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The hoo-ha about HAPPY PILLS

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The recession has caused at least one business to flourish. In 2009, sales of SSRIs were up from the \$9.6 billion recorded in 2008, when antidepressants were the third most-prescribed category of drug, says IMS Health, a US health care information and consulting company. SSRIs marked a major shift in the treatment of depression. They have become the most prescribed type of antidepressant since fluoxetine (Prozac) was first introduced in 1987 and their use defined a generation, spurring books and films like Elizabeth Wurtzel's *Prozac Nation* (Riverhead Trade), and working their way into our collective consciousness as a magic cure-all.

SSRI backlash?

But after 20 years on the market, questions are being asked about whether 'wonder' drugs such as Prozac, Zoloft and Paxil are really all they're cracked up to be. 'I was going through a rough patch and my GP suggested SSRIs to help me cope,' says Jessica*. 'At first, they seemed to be the answer; I felt wonderfully detached from life. But then I noticed the nausea, experienced headaches often and the detached feelings started to become a problem for me.'

Harvard Medical School's *Mental Health Letter* recently reported side-effects of SSRIs such as mild insomnia, headaches and nausea, reduced blood clotting (a risk it claims doubles if SSRIs are combined with drugs like aspirin and ibuprofen), sexual dysfunction and increased suicide risk. Cape Town

Recently, concerns have been raised over the safety of SSRIs (Selective Serotonin Reuptake Inhibitors). But before you throw away your prescription, read this.

psychiatrist Belinda Derman says serotonin is found in the digestive tract too, among other places in the body, 'which helps explain [the] nausea and diarrhoea.'

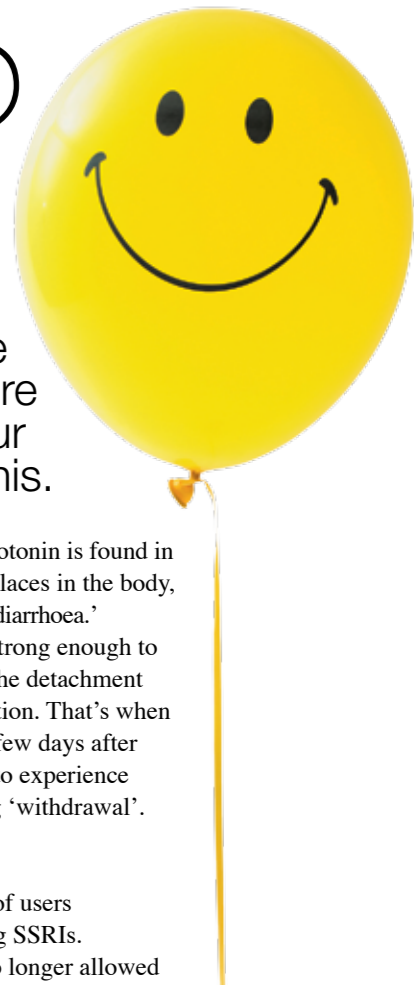
After psychotherapy, Jessica felt strong enough to tackle the challenges in her life, but the detachment she felt prevented her from taking action. That's when she decided to throw out her pills. A few days after stopping her medication, she started to experience what she later learned was SSRI drug 'withdrawal'.

Intolerable reactions

It has been reported that above 50% of users experience withdrawal when stopping SSRIs. In Europe, SSRI manufacturers are no longer allowed to market SSRIs as 'non-habit forming' and are now required to list a warning of 'intolerable' discontinuation reactions on package inserts.

Few independent studies exploring SSRI Discontinuation Syndrome, as it is called, have been

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conducted, and it remains controversial. According to Professor Joseph Glenmullen, author of *Prozac Backlash: Overcoming the Dangers of Prozac, Zoloft, Paxil and Other Anti-depressants with Safe, Effective Alternatives* (Simon and Schuster) and clinical instructor of psychiatry at Harvard Medical School, thousands of people have experienced drug withdrawal when stopping or interrupting their antidepressant medication. Derman says symptoms include shock-like sensations, dizziness, insomnia, vivid dreams, crying, irritability, nausea, movement disorders and memory and concentration problems. 'The condition begins 24 hours to one week after discontinuation, depending on the half-life – or rate of elimination – of the particular SSRI.

