

Hooked on happy pills: Internal bleeding. Strokes. Birth defects. The long term effects of antidepressants are terrifying

By [Jane Feinmann](#)

Just a few years ago, Yasmin Miller would have been horrified by the suggestion she might take antidepressants for the rest of her life. But today, the 37-year-old can barely imagine a future without this daily chemical boost.

Yasmin's 'perfect' life as a corporate tax adviser was shattered when, in 2003, she developed severe depression. Although incapacitated by the illness, she needed convincing that a pill could make a difference.



Sex divide: The largest group of people taking antidepressants are women aged 18-45. Posed by model

'I was gobsmacked when my GP suggested antidepressants, because I thought they were addictive,' she recalls. 'But now I've changed my mind: depression is just like epilepsy or diabetes or any other illness where you need to take a daily pill for life in order to stay healthy.'

Just 20 years after the launch of the 'sunshine drug' Prozac, Yasmin is one of hundreds of thousands of young women who can't imagine life without antidepressants.

But some experts are warning of disturbing parallels with the 'mother's little helper' scandal of the Seventies and Eighties, when thousands of women became addicted to widely prescribed tranquillisers, including Valium.

Antidepressants are meant to be taken for nine months for a first episode and for a maximum of two years for those experiencing further depression, under guidelines set out by the National Institute for Clinical Excellence (NICE).

However, new research from the University of Southampton has found that at least 15 per cent of women under 45 - around one million women - are prescribed antidepressants every year, and a substantial number continue to take them far beyond this recommended time limit.

'We estimate more than two million people are taking antidepressants for more than five years and the largest group are women aged 18 to 45,' says lead researcher Tony Kendrick, professor of general practice at Southampton University.

'Many young women today are picking up repeat prescriptions for months and years apparently without any checks - in many cases these are women who want to stop but can't.

Even those who make a deliberate choice to stay on the medication long-term may not be aware of the dangers, not least the risk of missing out on the normal ups and downs of ordinary life.'

Doctors still routinely reassure patients that the side-effects of antidepressants are largely mild and short term - these include drowsiness, dizziness and weight gain that become obvious in the first few weeks and can normally be reversed by trying another type of pill.



More than 2million people in the UK are taking antidepressants for more than 5 years. Posed by model

Yet there is growing evidence that long-term use is linked to more serious health problems including bleeding in the gut, low sodium levels in the elderly (which can lead to falls) and increased risk of stroke.

Recently it's been claimed that some antidepressants may increase the risk of rare birth defects - with a U.S. mother awarded £ 1.6million damages last year after a court decided that antidepressant medication was responsible for her three-year-old son's heart defects.

At the same time, there is a continuing controversy over their effectiveness. The latest major investigation, published last week in the Journal Of The American Medical Association, reported that medication has 'negligible' impact except in cases of very severe depression.

Yet with depression now a leading cause of disability in the under-45s in the UK, there's little sign the medical profession is exercising caution.

Prescriptions for antidepressants have increased dramatically, from nine million to 34 million, over the past 15 years. This increase is largely explained by an unprecedented growth in the number of people staying on them for several years, according to new research in the British Medical Journal.

Depression is far more common in women - one in four suffers from it at some point in her life, compared with one in ten men.

'Women of child-bearing age are the most disadvantaged in society due to a combination of being responsible for children and elderly relatives alongside the pressure of work, while also suffering hormone fluctuation,' explains Professor Kendrick.

'It's inevitable, therefore, that they will suffer higher than average rates of depression. But that makes it all the more important that they are not embarking on treatment that may be highly risky.

'It is imperative to look at whether so many young women should be on these drugs for so long - and whether they are coming to harm.'

Yasmin certainly had reservations-before she started taking antidepressants, but her depression was so severe that she felt she had no choice.

'I was struggling with rock-bottom self-esteem and motivation, and I'd become tearful at the slightest problem,' she recalls.

When she went to her GP, he immediately suggested antidepressants.

There is a dizzying range of these drugs, from the early tricyclic drugs to the more commonly prescribed Prozac- style SSRIs (selective serotonin re-uptake inhibitors). All work in different ways to increase the activity of feelgood chemicals in the brain to raise mood.

At first, it looked as though Yasmin was going to be one of the 20 per cent of patients who don't respond to medication. And it wasn't until the summer of 2007 - after more than three years of trying different drugs - that she finally found an effective one, an MAOI (monoamine oxidase inhibitor), one of the oldest, that has largely fallen out of use because it can cause side-effects.

'After just four or five weeks, I realised it was days since I'd broken down in tears for no reason at all. And I had no adverse effects, either.'

As the months passed, she started a new job at the Learning And Skills Council and was socialising. 'After so many years of severe depression, it was such a relief,' she says. Yet after two years, personal problems led to renewed depressive symptoms.

