

Seroxat User Group Doctor Pack

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The material provided in this pack is intended to help doctor and patient manage Seroxat treatment and withdrawal.

DISCLAIMER: The material is provided for information purposes only and is not a substitute for medical or psychiatric evaluation and treatment. The Seroxat Users Group is not engaged in providing professional services or medical advice to the individual reader. Each individual's health is unique. All matters regarding health or a particular health situation should be supervised by a health care professional. The Seroxat Users Group shall not be held responsible or liable for any harm or loss allegedly arising, directly or indirectly, from any information on this website. Medical advice should always be sought before discontinuing or changing medication.

A doctor should always be consulted if you have concerns about treatment with Seroxat.

US FDA Paroxetine label excerpt:

"A gradual reduction in the dose rather than abrupt cessation is recommended whenever possible. If intolerable symptoms occur following a decrease in the dose or upon discontinuation of treatment, then resuming the previously prescribed dose may be considered. Subsequently, the physician may continue decreasing the dose but at a more gradual rate."

Seroxat Users Group

<http://www.seroxatusergroup.org.uk>

Halting SSRIs By David Healy MD FRCPsych (North Wales Department of Psychological Medicine)

SSRIs

SSRI stands for Selective Serotonin Reuptake Inhibitor. This does not mean these drugs are selective to the serotonin system or that they are in some sense pharmacologically “clean”. It means they have little effects on the norepinephrine/noradrenaline system. There are 6 SSRIs on the market:

	US Trade Name	UK Trade Name
Fluoxetine	Prozac	Prozac
Paroxetine	Paxil	Seroxat
Sertraline	Zoloft	Lustral
Citalopram	Celexa	Cipramil
Escitalopram	Lexapro	Cipralex
Fluvoxamine	Luvox	Faverin
Venlafaxine	Efexor	Effexor

Venlafaxine in doses up to 150mg is an SSRI. Over 150 mg it also inhibits noradrenaline reuptake.

Withdrawal Symptoms

SSRI withdrawal symptoms break down into two groups. The first group may be unlike anything you have had before and include:

- Dizziness – typically people say when I turn to look at something I feel my head lags behind.
- Headache
- Muscle Spasms/ Tremor
- Electric Shock-like Sensations – Zaps
- Other Strange Tingling or Painful Sensations
- Nausea, Diarrhoea, Flatulence
- Dreams, including Agitated Dreams or other Vivid Dreams
- Agitation

The second group contains symptoms which may lead you or your physician to think that all you have are features of your original problem. These include:

- Depression
- Labile Mood – emotions swinging wildly
- Irritability
- Agitation
- Confusion
- Fatigue/ Malaise – Flu-like Feelings
- Insomnia or Drowsiness
- Sweating
- Feelings of Unreality
- Feelings of being Hot or Cold

- Visual disturbances
- Change of Personality

Is This Withdrawal?

There are three ways to distinguish SSRI withdrawal from the nervous problems that the SSRI might have been used to treat in the first instance.

First if the problem begins immediately on reducing or halting a dose or begins within hours or days or perhaps even weeks of so doing then it is more likely to be a withdrawal problem. If the original problem has been treated and you are doing well, then on discontinuing treatment no new problems should show up for several months or indeed several years.

Second if the nervousness or other odd feelings that appear on reducing or halting the SSRI (sometimes after just missing a single dose) clear up when you are put back on the SSRI or the dose is put back up, then this also points towards a withdrawal problem rather than a return of the original illness. When original illnesses return, they take a long time to respond to treatment. The relatively immediate response of symptoms on discontinuation to the reinstatement of treatment points towards a withdrawal problem.

Third the features of withdrawal may overlap with features of the nervous problem for which you were first treated - both may contain elements of anxiety and of depression. However withdrawal will also often contain new features not in the original state such as pins and needles, tingling sensations, electric shock sensations, pain and a general flu-like feeling.

