

ANTIDEPRESSANTS

the facts about the effects

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Suicide attempts in

Several recent scientific publications
suicidal behavior in adults who
medical review of all available data
risk of suicidal ideation (suicide)

Psychotropic Drug Series
Published by Citizens Commission on Human Rights

IMPORTANT INFORMATION FOR READERS

This report is an overview of the side effects of common antidepressants. It contains information that is important for you to know.

Courts have determined that informed consent for people who receive prescriptions for psychotropic (mood-altering) drugs must include the doctor providing “information about... possible side effects and benefits, ways to treat side effects, and risks of other conditions...” as well as, “information about alternative treatments.”¹ Yet very often, psychiatrists ignore these requirements.

If you are taking these drugs, do not stop taking them based on what you read here. You could suffer serious withdrawal symptoms.

You should seek the advice and help of a competent medical doctor or practitioner before trying to come off any psychiatric drug. This is very important.

Citizens Commission on Human Rights (CCHR) does not offer medical advice or referrals but provides the information in this publication as a public service in the interest of informed consent.

For further information about drugs and their side effects, consult the *Physicians' Desk Reference* at pdrhealth.com.

1. *Faith J. Myers v. Alaska Psychiatric Institute*, Alaska Supreme Court, No. S-11021, Superior Court No. 3AN-03-00277, Opinion No. 6021, June 30, 2006.

ANTIDEPRESSANTS

the facts about the effects

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INTRODUCTION

Although antidepressants were once reserved for the mentally disturbed, today it is difficult to find someone who has not taken one.

In fact, these drugs have become such a part of life for many people that “life without them” is simply unimaginable.

If you are one of these people, or know someone who is, this booklet is for you.

Prescribed for everything from learning and behavioral problems, bedwetting, juvenile delinquency, aggression, criminality, drug addiction and smoking, to handling the fears and problems of our elderly, antidepressants are among the most widely prescribed drugs on Earth, with fifty-four million worldwide currently on them.

But for many, taking antidepressants comes at a severe cost.

Eleven-year-old Candace loved life. She was on the swim team, played soccer and basketball, and loved to trampoline. What made her nervous, though, were exams, and for this she was prescribed an antidepressant.

On January 10, 2004, Candace hanged herself in her bedroom at the age of 12.

Nine months later, the US Food and Drug Administration (FDA) ordered its strongest “black box” warning to alert parents that antidepressants can cause suicidal thoughts and feelings in children under 18.

But children are not the only ones experiencing these thoughts while on antidepressants.

A 2005 Norwegian study determined that patients of all ages taking a type of antidepressant known as an SSRI* were seven times more likely to commit suicide than those taking sugar pills.

Most shockingly, these drugs have also proven to be ineffective.

A study published in the prestigious *British Medical Journal* found that antidepressants are no more effective than a sugar pill and do not reduce depression.² “The bottom line,” its lead author stated, “is that we really don’t have any good evidence that these drugs work.”³

Unlike medical drugs, which commonly may prevent or cure disease or improve health, psychiatric drugs are only designed to suppress symptoms that return once the drug wears off. Meanwhile, physical illnesses that may be causing the symptoms go unrecognized and may get worse.

Like illicit drugs, these drugs provide no more than a temporary escape from problems, unwanted behavior or unpleasant emotions. If you are taking these drugs, you may experience a “rebound effect” where your original mental symptoms come back even worse once you begin withdrawing. Medical experts point out that this is the drug effect, not your “mental illness.”

This booklet is intended as an easy-to-read guide to give you the facts about the risks of antidepressants and a sample of alternatives available.

* SSRI: A group of antidepressants, known as selective serotonin reuptake inhibitors (SSRI), that block the action (reuptake) of the neurotransmitter serotonin, thereby prolonging its activity, which psychiatrists claim (with no proof) handles a chemical imbalance causing depression.

2. Joanna Moncrieff, MD, and Irving Kirsch, “Efficacy of antidepressants in adults,” *The British Medical Journal*, Vol. 331, pp 155-9, 16 July 2005.

