medication

NICE Guidelines DO refer to suicide ideation and completed suicide

Neither site gives information on how to stop taking antidepressants.

Neither UK site provides information about withdrawal symptoms from antidepressants.

NEVER stop taking a psychotropic drug suddenly. The withdrawal effects can be **horrendous!**

SSRI antidepressant Withdrawal Effects

Withdrawal from: citalopram, escitalopram, prozac/fluoxetine, fluvoxamine, paroxetine/seroxat or sertraline/lustral.

Prof.D Healy describes these as:

- symptoms **'unlike anything you have had before'...**
- symptoms that **'may lead you or your physician to think that all you have are features of your original problem'.**

The first group include: dizziness (when you turn your head you feel your brain gets left behind); 'electric head' (strange brain sensations which have been likened to goose bumps in the brain); electric shock-like sensations, other strange tingling or painful sensations; nausea, diarrhoea and flatulence; headache; muscle spasms and tremor; agitated and vivid dreams; agitation; hearing or seeing things others can't.

SSRI antidepressant Withdrawal Effects

Withdrawal from: citalopram, escitalopram, prozac/fluoxetine, fluvoxamine, paroxetine/seroxat or sertraline/lustral.

The second group include: mood swings; irritability; confusion; fatigue, malaise and flu-like symptoms; insomnia or drowsiness; sweating; feelings of unreality; disturbed temperature sensations; change in personality.

Many people taking SSRIs, especially paroxetine (Seroxat) and fluoxetine (Prozac), have reported uncharacteristic feelings of violence and suicidal thoughts and actions, and these seem to be particularly associated with changes in dose.

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Tricyclic antidepressant (TCA) Withdrawal Effects

Withdrawal from: imipramine, cloimipramine/anafranil, amitriptyline, dosulipin/prothiaden, lofepramine, nortriptyline or trazodone.

Excessive anxiety, restlessness, hyperactivity, insomnia, disturbing dreams and nightmares, flu-like symptoms (headache, sweating, diarrhoea, stomach ache, bowel discomfort, nausea, vomiting, hot and cold flushes, goosebumps), fast or irregular heartbeat, low blood pressure, and increased libido. Psychiatric effects include hypomania and mania, apathy, social withdrawal, depressed mood, panic attacks, aggression, delirium and psychoses.

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MAOI antidepressant Withdrawal Effects

Withdrawal from: moclobemide, phenelzine/nardil, or tranylcypromine.

Reported symptoms include: anxiety, agitation, paranoia, being unusually talkative, headaches, low blood pressure when standing, muscle weakness, shivering and tingling, burning sensations, and mania. Catatonic states have also been reported.

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If doctors and psychologists are unaware of side effects and withdrawal effects then some of these effects could be regarded as psychosomatic with the patient being blamed.

It is possible that patients could be diagnosed with a Severe and Enduring Mental Illness.

Many people taking SSRIs, especially paroxetine (Seroxat) and fluoxetine (Prozac), have reported uncharacteristic feelings of violence and suicidal thoughts and actions, and these seem to be particularly associated with changes in dose.

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Suicide is linked to genetic variations in the CYP 450 metabolising system.

Here is a report based on data from the National Board of Health and Welfare in Sweden 2007.

<http://jannel.se/psychiatricdrugs.suicide.pdf>

- **(63%)** of people who were treated with antidepressants committed suicide ***within a year.***
- **(77%)** of people who were treated with antidepressants and/or neuroleptics committed suicide ***within a year.***
- **(86%)** persons who were treated with any kind of psychiatric drug committed suicide ***within one year.***

When antidepressants are prescribed doctors are taking a risk with patients as some will commit suicide, due to antidepressant induced akathisia, while others will not.

**You do not have to take
pharmaceutical drugs which
may be potentially dangerous.**

Patients need to be aware they do have a choice in embarking upon alternative therapies such as Person Centred Counselling.

Please see the following sites:

Safe Harbour

<http://www.alternativementalhealth.com>

Green Body and Mind

<http://www.greenbodyandmind.com>

Please be aware that some alternative treatments can have dangers. St.John's Wort, for example, can cause a serious reaction. Please take advice.

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