Before starting to withdraw, it should be noted that many people will have no problems. Some will have minimal problems, which may peak after a few days before diminishing. Symptoms can remain for some weeks or months. Others will have greater problems, which can be helped by the management plan outlined below.

Finally however there will be a group of people who are simply unable to stop. It is important to recognise this latter possibility in order to avoid punishing yourself. Specialist help may make a difference for some people in this latter group, if only to provide possible antidotes to attenuate the problems of ongoing SSRIs such as loss of libido.

How To Withdraw

Withdrawal from SSRIs is something to be done in consultation with your physician. You may wish to show this to your GP. Over-rapid withdrawal may even be medically hazardous, particularly in older persons.

Uncomplicated Withdrawal

1A:

Convert the dose of SSRI you are on to an equivalent dose of Prozac liquid. Seroxat/Paxil 20mg, Efexor 75mg, Cipramil/Celexa 20mgs, Lustral/Zoloft 50mgs are equivalent to 20mg of Prozac liquid. Or 40 mg of Paxil/Seroxat to 40 mg Prozac. The rationale for this is that Prozac has a very long half-life, which helps to minimise withdrawal problems. The liquid form permits the dose to be reduced more slowly than can be done with pills.

1B:

An alternative is to change to Clomipramine (Anafranil) 100mgs per day. This comes in 25mg and 10mgs capsules, permitting a more gradual dose reduction than with other SSRIs. The 10mg capsules can be opened up and part of the contents emptied out permitting a gradual lowering of the dose.

1C:

A further option is to convert to liquid form of whatever drug you are on. Many people cannot change easily from Paxil/Seroxat liquid to Prozac liquid.

2:

Stabilise on either option 1 for a week, then drop by a quarter dose.

3:

If there has been no problem with step 2, the dose can be reduced to half of the original. Alternatively if there has been a problem from this point on the dose can be reduced even more slowly in weekly increments.

4:

From a dose of Prozac 10mgs liquid or Anafranil 10mg, consider reducing by 1mg every few days over the course of several weeks - or months if need be. With Prozac liquid this can be done by dilution.

5:

If there are difficulties at any particular stage the answer is to wait at that stage for a longer period of time before reducing further.

Complicated Withdrawal

Some people are extremely sensitive to withdrawal effects. If there are problems with step 1 above, return to the original dose and from there reduce by 1 mg steps per week or as tolerated.

For some people it will be possible to switch from Paxil/Seroxat to Prozac for instance, but for others this will not be possible. In this case, return to the original drug in liquid form and reduce by 1 mg steps.

Withdrawal and dependence are physical phenomena. But some people can get understandably phobic about withdrawal particularly if the experience is literally shocking. If you think you may have become phobic, a clinical psychologist may be able to help manage the phobic problem.

Self-help support groups can be invaluable. Join one. If there is none nearby, consider setting one up. There will be lots of other people with a similar problem.

There is anecdotal evidence and some theoretical grounds to believe that another option is to substitute St John's Wort for the SSRI. If a dose of 3 tablets of St John's Wort is tolerated instead of the SSRI, this can then be reduced slowly – by one pill per fortnight or even per month or by halving tablets.

Some people for understandable reasons may prefer this approach. But it needs to be noted that St John's Wort has its own set of interactions with other pills and its own problems and you may wish to consult your physician if this is the option you choose.

Follow-Up

The problems posed by withdrawal may stabilise to the point where you can get on with life. But in either this case or in cases where it is not possible to withdraw, it is important to note ongoing problems and to get your physician or someone to report them if possible.

There are clear effects on the heart from SSRIs. The list above does not include cardiac problems occurring during the post-withdrawal period. Such problems if they occur may however be related to withdrawal and should be noted and recorded.

SSRIs are well-known to impair sexual functioning. The conventional view has been that once the drug is stopped, functioning comes back to normal. There are indicators however that this may not be true for everyone. If sexual functioning remains abnormal, this should be brought to the attention of your physician, who will hopefully report it.