3. Salynn Boyles, “Battle Brews Over Antidepressant Use,” Fox News channel, 15 July, 2005.

what are

ANTIDEPRESSANTS?

Antidepressants were introduced in the 1950s. Up until the late 1980s, there were only three types of antidepressants:

1. **Tricyclics:** (TCAs) referring to the three rings in the chemical structure of the drugs. Common TCAs were Adapin, Anafranil, Elavil, Endep, Norpramin, Pamelor, Sinequan, Surmontil, Tofranil and Tryptanol.
2. **Tetracyclics:** The name derives from the drug's molecular structure that consists of four ring-like structures in a T-shape. These drugs include: Avanza, Remergil, Remeron, Tolvon and Zispin.
3. **MAOIs:** Monoamine Oxidase Inhibitors (MAOIs). Monoamine oxidase is an enzyme that has the function of getting rid of used neurotransmitters (brain chemicals) found in the gap between nerve cells. It was theorized (not proved) that too low concentrations of neurotransmitters may cause depression and MAOIs blocked the activity of this enzyme, resulting in higher levels of neurotransmitters. The drugs include: Aurorix, Manerix, Marplan, Nardil and Parnate.



ATYPICAL (NEWER) ANTIDEPRESSANTS

In the late 1980s a new breed of antidepressants was introduced and promoted as having fewer side effects than older ones.

These were the **Selective Serotonin* Reuptake Inhibitors (SSRIs)**. They were marketed as being capable of selectively targeting a chemical—serotonin—in the brain that was theorized to influence depression. The theory is that SSRIs prevent serotonin from being naturally reabsorbed and thus create continued stimulation of cells, relieving depression. There remains no scientific evidence to substantiate this theory. SSRIs include Prozac, Zoloft, Paxil, Celexa, Sarafem, Lexapro and Luvox.

Various other drugs have been developed based on this same premise:

Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) boost levels of norepinephrine in addition to serotonin. Norepinephrine is a hormone secreted by the adrenal gland that increases blood pressure and rate and depth of breathing, raises the level of blood sugar, and decreases the activity of the intestines. SNRIs include Effexor, Serzone, Cymbalta and Pristiq.

Norepinephrine-Dopamine Reuptake Inhibitors (NDRIs) are said to influence norepinephrine and dopamine, another chemical messenger that is similar to adrenaline. Wellbutrin is an NDRI, also marketed as Zyban.

Selective Norepinephrine Reuptake Inhibitors (Selective NRIs) are largely prescribed for so-called attention-deficit hyperactivity disorder (ADHD) but carry the same suicide warning as SSRIs and antidepressants. Strattera is a selective SNRI.

* **serotonin:** Substance that is mostly found in the gastrointestinal tract, where it modulates the rhythmic movements kneading food through the stomach; in the cardiovascular (heart) system, serotonin helps regulate blood vessels to control the flow of blood. It also plays an important role in blood clotting and is used in the reproductive system. About 5% of the body's serotonin is found in the brain.

brand names of

ANTIDEPRESSANTS

older antidepressants

(Including tricyclics, tetracyclics and MAOIs)

Brand names
(generic names):

Tricyclics*

Adapin (doxepin)

Anafranil (clomipramine)

Asendin (amoxapine)

Aventyl (nortriptyline)

