PE1651/C
Alyne Duthie submission of 5 June 2017

I believe I have been damaged by psychiatric drugs. All told I spent over 30 years on a variety of different antidepressants such as Anafranil, Seroxat and Effexor. In 1979 my marriage was failing and I was 7 months pregnant. During this distressing period in my life I was referred to psychiatry. It was at the suggestion of my psychiatrist that I started on Anafranil one of the older tricyclic antidepressants after assurances it was safe in the last trimester of pregnancy. As it turned out this was not the case as my baby had convulsions at 8 hours after birth directly attributed to withdrawal from maternal Anafranil. My psychiatrist was unaware this could be a problem. Many studies now seem to suggest that there is an increased risk of autism spectrum disorders in taking antidepressants in pregnancy.

In hindsight I wish I had never taken an antidepressant. It should have occurred to me to come off them at stage but I had been diagnosed as having a depressive illness and I thought I needed drug treatment. This I feel disempowers the patient from seeking non-medicated routes to solving their problems. Paradoxically as the years progressed antidepressants did not appear to improve my health. Most days it was a struggle to get out of bed. It was becoming clear to me that antidepressants were causing me considerable problems. Any time I failed to get my prescription I felt panicked and jittery. The side effects were debilitating and wide ranging. I was plagued by blurred vision, heavy sweating, fatigue, irregular heartbeats, weight gain, photosensitivity, hives, gastrointestinal problems, deficiencies in memory and concentration and a general feeling of apathy. I had no motivation beyond taking my pills and dragging myself through the day. There were times when I ended up in hospital after failed attempts to come off antidepressants without appreciating I was actually in withdrawal. Something none of my doctors ever picked up on.

I would have liked the help of my GP to taper off my antidepressant but I knew he preferred I take them indefinitely. I hadn't anticipated having any problems coming off Effexor if I kept to a reasonable taper plan though in retrospect I wish I had prolonged the taper for far longer. I thought I might have some difficulties for a few weeks, perhaps a couple of months at most as I'd once been told, but the idea that withdrawal might last years seemed inconceivable. Initiating a taper in 2010 was my chance to regain my health after many years of feeling chronically unwell but had I been aware that I risked suicide and years of protracted withdrawal symptoms I might have thought twice. Nothing in the medical literature ever prepares you for the brutal experience many of us face coming off psychiatric drugs, antidepressants included. Within a week of being off Effexor I had terrible panic and inner turmoil on a scale I had never encountered before. I was crippled by this constant torture that I rarely left my sofa beyond going to the bathroom. I lived minute to minute. I barely slept or ate. This was a nightmare that had no end. I tried desperately to reinstate antidepressants but with no success as they made me feel much worse. During this time I had a psychiatrist tell me I needed antidepressants like a diabetic needs insulin. In the summer of 2012 I attempted suicide. Without the help of my family I would not be here today. After a short spell in a psychiatric hospital I was discharged with a prescription for yet another antidepressant alongside Valium and a sleeping tablet. I had failed to convince my doctors that I was suffering from protracted withdrawal instead my symptoms were seen as evidence of relapse. Life was unbearable and I was prepared to try all sorts of treatments that in other

circumstances I would never have considered like Seroquel (an antipsychotic), Pregabalin (a mood stabiliser) and benzodiazepines. Thankfully I had the resolve to say no to Lithium and ECT. Because doctors/psychiatrists are largely uneducated about antidepressant and benzodiazepine withdrawal patients run the risk of further unnecessary and damaging psychiatric drug treatments. Polypharmacy increases the likelihood that patients remain stuck on these medications for life with implications for their health.

It is generally acknowledged to be harder to come off a benzodiazepine than heroin, a view expressed by Malcolm Lader, emeritus Professor of Clinical Psychopharmacology at King's College London in a BBC Radio 4 interview in 1999. In this light it is hard to understand why benzodiazepines are only categorised as a Class C drug while heroin is a Class A. Over the course of a very difficult year I tapered off first Moclobomide, Zolpidem and finally by November 2013 I was able to stop Valium. In the months that proceeded I was left in a state of high anxiety and utter despair. I was left with a multitude of bizarre and horrendous symptoms. My limbs and head jerked constantly making sleep impossible. Tinnitus pierced my brain and sensitivity to noise made things like a ticking clock unendurable. Sensitivity to light meant I could barely tolerate a television or computer screen. Every few minutes I would be boiling hot, bathed in sweat, the next shivering cold. I walked with rubber legs as if drunk. Dizziness, brain pressure, gastrointestinal and bladder problems, profound cognitive fog, this was my everyday experience. At one point I sought help at A&E only to be given leaflets on panic attacks by a psychiatric nurse. Later a neurologist I saw suggested referral to psychiatry. I'm still having to contend with a number of troubling symptoms albeit at a lesser intensity. Suicide was uppermost in my mind for many years but mercifully these thoughts have mostly subsided. I have sustained iatrogenic neuro-psychiatric damage that doesn't appear to resolve easily. I would like to think I will make a full recovery but at the moment my life has been placed on hold. For many in the medical profession protracted withdrawal whether antidepressant or benzodiazepine does not exist but the links I provide show that for a significant proportion of patients there is a different story –

- www.karger.com/Article/FullText/371865 and;
- www.benzo.org.uk/pha-1.htm

For the people I communicate with on the on-line sites such as –

- www.survivingantidepressants.org and;
- www.benzobuddies.org

This lack of recognition is tragically an all too common occurrence. Even the many problematic side-effects that we suffer are usually ascribed to psychological reasons or MUS (Medically Unexplained Symptoms).

