

The Pulse

End of the Prozac nation?

by [Peter Lavelle](#)

Are antidepressants no better than sugar pills? Well, yes and no. Experts say they still have a place in severe depression.

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A big analysis of clinical trials of antidepressants shows they don't work. Or rather, for most people with depression they are no better than sugar pills.

Antidepressants are among the most commonly prescribed medications in the country. One person in 20 in Australia is on an antidepressant, according to the Australian Bureau of Statistics. They're taking sugar pills? How could this be?

Well it turns out that we haven't been getting the full picture when it comes to antidepressants. We've been making decisions based on published evidence which shows they do work – though not dramatically.

But it turns out there are other studies that show they don't work. And these studies haven't been published. Sponsored by drug companies that make the same drugs, they've been quietly buried.

A consortium of UK, US and Canadian researchers used Freedom of Information legislation to force the US Food and Drug Administration (FDA) to give it all the clinical trials, published and unpublished, for a range of commonly used latest-generation antidepressants, the SSRIs. (The FDA holds all the trials, published and unpublished, on a particular drug. Drug companies have to supply the trials in order to get the drug licensed.)

The researchers analysed all the trials and published the results of their analyses in PLoS Medicine, a free, open-access non-profit science journal. The drugs they looked at were fluoxetine (Prozac), venlafaxine (Effexor), paroxetine (Aropax), and nefazodone (Serzone, which is no longer prescribed in Australia).

They found that for mild and moderate depression, the antidepressants were statistically no better than a placebo. They did produce a slight improvement over placebo but the improvement was so small it couldn't be considered significant, they concluded.

Only in people with severe depression was the improvement over placebo large enough to be able to say the drugs worked.

Implications

The fact that the drug companies suppressed the studies showing they didn't work, is another in a string of scandals besetting the pharmaceutical industry. (The last was the Cox-2 inhibitors scandal, in which the makers of arthritis drugs Vioxx and Celebrex were accused of deliberately withholding evidence that their drugs were linked to heart disease. They face massive lawsuits.)

But let's leave the issue of drug companies, truth and ethics (or lack of it) to another day.

Instead let's examine what these latest findings might mean.

Antidepressants are the most commonly used treatment for depression. Their use is based on the theory that depression is caused – in part at least – by low levels of neurotransmitters, such as serotonin, in the brain. Antidepressant drugs are supposed to elevate levels of serotonin back to what they should be.

But it's thought depression is also caused by environmental factors – by the fact that some of us are maladapted to the stresses of modern life. This is the theory behind the other major type of treatment, psychotherapy. Types of psychotherapy include cognitive behavioural therapy (CBT), psychodynamic psychotherapy, interpersonal therapy (IPT) and family therapy. CBT, for example, teaches people to think rationally about common difficulties, helping a person to change their thought patterns and the way they react to certain situations.

Compared to antidepressants, non-drug therapies are drawn out and expensive. CBT, for example, involves 10 to 12 one-hour sessions at a cost of about \$200 per session (though under certain conditions it now qualifies for a Medicare rebate worth about half this amount). Until recently, it's been difficult to get access to psychologists trained in the technique. So GPs – who treat most of the mild and moderate depression – tend to use antidepressants as a first line treatment instead. A 2001 ABS study showed that five per cent of the Australian population were taking antidepressants.

Are these people effectively taking sugar pills? If so, what does it mean for them? And what does it mean for doctors treating depression?

Trend away from drugs

Professor Ian Hickie is professor of psychiatry at the University of Sydney and executive director of the Brain & Mind Research Institute. He says the health

professionals have been aware for years of 'publication bias' – that is, that trials concluding antidepressants don't work are being suppressed by drug companies. The conclusions of the PLoS Medicine study are no surprise either – other studies, even of published trials, have tended to show antidepressants aren't as effective as previously thought.

It's one of the reasons why there's a trend towards non-drug therapies over drug therapies, especially in mild depression, with drug therapy only used where non-drug therapies don't work, or for severe depression.

Nevertheless there is still a place for antidepressants. And he's concerned about antidepressants being labelled as useless.

"We don't want people to suddenly come off their antidepressants, nor do we want people to go off treatment altogether," says Hickie.

There are many people who are helped by them, he says. Sudden cessation can cause withdrawal symptoms.

Gordon Parker, professor of psychiatry at the University of New South Wales and director of the Black Dog Institute, says that antidepressants are most effective in people with certain types of depression, particularly depression associated with psychosis, anxiety, drug and alcohol problems and where there is a risk of suicide. These people tend to be excluded from clinical trials, he says.

Antidepressants aren't very effective in people who are having problems with day-to-day living. "And they're the people, with mild depression, who tend to be included in clinical trials," he says. So there is not much to learn from the PLoS Medicine study about treating people with severe depression.

Parker agrees that some doctors have been over-prescribing antidepressants for people for whom psychotherapy might be more beneficial.

But it's now much easier and cheaper to get access to a psychotherapist, since the Medicare rebate for psychologists was introduced in 2006, he says.

The message for people taking any of the antidepressants mentioned in the study, and finding that medication is helping, is not to worry. The research is not saying there is a problem with these antidepressants, apart from the known side effects.

For people with mild depression that has more to do with the difficulties of daily life, antidepressants aren't likely to be much help. It's probably wiser to get your GP to refer you to a psychotherapist.
