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:-


References for Antidepressant induced Mania or Psychosis cont…


References for Antidepressant induced Mania or Psychosis cont…


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.


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.

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.

Science of Antidepressant Anatomical Brain Changes

Postmorten 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 Alzheimer's 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 at 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](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