"It appears that recent propaganda has been effective enough to persuade a large section of the population that their biochemistry is awry and that they need drug treatment to correct it", a quote from Dr Joanna Moncrieff, psychiatrist and senior researcher at the University College of London from her book "The Myth of the Chemical Cure". There are no biological causes for the common psychiatric disorders such as anxiety and depression. Even genetics provides an incomplete picture as we are as much a product of our environment as our genes. We have

been fed a narrative of chemical imbalance coming from within the medical profession and the pharmaceutical industry which is too simplistic to stand up to scrutiny and while most neuroscientists no longer subscribe to this view some GPs still tell this to their patients. According to Dr Moncrieff psychiatric drugs like antidepressants create an altered brain state and while this may be preferable this isn't normal. The brain over compensates to the presence of the drugs and struggles to re-adapt in the process of withdrawal. Informed consent is crucial. Patients must be told about what these drugs actually do and have information concerning the difficulties related to stopping as well as the symptoms that can occur when starting their drug treatments as well as information on side effects.

On the question of addiction or dependence, while I acknowledge that benzodiazepines have the potential for abuse for many patients this is not a factor in their lives. I have never resorted to addiction seeking behaviour or had any cravings to satisfy, I simply followed the advice of my doctor. I certainly had no idea that I could become dependent on antidepressants. Most people who struggle with dependency to either benzodiazepines or SSRIs in a clinical setting are subject to a physiological dependence that bears no similarities with addiction and this an important distinction to bear in mind.

We have known for decades about the dangers of benzodiazepines, they lead to high dependency and are linked to brain shrinkage and Alzheimer's disease and yet we still see them being prescribed in the long-term for anxiety. Benzodiazepines can very quickly become ineffective and lead to tolerance

- www.benzobuddies.org/benzodiazepine-information/tolerance-and-dependency

Side effects such as sedation, drowsiness, dizziness, depression, sleep disturbances, confusion, aggression, memory impairment, anxiety and irritability seriously impact health. For the elderly who don't do well on psychiatric drugs this can lead to falls (Hartikainen S, Lönnroos E. Use of sedatives and hypnotics, antidepressants and benzodiazepines in older people significantly increases their risk of falls. Evidence-Based Medicine 2010;15:59). Unfortunately, we seem to be treading a similar path with antidepressants. Benzodiazepines and SSRIs share similar discontinuation symptoms, 37 of 42, as confirmed by a Nordic Cochrane study of 2012. A 2014 New Zealand study of 1,829 people showed that 55% experienced withdrawal symptoms related to their antidepressant and worryingly 62% noted having sexual difficulties. From the meta-analysis of Professor Irving Kirsch of Harvard Medical School we know they work little better than placebo for the majority of people, 85 to 90%

- http://journals.plos.org/plosmedicine/article/file?id=10.1371/journal.pmed.0050045&type=printable)

Moreover, they seem to worsen long-term outcomes. Disability rates in many western countries have increased for anxiety and depression despite the widespread prescribing of antidepressants. More and more of us including children and adolescents are being prescribed an antidepressant sometimes for years or decades without much thought for the possible consequences

- https://doi.org/10.3389/fpsyg.2012.00117

- https://www.jamanetwork.com/journals/jamainternalmedicine/fullarticle/773902
- http://www.bmj.com/content/bmj/343/bmj.d4551.full.pdf

And we cannot overlook the association with antidepressant use and suicide in the very young

- http://www.bmj.com/content/bmj/352/bmj.i65.full.pdf

The harms of which are often misrepresented in drug trials (Moncrieff Joanna. Misrepresenting harms in antidepressant trials BMJ 2016; 352 :i217).

It cannot be right that I and so many others are left without adequate support from the NHS when a helpline and support services are desperately needed. As much as I have found help and encouragement from on-line forums this does not in any way provide a substitute to the medical care that so many of us need. What services exist are underfunded for the task at hand and are geared towards the culture of addiction which is totally inappropriate for prescription drug dependence. Through the findings of the APPG addressing the issue of PDD and the recent support of the BMA we are at last beginning to receive proper recognition for a too long overlooked problem. This is very welcome but we need action rather than just words. Perhaps we should be asking why we are rapidly medicalising the problems of the human existence and seeking better solutions that aren't so reliant on a "chemical cure". Diet, exercise and psychotherapy are known to have effective outcomes but resolving the problems of poverty and social inequalities must equally have a place.