Derman stresses that any decisions around using or stopping SSRI medication should take place in consultation with your psychiatrist. SSRI Discontinuation Syndrome is usually mild and self-limiting, she stresses, although she acknowledges that the tolerance of discomfort is subjective. She recommends that patients see their doctor if they experience any symptoms.

Seek the truth

The World Health Organisation (WHO) points out the pharmaceutical industry's preference for the term 'discontinuation' rather than 'withdrawal'. WHO notes that a 'conceptual confusion over terminology can affect proper reporting, interpretation and communication of adverse drug reactions related to dependence...'

Durban clinical psychologist Dr Sherona Rawat says that people need to be aware that they may not be getting all (or enough) information from various parties. 'Seek out information,' she says.

Meanwhile, consumers in the US are calling for more explicit and informative labeling on SSRI products, as well as for pharmaceutical companies

The science behind SSRIs

SSRIs zone in on the brain chemical – or neurotransmitter – serotonin, which helps to regulate mood and behaviour. Neurotransmitters carry signals from the end of one neuron (called the presynaptic nerve terminal), across a gap (called a synapse) to the next neuron (the receptor). These messengers have just a short time to relay their message before they are reabsorbed, a process known as reuptake. People with depression seem to have lower levels of serotonin, and SSRIs work on increasing it by inhibiting its reuptake.

to make all research pertaining to SSRIs available to the public. In the UK, 500 people filed a class action suit against GlaxoSmith-Kline on the grounds that the company concealed evidence that Seroxat (Paxil) may cause discontinuation syndrome. Other pharmaceutical manufacturers including Eli Lilly (Prozac), and Pfizer (Zoloft) have also faced, or continue to deal with, lawsuits relating to the side-effects of SSRIs.

Psychotherapy

Derman recommends that psychopharmacological (drug) therapy be combined with psychotherapy when treating depression. Dr Rawat agrees. 'Without psychotherapy, patients are likely to revert to old behaviours and coping strategies when they stop their medication.' Psychotherapeutic intervention, she says, helps a person manage, manipulate and resolve the factors contributing to their depression.

Neonatal drug withdrawal

Melissa* (33), a sufferer of depression, has been taking SSRIs for ten years, including during her pregnancy. At birth, her twin babies were diagnosed with Neonatal Drug Withdrawal. Derman says the symptoms include 'crying, jitteriness, tremors, poor feeding and sleeping, sneezing and neonatal jaundice'. With supportive treatment, the symptoms should resolve spontaneously. According to Derman, the syndrome is uncommon and seldom serious.

SSRI risks to the foetus include miscarriage, low birth rate, preterm birth, cardiac defects and discontinuation symptoms, while expectant mothers are exposed to increased risk of hypertension. However, untreated depression can also be harmful to mother and baby, warns Derman. Depressed mothers have been found to have higher stress hormone levels which can result in poor foetal growth and low birth weight. There's also a risk of preterm birth, substance abuse, poor bonding after birth and even suicide.

'The risks versus benefits of SSRI treatment must be carefully weighed up – this is a collaborative decision between patient and clinician.' ❖

* Names have been changed

Getting help

- Your GP can prescribe SSRIs, but should refer you to a psychiatrist for specialist diagnosis and to monitor medication if there is no improvement after six to eight weeks.
- Your GP should also suggest that you consult a clinical psychologist for psychotherapy.
- Be upfront with your clinician about your use of alcohol and other drugs as these substances can counteract the effects of SSRI medication or be indications of underlying life issues.

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