

The Proven Dangers of Antidepressants

by Peter R. Breggin, M.D.

On March 22 the FDA issued an extraordinary “Public Health Advisory” that cautioned about the risks associated with the whole new generation of antidepressants including Prozac and its knock offs, Zoloft, Paxil, Luvox, Celexa, and Lexapro, as well as Wellbutrin, Effexor, Serzone, and Remeron. The warning followed a public hearing where dozens of family members and victims testified about suicide and violence committed by individuals taking these medications.

While stopping short of concluding the antidepressants definitely cause suicide, the FDA warned that they might do so in a small percentage of children and adults. In the debate over drug-induced suicide, little attention has been given to the FDA’s additional warning that certain behaviors are “known to be associated with these drugs,” including “anxiety, agitation, panic attacks, insomnia, irritability, hostility, impulsivity, akathisia (severe restlessness), hypomania, and mania.”

From agitation and hostility to impulsivity and mania, the FDA’s litany of antidepressant-induced behaviors is identical to that of PCP, methamphetamine and cocaine—drugs known to cause aggression and violence. These older stimulants and most of the newer antidepressants cause similar effects as a result of their impact on a neurotransmitter in the brain called serotonin.

For more than a decade, I have documented in books and scientific reports how this stimulation or activation profile can lead to out-of-control behavior, including violence. Indeed, the FDA’s conclusions seem drawn from my recent detailed review of

studies pertaining to abnormal behavior produced by the newer antidepressants:

“Suicidality, violence and mania caused by selective serotonin reuptake inhibitors (SSRIs): A review and analysis” published in the International Journal of Risk and Safety in Medicine, 16: 31-49, 2003/2004 (The complete text of the peer-reviewed article appears on this website). I made a similar analysis in my most recent book on the subject, The Antidepressant Fact Book (2002, Perseus Books).

As a psychiatrist and as a medical expert, I have examined dozens of cases of individuals who have committed suicide or violent crimes while under the influence of the newer antidepressants such as Prozac, Zoloft, Paxil, Luvox and Celexa. In June in South Carolina, Christopher Pittman will go on trial for shooting his grandparents to death while they slept. Chris was twelve when his family doctor started him on Zoloft. Three weeks later the doctor doubled his dose and one week later Chris committed the violent acts. In other cases, a fourteen-year-old girl on Prozac fired a pistol pointblank at a friend but the gun failed to go off, and a teenage boy on Zoloft beat to death an elderly woman who complained to him about his loud music. A greater number of cases involve adults who lost control of themselves while taking antidepressants. In at least two cases judges have found individuals not guilty on the basis of involuntary intoxication with psychiatric drugs and other cases have resulted in reduced charges, lesser convictions, or shortened sentences.

The FDA includes mania in its list of known antidepressant effects. Manic individuals can become violent, especially when they are thwarted, and they can also “crash” into depression and suicidal states. They can carry out elaborate but grandiose and doomed plans. One clinical trial showed a rate of 6% manic reactions for depressed

children on Prozac. None developed mania on a sugar pill. Even in short-term clinical trials, 1% or more of depressed adults develop mania compared to a small fraction on the sugar pill.

Although it is difficult to determine the rate at which the antidepressants cause relatively uncommon tragedies such as suicide and violence, we do know that they cause stimulant effects such as irritability and agitation in a large percentage of patients, often a third or more. Doctors who fail to recognize these reactions as drug-induced may mistakenly increase the dose of the antidepressant with disastrous results.

Little will be lost by minimizing the use of the newer antidepressants. While there is strong evidence that they cause suicide, there is no convincing evidence that they can prevent it. Many older antidepressants cause less stimulation and are equally or more effective in head-to-head clinical trials. Beyond that, a number of meta-analyses drawing data from multiple studies have shown that antidepressants are no better than a sugar pill. People who are depressed often respond to placebo because it gives them hope. Severe depression is essentially a feeling of profound hopelessness and despair that can best be addressed by a variety of psychotherapeutic, educational, and spiritual or religious interventions.

Unfortunately, there are also risks involved with stopping antidepressants. Many can cause withdrawal reactions that last days and sometimes longer, causing some patients to feel depressed, suicidal or even violent. Stopping antidepressants should be done carefully and with experienced clinical supervision.

As a first step in responding to this public health threat, we should follow the example of Great Britain whose drug safety agency recently banned the use of many of

these drugs in children. Beyond that, the FDA and the medical profession must forthrightly educate potential patients and the public about the sometimes life-threatening risks associated with the use of antidepressant medications.

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