

PE1651/TTTTTTTTT

Petitioner Submission of 2 February 2021

There have been some recent developments which need to be recorded here.

The British Journal of General Practice's online 'BJGP Life' published an article which we submitted 'as Petitioners' respectively for the Scottish and Welsh petitions, in order to communicate our concerns directly to GPs, being the main 'first prescribers' of antidepressants:

3 December 2020

Brown M & Lewis S 'The Patient Voice: Antidepressant withdrawal, MUS and FND '

(<https://bjgplife.com/2020/12/03/the-patient-voice-antidepressant-withdrawal-mus-and-fnd/>)

The closing statement reads:

*Most urgently, we urge individual prescribers to always raise with their patients possibilities such as antidepressant adverse effects and/or potential dose-change and withdrawal issues **before** initially prescribing an antidepressant for any patient – and **before** attributing patients' subsequent development of 'unexplained' 'functional' symptoms to psychosomatic 'medically unexplained' or 'functional' syndromes and disorders. This is vital to the all-important doctor/patient relationship, to properly informed consent – and to reduce prescribed drug damage and resulting nervous system chaos.*

Two important and relevant original research papers about antidepressants, with major input from our collective 'patient voices' have been published by Therapeutic Advances in Psychopharmacology:

24 December 2020

Hengartner, M. P. et al. (2020) 'Protracted withdrawal syndrome after stopping antidepressants: a descriptive quantitative analysis of consumer narratives from a large internet forum', Therapeutic Advances in Psychopharmacology. doi: 10.1177/2045125320980573. [Protracted withdrawal syndrome after stopping antidepressants: a descriptive quantitative analysis of consumer narratives from a large internet forum - Michael P. Hengartner, Lukas Schulthess, Anders Sorensen, Adele Framar, 2020 \(sagepub.com\)](https://doi.org/10.1177/2045125320980573)

PWS or PAWS from antidepressants can be severe and long-lasting, and its manifestations clinically heterogeneous. Long-term antidepressant exposure may cause multiple body system impairments. Although both somatic and affective symptoms are frequent, they are mostly unrelated in terms of occurrence. Proper recognition and detection of PWS thus requires a comprehensive assessment of medication history, duration of the withdrawal syndrome, and its various somatic, affective, sleep, and cognitive symptoms.

17 January 2021

White, E., Read, J. and Julio, S. (2021) 'The role of Facebook groups in the management and raising of awareness of antidepressant withdrawal: is social media filling the void left by health services?', Therapeutic Advances in Psychopharmacology. doi: 10.1177/2045125320981174. [The role of Facebook groups in the management and raising of awareness of antidepressant withdrawal: is social media filling the void left by health services? - Edward White, John Read, Sherry Julio, 2021 \(sagepub.com\)](#)

*The results are discussed in the context of research on the prevalence, duration and severity of antidepressant withdrawal. We question why so many patients seek help in peer-led Facebook groups, rather than relying on the clinicians that prescribed the medications. The withdrawal experiences of **tens of thousands** of people remain hidden in these groups where they receive support to taper when healthcare services should be responsible.*

This was also reported in national and international news – and other publications such as Psychology Today: [Online Antidepressant Withdrawal Support Groups | Psychology Today UK](#)

Meanwhile of course COVID has been ravaging all of our lives, and NICE & SIGN with RCGP have published 'guidance' managing the long-term effects of Covid.

On 19 Dec 2020 I submitted my concerns via the 'give us your feedback' option: [Overview | COVID-19 rapid guideline: managing the long-term effects of COVID-19 | Guidance | NICE](#)

NICE enq ref: EH-312044: COVID-19 feedback: NG188

This guidance seems to completely OMIT reference to the effects of very widely prescribed medicines that may have been taken before, during, or following the Covid illness.

Many of the symptoms listed are very common symptoms of physiological medication 'effects'. Yet this seems to be being overlooked. Once again.

But there are strong 'hints' in this guidance that Long-Covid is mostly due to a person's 'depression' / 'anxiety', or other state of mind, that may 'need' to be 'treated' (with CBT &/or psychiatric medicines presumably).

*This is **alarming**. We have raised Public Petitions in Scotland and in Wales as we are seeing many people being 'treated' in this way - with very disturbing outcomes.*

The Patient Voice: Antidepressant withdrawal, MUS and FND | BJGP Life

Paul Chrisp [NICE] is well aware of this, as per PHE Review report 2019. Factors of polypharmacy, dependence and withdrawal from several classes of prescribed medicines may be seriously exacerbating the damage being suffered following Covid19 illness. This must be explored and factored in.

Marion Brown

[PE01651: Prescribed drug dependence and withdrawal - Getting Involved :](#)
[Scottish Parliament](#)

Response received from NICE on 30 December 2020 is entirely evasive and unsatisfactory, not in any way addressing the issues raised about medication effects.