'I pretended all was well, fearing to admit to the doctor that I was ill again - so silly because when I finally went, the psychiatrist helped me back to health by adding two more drugs, a tricyclic antidepressant as well as folic acid, which in certain doses is known to have an antidepressant effect '



Antidepressant Prozac was referred to in the seventies as the 'sunshine drug'

Yasmin says that while it would be good to feel she could cope without medication, she is content to keep taking antidepressants for the rest of her life. But for those who don't want to, or who find the side-effects unacceptable, coming off them can prove a terrible trial.

'Although these drugs are not addictive in the sense that someone would steal to pay for another dose, there do seem to be a large number of patients who are taking them against their will because of severe and unpleasant withdrawal symptoms when they try to stop,' says Professor Kendrick.

Around 500 people are suing GlaxoSmithKline on the grounds that the company concealed evidence that their drug Seroxit (a selective serotonin re-uptake inhibitor) may cause withdrawal syndrome with symptoms including anxiety, pain, palpitations and memory lapses.

Doctors are simply unaware of this withdrawal syndrome and unable to advise on what to do, says Janice Simmons, co-ordinator of the Seroxit User Group.

Her husband John is one of the worst affected - she says each time he tried to stop taking it, the symptoms have been so severe he had to give up; he has been taking Seroxit for 19 years.

There are ways of tapering withdrawal - for instance, using a liquid dose of medication which can be gradually reduced far more easily than a tablet and which can normally be prescribed by GPs.

'The problem is most people haven't a clue how to access advice on withdrawal,' says David Healy, professor of psychological medicine at Cardiff University, whose protocol on the withdrawal of SSRIs is widely regarded as the best method of stopping the medication. 'GPs are rarely informed - and the pharmaceutical companies are unwilling to even admit that there is a problem.'

Yet he also warns that even tapered withdrawal can be unsuccessful. 'The pharmaceutical industry should be spending money to develop tests that identify people likely to face these problems,' he says. 'Young women in particular should not have to face a lifetime on drugs without understanding the risks.'

One of those who's struggled with giving up the drugs is Kate, a student who was first prescribed the tricyclic antidepressant imipramine when she was 14, after developing depression following a tonsillectomy.

'The pills gave me a new lease of energy as well as ending my feelings of hopelessness and anxiety,' she recalls. A year later, she decided she was better and simply stopped the medication - 'a huge mistake, because I descended into a kind of hell and tried to kill myself, I was so low'.

Now 27, she's tried to stop the drug three times, most recently in April last year. 'By then I'd trained as a mental health worker and also got married - and I desperately wanted to find out whether I could manage without the medication.'

'My doctor knew I was withdrawing, but I handled it myself. I felt confident that I understood how to deal with any problems and I also had the support of my family, especially my husband.'

Six months later, Kate admits that she's still not out of the woods. 'In the weeks after stopping the medication, I experienced painful limbs, headache, sweats and crying - very difficult to bear when you know that just taking one pill will end the suffering.'

'If I don't feel better soon, I'm ready to go back on the medication to stop the symptoms.'

Of course, there is a role for medication. Under NICE guidelines, the optimum treatment for depression is a combination of medication and talking therapies including counselling and cognitive behavioural therapy (CBT).

However, an estimated nine out of ten people who go to their GP with depression are prescribed antidepressants - a far higher rate than are offered talking therapies.

Indeed, studies by five mental health charities have recently shown that depressed patients wait for six to 18 months to get an appointment with an NHS counsellor, with many forced to go private. 'It worries me that with a shortage of talking therapies, GPs may feel they have little to offer in the way of alternatives to antidepressants,' says Professor Kendrick.

This should change with the Department of Health investing £300million in training thousands of new practitioners, aimed at offering talking therapies to 900,000 more people by 2011.

The move has been welcomed by support groups such as the charity Rethink. 'All young women with depression should be offered psychological therapies,' says Rethink's deputy director Jane Harris.

Yet users themselves too often fail to fit neat solutions to depression. Kate tried meditation - which has been shown to help those with severe depression - without success.

Yasmin's experience of talking therapies has been decidedly negative. 'I can't make myself choose to believe the glass half-full option,' she says. 'On the other hand, I find I can believe in a drug that adjusts the chemical balance in my brain.'

Despite the problems, antidepressant medication continues to be viewed as a powerful tool in fighting the insidious pain and disability of depression.

Dr Paul Blenkiron, consultant psychiatrist at Bootham Park Hospital, York, says: 'As long as people are not suffering unpleasant side-effects, I am not convinced that the long-term risks of the medication outweigh the benefits. And while I am strongly in favour of talking therapies, the fact remains that they are often not right or not enough, particularly for people with severe depression.'

Paul Farmer, chief executive of the mental health charity Mind, dismisses any attempt to compare 'tranquillisers which sedate the individual and antidepressants which are very much a treatment to make someone better, where the right drug in the right dose can help people to manage their symptoms and get on with their lives'.

But even Yasmin admits that a part of her would love to ditch the daily pill.

'Of course, there's the risk that drugs blunt the good feelings as well as the sharpness of the lows. I had a car crash recently and I didn't feel anything - and I wondered if I should have. In the long run, though, I'd rather miss out on a few highs than experience the hell of deep depression.'

•