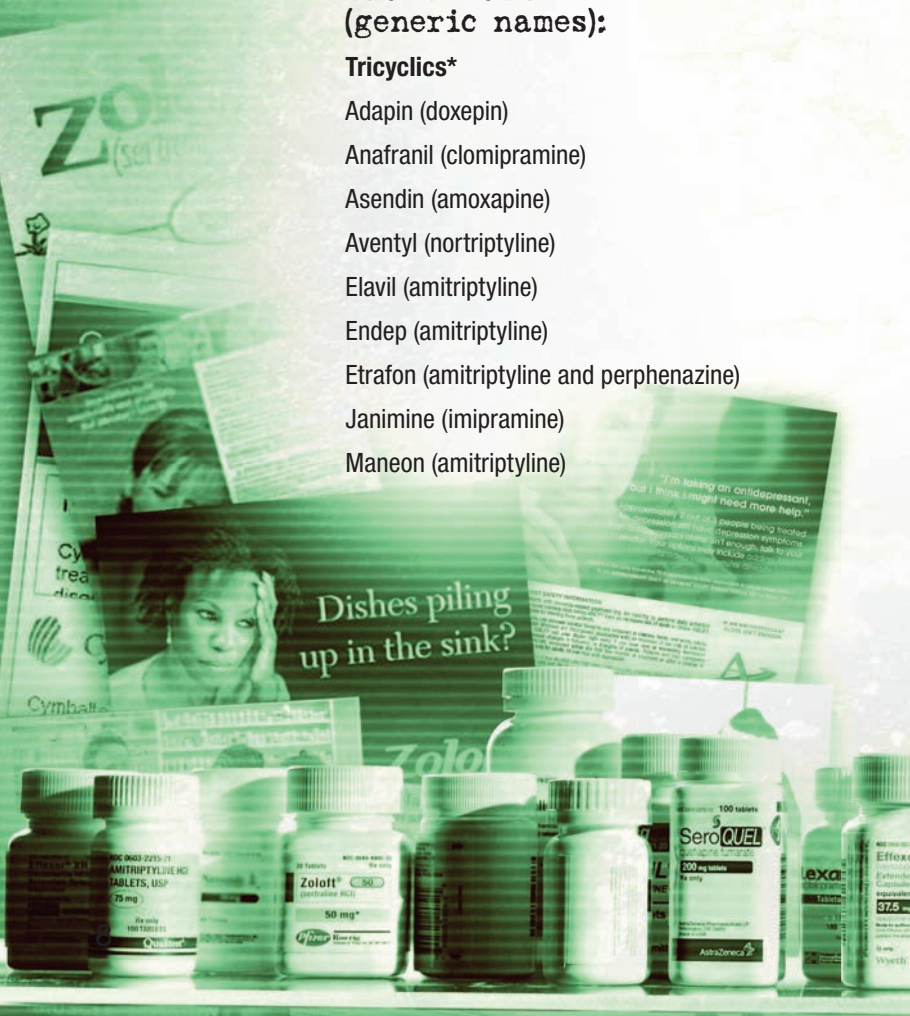
Elavil (amitriptyline)

Endep (amitriptyline)

Etrafon (amitriptyline and perphenazine)

Janimine (imipramine)

Maneon (amitriptyline)



Norpramin
(desipramine hydrochloride)

Nortilen (nortriptyline)

Pamelor (nortriptyline)

Pertofrane (desipramine)

Saroten (amitriptyline)

Sinequan (doxepin hydrochloride)

SK-Pramine Oral (imipramine)

Surmontil (trimipramine maleate)

Tofranil (imipramine hydrochloride)

Triavil (amitriptyline hydrochloride
and perphenazine)

Triptazine (amitriptyline)

Triptil (protriptyline)

Tryptizol (amitriptyline)

Tryptanol (amitriptyline)

Vivactil (protriptyline
hydrochloride)

Tetracyclics*

Avanza (mirtazapine)

Ludiomil (maprotiline
hydrochloride)

Remergil (mirtazapine)

Remeron (mirtazapine)

Tolvon (mianserin hydrochloride)

Zispin (mirtazapine)

MAOIs*

Aurix (moclobemide)

Emsam (selegiline—skin patch)

Manerix (moclobemide)

Marplan (isocarboxazid)

Nardil (phenelzine sulfate)

Parnate (tranylcypromine sulfate)

Pristiq (desvenlafaxine)

(*See definitions on page 6)



Newer Antidepressants

(Including Selective Serotonin Reuptake Inhibitors or SSRIs; Selective or Serotonin/Norepinephrine Reuptake Inhibitors; and Norepinephrine-Dopamine Reuptake Inhibitors.)

