

# How the wrong drugs could be causing your depression

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By Lucy Elkins

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Feeling worn out? Having trouble getting out of bed each day? Finding it hard deciding what to do with your time? Turn up at your GP's surgery with these symptoms and the chances are you will be diagnosed with depression.

Two million people in Britain are taking antidepressants, yet according to a new book, many of these people aren't mentally ill at all but have been misdiagnosed.

In *Beating Stress, Anxiety And Depression*, Professor Jane Plant, a leading scientist from University College Hospital in London, and Janet Stephenson, a psychologist at a London hospital, claim the medical profession's approach to mental illness and depression in particular is wrong - with medics often mistaking symptoms of a physical condition for depression.



Many people taking antidepressants have been misdiagnosed, according to a new book

'A study by an American psychiatrist found that more than 10 per cent of patients diagnosed with mental illness are actually suffering from an underlying physical condition, such as a heart murmur or a mineral deficiency such as calcium or magnesium that causes depression-like symptoms,' says Professor Plant.

Thyroid problems can also cause depression.

Another study found that more than 40 per cent of patients diagnosed as depressed at one medical practice were found to have been taking medication that causes depression as a side effect.

'Asthma treatments, for example, can cause depression, but some doctors don't know this,' she says.

The authors also believe that doctors and psychiatrists frequently prescribe the wrong kinds of drug, which can leave people feeling even worse than they did without treatment.

'In a recent report from Bristol University, it was estimated that 40 per cent of mental health cases in Britain receive the wrong kind of treatment for their condition,' says Professor Plant.

As the professor's own experience bears out. For eight years she was wrongly prescribed benzodiazepine, an anti-anxiety medication, and ended up needing hospital treatment.

Problem began in 1993 when she was told the breast cancer she thought she'd overcome had returned, and she was given only two months to live.

Within six months she had beaten the terminal cancer. However, her GP continued to prescribe tranquillisers. Professor Plant noticed something was wrong a few months after returning to work.

'I was talking to colleagues and saw what I thought were electronic worms coming out of their heads. I instantly thought it must be the fault of the pills I was taking,' she says.

Her doctor simply gave her a slightly weaker dose.

'I am an eloquent scientist, but even I did not think to question his advice,' she says. 'I assumed the drug was no big deal and would just help with my difficulty in sleeping. I had no idea it could be mind-altering and cause a serious addiction.'

Indeed, the longer Professor Plant stayed on the pills, the more she needed - and the more anxious she became. When she told her doctor, she was taken off the benzodiazepine and prescribed an antidepressant.

Within days she was feeling suicidal. Fearing for her safety, her husband called an ambulance. A hospital psychiatrist realised she was suffering from benzodiazepine withdrawal. The dose was gradually reduced and she was also offered counselling.

This problem is far from unique.

'The Bristol Cancer Help Centre receives almost as many calls from cancer patients addicted to tranquillisers - which doctors give them to get over the shock of their illness - as they do about the cancer. It should not be like this. Psychotherapy or counselling is more effective than pills for patients like me facing cancer.'

The authors also believe there is too much of a 'one size fits all' approach to treating mental health within the NHS.

'There are seven different types of anxiety and depression, such as clinical depression, postnatal depression, panic attacks and generalised anxiety disorder, and each needs to be treated differently,' says Professor Plant.

'For example, those with anxiety tend to react well to cognitive behavioural therapy (CBT) as this helps train them to react and think differently, so they do not feel anxious when they encounter various situations.

'On the other hand, CBT would not be so helpful for someone with post-natal depression, for example, as it is more of a hormonal issue and is best treated by providing the mother with support and counselling.

'Drugs should be avoided because she might be breastfeeding.

'However, manic depression, which is triggered by a chemical imbalance in the brain, can be helped with the right kind of medication, often the mood stabiliser lithium, to remedy that imbalance.

'The problem is that confronted with a mental health problem, doctors are often quick to prescribe a mind-altering pill rather than to think of some other form of treatment such as therapy.

'This is the way they have been trained, yet often that is not the solution.'

The authors also suggest that relatives of someone who is suspected of being mentally ill should press for tests to prevent them from being given the wrong medication or treatment.

'If a doctor does prescribe a drug, they should ascertain if the patient has low levels of neurotransmitters - brain chemicals such as serotonin that help influence mood - and which one is low, as this can better inform them which drug to use,' says Professor Plant.

This can be checked by a urine or blood test and is routinely done in private clinics.

The problem is that most NHS doctors aren't even aware such tests exist. This leads to a suck-it-and-see approach. Doctors randomly try drugs before they find the right combination that works. But the medical test approach is controversial.

'The diagnosis of depression is made from clinical history, not blood tests,' says Graham Archard, vice-chairman of the Royal College of General Practitioners.

This is not good enough, say Professor Plant and Janet Stephenson. 'A mental health patient has only a chance of getting the right help. How can anyone dealing with patients be happy with this?'

• *Beating Stress, Anxiety And Depression by Professor Jane Plant and Janet Stephenson (Piatkuson, £12.99). © Jane Plant and Janet Stephenson 2008. To order a copy (p&p free), call 0845 606 4206.*

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