

PE1651/EEEEEE

Peter Swan submission of 23 January 2018

In 2003 I was prescribed an SSRI medication, fluoxetine, for violent intrusive thoughts (classed as part of 'pure OCD'), dysthymia, and anxiety. At no point was I told about any psychological therapies or the possibility of serious side effects and/or discontinuation symptoms. I took this drug between 2003 and 2011, always at 20mg. In some ways it always made me feel a little bit 'stimulated' and jittery; while it may have helped my general worries and depression somewhat it did nothing for the intrusive thoughts, and maybe even made them slightly worse. I didn't take this drug for around 8 months in 2008 (I discontinued it without tapering) but had to recommence taking it again after experiencing a prolonged period of depression (albeit one where my intrusive thoughts were less severe). In hindsight I believe that this period of depression was not a 'natural depression', but was a result of fluoxetine discontinuation. In any case I recommenced taking this drug with few complications; the depression lifted and life continued.

In mid 2011 I experienced a prolonged period of what can best be described as physical restlessness and an increased incidence of intrusive thoughts. Believing that fluoxetine was contributing to these intrusive thoughts (in hindsight I believe that moderate but prolonged alcohol consumption may have also played a part) I again decided again to stop taking this medication. For two months I felt great; the physical restlessness and intrusive thoughts disappeared within a week, and I was able to continue writing my PhD thesis. However, I soon again entered into a period of severe depression. My desire to study disappeared, and I experienced a constant feeling of emptiness. The only thing I looked forward to was drinking alcohol in the evenings.

In December 2011 I returned to my GP and asked to try a 'less stimulating' antidepressant, which I hoped would help me escape this hopeless depression. I was prescribed citalopram at just 10mg/day. After around 4 weeks of taking this drug the depression lifted; however, I also noticed that the intrusive thoughts and general physical restlessness returned. This was not a feeling I liked, so I decided to stop taking this drug, around late January 2012. The restlessness and intrusive thoughts disappeared within a week, and I generally felt great for a few weeks. What's more, the depression didn't return.

However, around 7 weeks after discontinuing citalopram I developed, almost overnight, a feeling of constant panic, terror and anxiety (late March 2012). The intrusive thoughts were back, but this time they were magnified. In desperation I returned to my GP telling them of my persistent, distressing symptoms, who referred me to a psychiatrist. Despite the sudden emergence of these new symptoms, the psychiatrist was of the opinion that this was all symptomatic of 'anxiety'. The next few years were a nightmare. Dealing with a hypersensitive nervous system and almost constant, violent, intrusive thoughts, I tried a number of different medications

in a desperate attempt to get better. At best they didn't help; at worst they continued to my general decline in health. In addition, no medical professional that I saw was of the opinion that the majority of my symptoms were drug-induced.

I developed a number of new and distressing symptoms as a result of my newly hypersensitive nervous system and all the medication changes I subjected it to. The most serious symptom was a condition known as 'akathisia', which is a feeling of constant panic, terror and fear, accompanied by physical restlessness and an inability to sit still for long periods of time. I also developed depersonalisation, jaw clenching, muscle pains, concentration difficulties, cognitive impairment, sexual dysfunction, emotional blunting, chronic anhedonia, dysphoria, and visual distortions (visual snow) to name but a few. Of course, my existing mental health difficulties were also there, but they now were magnified considerably. Many of these symptoms still affect me today.

To date I have not received any form of validation from any medical professionals, only being told that my symptoms were 'anxiety-related'. I have, however, received validation from the numerous online communities devoted to managing iatrogenic harm. My recovery has been extremely slow. I realised that I would only get better if I focussed on stabilising my nervous system, so I held the doses of all the medications I was taking and waited for my nervous system to heal. Since then my symptoms have decreased slightly in severity, but still remain highly problematic; for instance, I can only work in a voluntary capacity. I am in a far worse situation now compared with when I was first prescribed psychiatric medication.

The number of people who experience severe reactions, either to starting commonly-prescribed drugs, or discontinuing them, is far less rare than Dr Mitchell may think. There are thousands of stories across the internet of people who have suffered iatrogenic (treatment-induced) damage to drugs such as SSRIs. It is only recently that doctors accepted that discontinuation from benzodiazepines can cause long-term health problems in a significant number of people. I believe that in future the medical profession will acknowledge the long-term effects that supposedly non habit-forming drugs like antidepressants and antipsychotics can have on the nervous system of a significant minority of patients.

What do I think needs to be done:

Firstly, I believe that the prescribing of psychiatric drugs should rarely be a 'first line' treatment for any patients. There should be much more emphasis on offering people appropriate, accessible and prompt talking therapies. I disagree with Maureen Watt's statement that increasing access to psychological therapies would not result in a reduction in the number of people being prescribed antidepressants. If I had been offered suitable psychological therapies when I first presented to my GP with my symptoms, I truly believe that I could have avoided going down the 'antidepressant route'.

Secondly, I believe that people who are prescribed psychiatric medication should be adequately warned about the serious side effects that they may experience, either when taking or discontinuing the offending drugs, including those side effects that are comparatively rare.

Thirdly, I feel that tapering schedules for psychiatric drugs are often much too short. Patients should be aware that they may require months or years to discontinue antidepressants and other supposedly 'non habit-forming' drugs and should be offered the means to do so (compounding pharmacies, liquid prescriptions).

Finally, those already suffering from iatrogenic damage should be given support, assistance, and most importantly, validation, while they recover. Genuine physical illness in people with a diagnosed mental illness is often viewed as 'psychosomatic' (Leucht et al, 2007). For example, one of my close friends repeatedly visited the doctor complaining of acute chest pains. Eventually, after many months, he received a blood test which uncovered that he had coronary artery disease and had suffered a series of heart attacks. He is lucky to be alive today. Previously his physical symptoms were explained away as 'symptomatic of anxiety'.

Many of us who are certain that our current levels of suffering are related to an adverse effect or drug discontinuation also continue to be viewed through "mental health-tinted" glasses by many medical professionals. I have read many stories of people with iatrogenic illness (e.g. akathisia) being told that their condition is simply a manifestation of their 'mental illness'. This lack of validation can be extremely demeaning, insulting, and can add to the often significant levels of suffering that people may already face.

References

Leucht S., Burkard T., Henderson J., Maj M., and Sartorius N. (2007b) Physical Illness and Schizophrenia: A Review of the Evidence. Cambridge: Cambridge University Press