Brand names (generic names):

SSRIs (Selective Serotonin Reuptake Inhibitors)

Akarin (citalopram)

Apo-Sertral (sertraline)

Aropax (paroxetine)

Asentra (sertraline)

Celexa (citalopram)

Cipralext (escitalopram)

Cipram (citalopram)

Cipramil (citalopram)

Citopam (citalopram)

Deroxat (paroxetine)

Dumyrox (fluvoxamine)

Eufor (fluoxetine)

Faverin (fluvoxamine)

Floxyfral (fluvoxamine)

Fluctine (fluoxetine)

Fluocim (fluoxetine)

Fluox (fluoxetine)

Fluvox (fluvoxamine)

Gladem (sertraline)

Ladose (fluoxetine)

Lexapro (escitalopram oxalate)

Lovan (fluoxetine)

Lustral (sertraline)

Luvox (fluvoxamine)

Paroxat (paroxetine)

Paxil (paroxetine)

Pexeva (paroxetine)

Prisdal (citalopram)

Prozac (fluoxetine hydrochloride)

Psiquial (fluoxetine)
Sarafem (fluoxetine hydrochloride)
Sercerin (sertraline)
Serlift (sertraline)
Seroplex (escitalopram)
Seroplexa (escitalopram)
Seropram (paroxetine)
Seroxat (paroxetine)
Sipralaxa (escitalopram)
Tolrest (sertraline)
Veritina (fluoxetine)
Zoloft (sertraline hydrochloride)
Xydep (sertraline)

**SNRIs (Serotonin-
Norepinephrine Reuptake
Inhibitors)**

Ariclaim (duloxetine)
Cymbalta (duloxetine)
Dalcipran (milnacipran)
Dobupal (venlafaxine)
Efectin (venlafaxine)
Effexor (venlafaxine)
Ixel (milnacipran)
Pristiq (desvenlafaxine)
Yentreve (duloxetine)

**Selective NRIs (Selective
Norepinephrine Reuptake
Inhibitors)**

Edronax (reboxetine)
Outonin (nefazodone)
Merital (nomifensine)
Norebox (reboxetine)
Serzone (nefazodone)
Strattera (atomoxetine)
Vestra (reboxetine)

**NDRIs
(Norepinephrine-Dopamine
Reuptake Inhibitors)**

Odranal (bupropion)
Wellbutrin (bupropion)
Zyban (bupropion)

Other

Desyrel (trazodone)
Dutonin (nefazodone)
Ludiomil (maprotiline
hydrochloride)
Nedafar (nefazodone)
Serzone (nefazodone)
Symbyax (fluoxetine and
olanzapine—antidepressant/
antipsychotic mix)

how do psychotropic drugs **AFFECT THE BODY?**

Your body consists of chemical compounds obtained from food, sunlight, the air you breathe and the water you drink.

There are millions of chemical reactions that are constantly occurring. Putting a foreign substance such as a psychotropic drug into your body disrupts the body's normal biochemistry.

Sometimes this disruption creates a false and temporary feeling of euphoria (being "high"), short-lived bursts of increased energy or an abnormal sense of heightened alertness. However, it is not natural to feel like this. The feeling does not last and addiction can result.

These drugs work by influencing the normal functions of the body: they speed them up, slow them down, dam them up or overwhelm them. This is why you get side effects with psychiatric drugs.

But do not think that these drugs heal anything. They are intended to cover up or "mask" your problems. Meanwhile, they tend to wear out your body. Like a car run on rocket fuel, you may be able to get it to run a thousand miles an hour to the end of the block, but the tires, the engine and the internal parts fly apart in doing so.

Side effects can sometimes be more pronounced than a drug's intended effects. They are, in fact, the body's natural response to the invasion of a chemical that is confusing its normal functions.

Drugs mask the problem; they don't solve the cause.

What about those who say psychotropic drugs really do make them feel better—that for them, these are "lifesaving medications" whose benefits exceed their risks? Are psychotropics actually safe and effective for them?

