

# **Antidepressant Awareness**

## **Part 3**

### **Antidepressant Induced Psychosis, Mania and Violence**

**Neither the NICE Guidelines nor Choice and Medication (UK sites) report **antidepressant induced mania or psychosis**, which have the potential of causing misdiagnosis: e.g. schizophrenia.**

# **“Antidepressant-associated Mania and Psychosis Resulting in Psychiatric Admissions”**

**43 (8.1%) of 533 patients were admitted to hospital owing to antidepressant-associated mania or psychosis.**

Preda et al 2001

**There are many references for Antidepressant induced Mania or Psychosis**

## References for Antidepressant induced Mania or Psychosis:-

- (1) Antidepressant-associated mania and psychosis resulting in psychiatric admissions. Preda A., MacLean R W., Mazure C M., Bowers M B. J Clin Psychiatry. 2001 Jan;62(1):30-3. PubMed PMID: 11235925.
- (2) Case report Sertraline-induced hypomania: a genuine side-effect. Mendhekar DN., Gupta D., Girotra V. Acta Psychiatrica Scandinavica Volume 108 Issue 1 Page 70 - July 2003
- (3) Suicidality, violence and mania caused by selective serotonin reuptake inhibitors (SSRIs): A review and analysis Breggin Peter R. International Journal of Risk & Safety in Medicine 16 (2003/2004) 31–49
- (4) Fluvoxamine as a cause of stimulation, mania, and aggression with a critical analysis of the FDA-approved label, Breggin P., International Journal of Risk & Safety in Medicine 14 (2002), 71–86

## References for Antidepressant induced Mania or Psychosis cont...

(5) [The precipitation of mania by citalopram in a patient with interferon-induced depression.](#)  
Beckwith AR. Psychosomatics. 2008 Jul-Aug;49(4):362-3. No abstract available. PMID:  
18621943 [PubMed - indexed for MEDLINE]

(6) [Duloxetine-induced hypomania: case report and brief review of the literature on SNRIs-induced mood switching.](#)  
Peritogiannis V, Antoniou K, Mouka V, Mavreas V, Hyphantis T.J Psychopharmacol.  
2009 Jul;23(5):592-6. Epub 2008 Jun 18.

(7) [Bupropion-induced hypomania in a patient with unipolar depression.](#)  
Hussain H, Butt MA. Aust N Z J Psychiatry. 2008 Aug;42(8):746. No abstract available.  
PMID: 18622783 [PubMed - indexed for MEDLINE]

(8) [Hypomania/mania induced by cessation of antidepressant drugs](#)  
Kora K, Kaplan P. Turk Psikiyatri Derg. 2008 Fall;19(3):329-33. Turkish.

## References for Antidepressant induced Mania or Psychosis cont...

(9) [Are antidepressants safe in the treatment of bipolar depression? A critical evaluation of their potential risk to induce switch into mania or cycle acceleration.](#)

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(10) [Treatment-emergent mania/hypomania during antidepressant monotherapy in patients with rapid cycling bipolar disorder.](#)

Gao K, Kemp DE, Ganocy SJ, Muzina DJ, Xia G, Findling RL, Calabrese JR. Bipolar Disord. 2008 Dec; 10(8): 907-15.

(11) [The role of 5-HTTLPR polymorphism in antidepressant-associated mania in bipolar disorder.](#)

Ferreira Ade A, Neves FS, da Rocha FF, Silva GS, Romano-Silva MA, Miranda DM, De Marco L, Correa H. J Affect Disord. 2009 Jan;112(1-3):267-72. Epub 2008 Jun 4.

## **Antidepressant Iatrogenic Changes**

**The public, patients, carers, mental health and social care practitioners are currently **inadequately informed** about the serotonin changes and the anatomical brain changes caused by antidepressants.**

## Antidepressants and Serotonin Changes

Initially when taking SSRI'S serotonin is raised, then with long term use it drops.

i.e. Over the long term course of drug treatment, the brain **REDUCES** the amount of serotonin that it makes, and this results in **LESS and LESS** serotonin being released into the gaps between the brain nerve cells.

Source: Jackson, Grace E. *Rethinking Psychiatric Drugs: A Guide for Informed Consent*  
Bloomington, IN: Author House, 2005.

**This is contrary to the prevailing belief that maintains serotonin levels are eventually raised and maintained during antidepressant treatment.**



# Antidepressants and Serotonin Changes

## Increased Serotonin:

Antidepressants initially increase Serotonin, the same brain chemical that LSD, PCP and other psychedelic drugs mimic in order to produce their hallucinogenic effects.

It has long been known that inhibiting the reuptake of serotonin with SSRI medications such as Prozac will produce depression, suicide, violence, psychosis, mania, cravings for alcohol and other drugs, reckless driving, etc.

Source: Tracy, Ann Blake PhD *Prozac: Panacea or Pandora? the Rest of the Story on the New Class of SSRI Antidepressants Prozac, Zoloft, Paxil, Lovan, Luvox & More.*  
Cassia Publications; 2nd edition (June 1994)

## Antidepressants and Violence

Post mortem animal studies show antidepressant related reduction of serotonin in the prefrontal lobe of the brain. This part of the brain is involved in higher mental functions such as the ability to suppress urges that, if not suppressed, could lead to socially unacceptable outcomes.

