

Antidepressant Awareness

Part 1

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

Exposure to antidepressant medications will result in high risks of dementia, strokes, Parkinson's Disease and curtailed life span.

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

Read the science: (1)

Risk of developing Parkinsons disease was approximately doubled by exposure to antidepressants or lithium

Patients who purchased either class of psychiatric medication also experienced a higher rate of death

15% of patients (aged 30 and older) who were prescribed antidepressants and lithium (1995-1999) were dead within five years

Brandt-Christensen et al (2006) Case-Control Study (Denmark)

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

Read the science: (2)

In a ten year study patients aged 40 years or older taking antidepressants experienced a 2 to 5 fold increased risk of new onset dementia, relative to the non-drug exposed.

More than 20% of those patients who were prescribed SSRI's or older antidepressants died during the follow up interval.

Kessing et al (2009) Retrospective Case-Control Study (Denmark)

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

Read the science: (3)

13% experienced a cerebrovascular event (stroke) within the five-year period of study. The overwhelming majority of these episodes, more than 70%, occurred prior to the age of 65.

Chen et al (2008) Case-Controlled Study (USA)

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

Read the science: (4)

"Dozens of studies, spanning more than 30 years research have demonstrated that **serotonin drugs create a lasting vulnerability to depressed mood via the serotonin system.**

Notably formerly depressed individuals who have received treatment with psychotherapy - but who have avoided pharmaceuticals - have not displayed this reaction when subjected to the same method of dietary manipulation (monoamine depletion)."

Haynes et al (2004), Van der Does et al (2005), O'Reardon et al (2004)

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

KNOWN EFFECTS OF ANTIDEPRESSANTS

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

So in the long run, for some people
antidepressants do more harm than
good.

SSRI antidepressant induced
suicide is addressed in:

“Antidepressant Awareness Part 2”

More Proof:

The Acute Tryptophan Depletion Test

Proves that antidepressants cause disruption of Serotonin and Noradrenaline circuits

Taking SSRI drugs (Selective Serotonin Reuptake Inhibitors like Prozac) even after past or with current use, sooner or later will cause **depletion of serotonin, therefore depression returns.**

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

And:

Taking NRI drugs (Noradrenaline reuptake inhibitors like Reboxetine) will also cause **depletion of noradrenaline leading to return of depression.**

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

Most drug trials are done for up to 6-8 weeks at the most, so the long term effects of these medications are not shown.

Conclusion of Acute Tryptophan Depletion Test :

If you deplete serotonin or noradrenaline in a healthy person and make them feel “depressed”, by using the above test, no depression appears after the test. Serotonin and noradrenaline return to their normal fluid state of flux.

If you deplete serotonin or noradrenaline in a drug-naïve (never used an antidepressant) depressed person, there is no worsening of depression afterwards.

If you deplete serotonin or noradrenaline in someone who is responding to psychotherapy no depression returns after the test.

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

Conclusion of Acute Tryptophan Depletion Test:

Approximately **60-80% of formerly medicated patients experience a rapid return of depressive symptoms** which corresponds to the target of past treatment.

Serotonin drugs persistently disrupt the serotonin circuits and noradrenaline drugs persistently disrupt the noradrenaline circuits.

Patients who experience psychotherapy without antidepressant treatment do not experience a return of depressive symptoms.

Patients who have never used antidepressants do not experience a worsening of depressive symptoms.

Antidepressant medications are interfering with the potential of lasting results from psychotherapy.

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

AND.....What drug companies fail to disclose is that their own clinical trials show that antidepressants work no better than placebo.

Source: Irving Kirsch et al. PLoS Medicine February 2008 | Volume 5 | Issue 2

**SO... why should you be
prescribed a drug that for some
people can not only make you ill
but has no real antidepressant
effect?**

PROFIT

**AND WHAT DOES THE UK
GOVT HAVE TO SAY...**



House of commons
Health Committee

The Influence of the Pharmaceutical Industry

Fourth Report of Session 2004–05

In 2005 this UK Govt. Green Paper stated ...

“Our consumption of drugs is vast and is increasing. About 650 million prescriptions are written each year by GPs alone. Medicines cost the NHS in England over £7 billion every year, 80% of which is spent on branded (patented) products. The industry which has produced these drugs has understandably been described as “world class and a jewel in the crown of the UK economy”. It is the third most profitable economic activity after tourism and finance.”

Extract from the House of Commons Health Committee 2004-05

The report continues...

“...The consequences of lax oversight is that the industry’s influence has expanded and a number of practices have developed which act against the public interest. The industry affects every level of healthcare provision, from the drugs that are initially discovered and developed through clinical trials, to the promotion of drugs to the prescriber and the patient groups, to the prescription of medicines and the compilation of clinical guidelines. We heard allegations that clinical trials were not adequately designed – that they could be designed to show the new drug in the best light – and sometimes fail to indicate the true effects of a medicine on health outcomes relevant to the patient. We were informed of several high-profile cases of suppression of trial results. We also heard of selective publication strategies and ghost-writing. The suppression of negative clinical trial findings leads to a body of evidence that does not reflect the true risk:benefit profile of the medicine in question.”

Extract from the House of Commons Health Committee 2004-05

Furthermore...

“...Inappropriate prescription of medicines by GPs is of particular concern. Some have prescribed SSRIs, for instance, on a grand scale. This is in part due to inadequacies in the education of medical practitioners which has meant that too few non-specialists are able to make objective assessments of the merits of drugs and too many seem not to recognise how little is known about the properties of a drug at the time of licensing, particularly about its adverse consequences...

... We recommend that more research be undertaken into the adverse effects of drugs, both during drug development and medicines licensing. The Government should, as a matter of urgency, fund research into the costs of drug-induced illness.”

Extract from the House of Commons Health Committee 2004-05

**As a result of this government
Green Paper
very little has changed.**

You can read the whole report at :

<http://www.publications.parliament.uk/pa/cm200405/cmselect/cmhealth/42/42.pdf>

Other useful reference sources:

SSRI Stories

www.ssristories.com

International Coalition for drug awareness

<http://www.drugawareness.org/>

The Center for the Study of Empathic Therapy, Education and Living.

<http://www.empathictherapy.org/>

Law Project for Psychiatric Rights:

<http://psychrights.org/index.htm>

Contributors:

**Catherine Clarke SRN, SCM, MSSCH, MBChA
Jan Evans MCSP. Grad Dip Phys**

March 2012