"What ends up happening," says Dr. Beth McDougall, a health center

medical director, "is that someone feels good for a while and then very often they have to have their dose increased. And then they feel good for a while and then they might have to have it increased again, or maybe they'll switch agents. So it's that kind of a story, if you're not actually getting to the root of what's going on."

the side effects of antidepressants

SSRIs:

- insomnia
- ejaculation problems
- nausea
- weakness
- headache
- diarrhea
- loss of appetite
- drowsiness
- anxiety
- nervousness
- shakiness (tremors)
- dry mouth
- decreased sex drive
- yawning
- indigestion
- dizziness
- sweating
- impotence
- fatigue
- slow heartbeat
- rapid heartbeat
- neck/jaw pain



- flu-like symptoms
- all over body pain
- hot flashes
- pins and needles feeling in head/extremities
- weight gain
- abdominal pain
- tiredness/lack of energy
- numbness
- emotional numbness
- irritability
- akathisia (uncontrollable limb and body movements, severe restlessness)
- suicide

SNRIs:

- abnormal dreams
- anxiety or nervousness
- body weakness
- chills
- cough
- dizziness
- drowsiness
- fatigue or weakness
- headache
- high blood pressure

(hypertension)

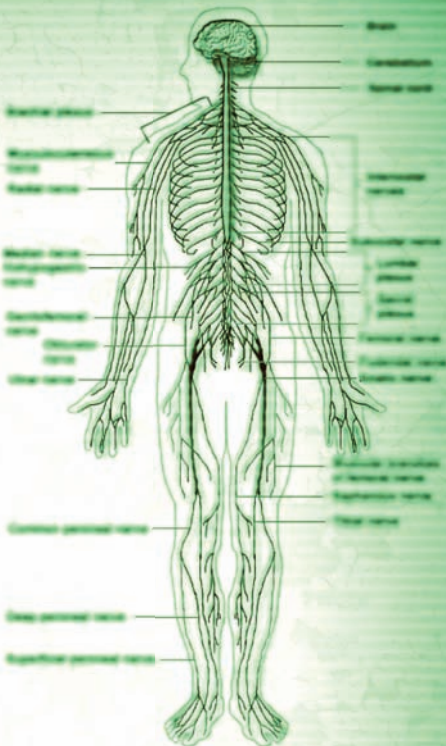
- increased sweating
- insomnia
- loss of appetite or weight loss
- nausea
- vomiting
- indigestion
- diarrhea or constipation
- sexual problems including decreased sex drive (libido)
- ejaculation problems
- impotence (erectile dysfunction or ED)
- orgasm problems in women
- shakiness (tremors)
- suicide
- vision changes

Wellbutrin (NDRI):

- agitation
- weight loss
- dry mouth
- constipation
- headaches
- nausea or vomiting
- dizziness
- increased sweating

- shakiness (tremors)
- insomnia
- appetite loss
- blurred vision
- a rapid heart rate (tachycardia)
- confusion
- hostility
- irregular heart rhythms (arrhythmias)
- hearing changes
- suicide

Wellbutrin can cause seizures at rates of four times that of other antidepressants. Fatal heart attacks in those with a history of heart-rhythm disturbances have occurred.



Strattera (Selective NRI):

- Constipation
- coughing
- decreased appetite
- dizziness
- drowsiness
- dry mouth
- fatigue
- flushing
- headache
- increased sweating
- mild stomach pain or

upset

- nausea
- tiredness
- trouble sleeping
- vomiting
- suicide

On December 17, 2004, the FDA required that Strattera packaging carry a new warning advising, "Severe liver injury may progress to liver failure resulting in death or the need for a liver transplant in a small percentage of patients."

Drug regulatory agency and other warnings

March 2004: The FDA warned that SSRIs could cause “anxiety, agitation, panic attacks, insomnia, irritability, hostility, impulsivity, akathisia (severe restlessness), hypomania [abnormal excitement] and mania [psychosis characterized by exalted feelings, delusions of grandeur].”

October 2004: The FDA ordered pharmaceutical companies to add a “black box” warning that antidepressants could cause suicidal thoughts and actions in those under 18 years of age. This was later extended to age 24. Drug regulatory agencies in Australia, New Zealand and Japan have issued similar warnings.