Interference with serotonin by antidepressant drugs in the prefrontal cortex is most strongly and consistently associated with acts of violence towards others. Violence is a genuine and serious Adverse Drug Reaction.

[“Prescription Drugs Associated with Reports of Violence Towards Others.”](#)

Moore TJ, Glenmullen J, Furberg CD PLoS ONE 5(12): e15337. (2010)

<http://www.plosone.org/article/info:doi/10.1371/journal.pone.0015337>

## Science of Antidepressant Anatomical Brain Changes

### Postmortem Studies of Animals Brains:

#### **Kalia et al – Philadelphia. Prozac in Rats**

- Anatomical deformities in frontal cortex, hippocampus, several regions of brainstem
- Similar to the neurone structure in Parkinsons disease, frontal lobe dementia, and Lewy body disease.

#### **Czeh et al Germany. Prozac in Tree shrew**

- Shrinkage in hippocampus volume
- Astrocytic changes in frontal and temporal dementias - toxic to glial cells.

#### **Sairanen et al Finnish Study. Antidepressant Study in Mice**

- Two different antidepressants were a cause cell death in the hippocampus. Imipramine, prozac.

Source: Jackson GE *Drug Induced Dementia: a perfect crime*  
Bloomington, IN: Author House, 2009.

## Science of Antidepressant Anatomical Brain Changes

### Neuroimaging Studies of Human Brains Showing Small Hippocampi:

The Hippocampus is one of the first regions of the brain to be ***damaged in Alzheimers disease causing memory problems and disorientation.***

#### Sheline et al 1996 Small Hippocampi in Medicated Patients

- 80% of depressed patients were taking antidepressants
- Two thirds of patients were receiving antidepressants at the time of neuroimaging

#### Bremner et al 2000 Small Hippocampi in Medicated Patients

- 12-19% hippocampal volumes were smaller in the formerly depressed patients
- ***All were taking antidepressants at the time of scan.***  
*Paroxetine, prozac, desipramine.*

Source: Jackson GE *Drug Induced Dementia: a perfect crime*  
Bloomington, IN: Author House, 2009.

## Science of Antidepressant Anatomical Brain Changes

### Postmortem Studies of Humans:

#### Lucassen et al 2001

“Despite the use of antidepressants (and or other psychiatric drugs), the hippocampal cell death in the brains of depressed subjects was more profuse and more intense than that which occurred among the users of high dose steroids and steroid free controls”

Source: Jackson GE *Drug Induced Dementia: a perfect crime*  
Bloomington, IN: Author House, 2009.

**Since the function of the hippocampus is to receive and interpret experiences and the storage and recall of memories, any degenerative changes will impair these functions, which are important factors for psychological therapies to be effective.**

## Royal College of Psychiatry Antidepressant Science

The Royal College of Psychiatrists website (as of 7th February 2012) made the following statement about antidepressants, under the subheading of “How do they work?”

“We ***don't know for certain, but we think*** that antidepressants work by increasing the activity of certain chemicals *work(sic)* in our brains called neurotransmitters. They pass signals from one brain cell to another. The chemicals most involved in depression ***are thought to be*** Serotonin and Noradrenaline.”

<http://www.rcpsych.ac.uk/mentalhealthinformation/mentalhealthproblems/depression/antidepressants.aspx>

Furthermore...

## Science from Eli Lilly Pharmaceutical Industry:

Eli Lilly's antidepressant Cymbalta website depicts their *uncertainty* of how Cymbalta acts within the brain.

<http://www.cymbalta.com/Pages/learnaboutcymbalta.aspx>

Click on the “How Cymbalta is *believed* to work” diagram.

A new page opens up telling us more or less the same as the Royal College of Psychiatry website, *they don't know how it works.*

## Statement from the Royal College of Psychiatrists as on previous slide:

“The chemicals most involved in depression are *thought to be* Serotonin and Noradrenaline”

*In fact NO direct proof for the chemical imbalance theory of depression has ever materialised.*

All we know is that antidepressant drugs disrupt serotonin and noradrenaline function.

*The science into how antidepressants work is based upon guesswork.*



**How does modern medicine reconcile integrity  
with current practice?**

**When the “scientific evidence” used by national policies and prescribers are only contention, in a multi trillion-dollar industry, the winners are likely to be pharmaceutical companies. The losers in this unscientific situation are bereaved relatives and their loved ones.**

**Properly Informed Consent should ensure that a patient is aware of all the potential side effects and adverse reactions. This takes care of the patient and shows responsibility and accountability for patients' physical and emotional safety, and welfare.**

**The public at large needs to be aware that antidepressants can and often do have a number of nasty and sometimes fatal side effects.**

**This would definitely interfere with a person's potential for long lasting results of any psychological support.**

**In the past, decades of unscientific mental treatments were perceived as correct and curative by influential and dominant leaders of the day.**

**Current key opinion mental health leaders dominate today's mental health policies, which incorporate unscientific psychiatric medication treatments.**

**Governments, being influenced by 'experts' in the field, are primarily concerned with cutting financial costs.**

**When antidepressants go wrong, the toll of the human cost to patients and families is immeasurable.**

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**March 2012**