August 2005: The European Medicines Agency’s Committee for Medicinal Products for Human Use issued its strongest warning against child SSRI antidepressant use, stating that the drugs caused suicide attempts and thoughts, aggression, hostility, oppositional behavior and anger.

January 2009: The FDA issued a letter requiring the manufacturers of Paxil to update its drug safety label to include information on serotonin syndrome or neuroleptic malignant syndrome-like reactions associated with SSRIs and SNRIs. These are potentially fatal, which manifest in high fever, muscle rigidity, loss of muscle control, racing pulse, change in blood pressure and more.

Antidepressants and Pregnancy Warnings

Official agencies all over the world warn pregnant women not to take antidepressants.

In 2005, an analysis of World Health Organization medical records found that infants whose mothers took SSRI antidepressants while pregnant could suffer withdrawal effects.

A study published in the Archives of Pediatrics and Adolescent Medicine in February 2006 also determined that nearly one-third of newborn infants whose mothers took SSRI antidepressants during pregnancy experienced withdrawal symptoms that included high-pitched crying, tremors and disturbed sleep.

The Australian Therapeutic Goods Administration warned that SSRI antidepressant use during pregnancy increases the risk of giving birth to an infant with heart problems.

According to the FDA, antidepressants could cause increased risk of major birth defects, including heart malformations in newborn infants.

Health Canada warns the new antidepressants could place newborns at risk of developing a rare lung and heart condition.

Antidepressants Create Dependence: Drug Withdrawal

You may have been told that antidepressants do not cause addiction or dependency. This is not true.

People can have horrendous problems getting off of these drugs. This is not well publicized because for years, pharmaceutical companies and psychiatrists have been covering up the addictive effects of their drugs.

But with recent evidence making antidepressants' addictive properties too obvious to ignore, drug companies funded a closed-door conference with experts who decided to rename it "discontinuation syndrome" to avoid the negative connotations of *drug withdrawal effects*.

The bottom line, says psychiatrist Dr. David Healy, is "If there is withdrawal, then there is physical dependence."⁴

4. Sarah Boseley, "Seroxat maker abandons 'no addiction' claim. Firm agrees to alter leaflet to patients after complaints," *The Guardian*, 3 May 2003.

PSYCHIATRIC DISORDERS vs. MEDICAL DISEASES

There is no question that people do experience problems and upsets in life that may result in mental troubles, sometimes very serious.

But to say that these are “medical diseases” or caused by a “chemical imbalance” that can only be treated with dangerous drugs is dishonest, harmful and often deadly.

What psychiatric drugs do instead is mask the real cause of problems, often denying you the opportunity to search for workable, effective solutions.


It is important to understand that there is a big difference between medical disease and psychiatric “disorders.”

In medicine, a condition is only labeled a disease after it has met strict standards: You have to isolate a predictable group of symptoms, be able to locate the cause of the symptoms or see how they function. This must all be proven and established by a physical test such as a blood test or X-ray.

In psychiatry, there are no lab tests to identify their disorders. Their drugs treat symptoms.

For example, a patient might have symptoms such as chills or a fever. In medicine, tests would be done to find out what physically observable disease is causing them, such as malaria or typhoid. Psychiatrists, on the other hand, do not look for the root cause, and instead prescribe a drug that suppresses the symptoms. Meanwhile, the cause of the problem is not being treated and may worsen.

To appear more scientific, psychiatrists claim that their “disorders” come from a chemical imbalance in the brain. This claim has never been proven true, since there are no tests to assess the chemical status of a living person’s brain or how to determine what a correct chemical balance looks like.



Dr. Darshak Sanghavi, clinical fellow at Harvard Medical School, is among many medical experts publicly debunking the “chemical imbalance” theory. “Despite pseudoscientific terms like ‘chemical imbalance,’ nobody really knows what causes mental illness. There’s no blood test or brain scan for major depression. No geneticist can diagnose schizophrenia,” he said.⁵

The World Psychiatric Association and the US National Institute of Mental Health even admit that psychiatrists do not know the causes or cures for any mental disorder or what their “treatments” (usually drugs) specifically do to the patient.

Needless to say, allowing yourself to be treated with psychiatric drugs is very risky, since there is very little science to back it up.

5. Dr. Darshak Sanghavi, “Health Care System Leaves Mentally Ill Children Behind,” *The Boston Globe*, 27 Apr. 2004.

SOLUTIONS

the right to be informed

Mental problems can be resolved, and thankfully so.

Unfortunately, psychiatrists will most often tell you that your emotional problems are incurable and that you must take their drugs to manage them, often for the rest of your life. They are unlikely to tell you of non-drug or other alternatives—or they may try to convince you that these treatments don't work.

According to top experts, however, the majority of people having mental problems are actually suffering from nonpsychiatric disease which is causing emotional stress.⁶ Yet psychiatrists frequently do not conduct thorough medical examinations to rule out if an untreated medical condition may be causing depression.

The first step you can take is to have a “differential diagnosis,” where the doctor obtains a thorough medical history and conducts a complete physical exam.

In this way he or she can rule out all problems that may cause a set of symptoms. For example,

abnormal thyroid (gland that produces hormones) function may dramatically affect mood and cause severe depression and fatigue.

For many medical experts, the differential diagnosis is a must.



According to Dr. Mary Ann Block, author of *Just Because You Are Depressed Doesn't Mean You Have Depression*, "If a doctor does not have the time or does not know how to rule out various conditions, the patient should be referred to someone who can do these things. Above all, however, the temptation to rely on a simple psychiatric diagnosis must be rejected."

It can be disastrous not to perform a differential diagnosis on someone who is experiencing emotional problems.

Take for example 15-year-old Michelle, who was prescribed Paxil. She dropped weight, began self-mutilating and attempted suicide. However, a thorough physical examination determined she suffered from Lyme's Disease, a serious bacterial infection from a tick bite that attacks the nervous system. Once this was corrected and she was off the antidepressant, she functioned normally.

Michelle is not alone. According to Dr. Block, a majority of patients "who have been prescribed psychiatric drugs do not have a psychiatric disorder. Normal life experiences or underlying medical problems actually lie at the heart of their symptoms."

There are far too many workable alternatives to psychiatric drugging to list them all here. Psychiatry, on the other hand, insists there are no such options and fights to keep it that way. Patients and physicians must urge their government representatives to endorse and fund non-drug workable alternatives to dangerous drugs.

6. Sydney Walker, III, MD, *A Dose of Sanity* (John Wiley & Sons, Inc., New York, 1996), pp 229–230.
Lorrin M. Koran, *Medical Evaluation Field Manual* (Department of Psychiatry and Behavioral Sciences, Stanford University Medical Center, Stanford, California, 1991), p 4; Thomas Dorman, "Toxic Psychiatry," Thomas Dorman's website, 29 Jan. 2002, <http://www.dormanpub.com>, Accessed 27 Mar. 2002.

**According to top experts,
the majority of people
having mental problems are
actually suffering from
nonpsychiatric disease that
is causing emotional stress.**

CITIZENS COMMISSION ON HUMAN RIGHTS

Restoring Human Rights and Dignity to Mental Health

Citizens Commission on Human Rights (CCHR) was established in 1969 by the Church of Scientology to investigate and expose psychiatric violations of human rights, and to clean up the field of mental healing.



Its cofounder is Dr. Thomas Szasz, Professor of Psychiatry Emeritus and internationally renowned author. Today, CCHR comprises a network of 250 chapters in 34 countries. Its board of advisors, called commissioners, includes doctors, lawyers, educators, artists, businessmen, and civil and human rights representatives.

CCHR has inspired and caused hundreds of reforms by testifying before legislative bodies and conducting public hearings into psychiatric abuse, as well as working with media, law enforcement and public officials the world over.



**“Given the nature and potentially
devastating impact of psychotropic
medications...we now similarly
hold that the right to refuse to take
psychotropic drugs is fundamental.”**

Alaska Supreme Court, 2006

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Report any adverse psychiatric drug effects to the FDA's MedWatch program at

www.accessdata.fda.gov/scripts/medwatch

Or log on to www.cchr.org

cchr.org