Withdrawal may reveal other continuing problems, similar to the ongoing sexual dysfunction problem. It is important to report these. The best way to find a remedy is to bring the problem to the attention of as many people as possible.

Withdrawal Using Seroxat Liquid

Seroxat liquid (Deroxat) is available in 150ml bottles (20mg/10ml) and can be prescribed by a physician. A gradual and accurate reduction in dose is possible with the liquid using a syringe; pharmacies stock syringes that can measure liquid to 0.1ml. Many pharmacists will provide you with a free syringe if you ask for one.

To calculate your dose in Seroxat liquid (20mg/10ml) divide the mg dose you are on by two, e.g.

30mg dose of Seroxat = 15ml of Seroxat liquid

20mg dose of Seroxat = 10ml of Seroxat liquid

Many patients find withdrawal is significantly easier when they reduce their dosage by 1mg a week or fortnight. Reductions should be monitored by a doctor and carried out at a speed manageable by the patient. Many patients find withdrawing from the last 1ml of liquid very difficult and find that it helps to slow down dose reductions to as little as 0.1ml a week.

To succeed using this method it is important that the dose is measured accurately every day. The measuring cup provided with the liquid is not suitable for this and a syringe is necessary. The same degree of accuracy and gradual withdrawal cannot be achieved by cutting tablets into pieces.

Withdrawal using this method should not be rushed, even if withdrawal seems to be progressing well. Withdrawal symptoms can take over 4 days to emerge. Do not be disappointed if withdrawal takes longer than you expected: it is a very difficult process for many patients.

You may find it useful to take this document to your GP and discuss it with him. Do not change or stop your medication unless directed to by a doctor.

Dependence on Paroxetine (Paxil/Seroxat) Statement by David Healy MD FRCPsych

I have been asked to confirm and comment on evidence relating to withdrawal reactions suggestive of physical dependence on paroxetine, observed in studies on healthy volunteers, carried out in the 1980s by SmithKline Beecham.

In the course of a recently settled legal action (Tobin v SmithKline, Wyoming, 2001), I acted as an expert witness for the Plaintiffs. As part of the discovery process I had sought and was granted access to SmithKline Beecham's healthy volunteer archive at Harlow. My concern had been to scrutinise those records for details of possible agitation and suicidality in healthy volunteers taking paroxetine. These were present, but at least as striking was evidence from these studies about dependence on paroxetine. A detailed expert report was prepared for the plaintiffs' lawyers in this case, which includes details of studies undertaken by SmithKline Beecham that fully substantiate concerns I communicated to the UK Medicines Control Agency in letters of 7th and 19th June 2001, the essence of which was also accurately reported in The Guardian newspaper (11 June 2001)

I regret that I am under a confidentiality order in regard to this material and am not able to disclose it to this appeal. However, I can confirm, and am prepared to testify to the substance of the points raised in the following exchange (in my testimony in Tobin v SmithKline) between Mr Charles Preuss, the attorney for SmithKline, and myself.

Healy: *Yes, but there's a withdrawal syndrome from Paxil, including agitation, abnormal dreams and nightmares that comes through in spades in these healthy volunteer studies.*

Preuss: *You're saying Paxil is still active for three months?*

Healy: *In up to 80 percent of the volunteers on this drug for only two weeks produces withdrawal syndromes in these healthy volunteers. I'm saying in my clinical experience I've seen people on this drug for short periods of time and I've seen them have troubles three months later, yes.*

My concerns about paroxetine extend far beyond the results of these studies on healthy volunteers. In the 1990s, after its release on to the market as an antidepressant, SmithKline Beecham put paroxetine into clinical trials – exemplified by the study reported by Montgomery & Dunbar, 1993 - that involved a randomised discontinuation design. The difficulties experienced by patients on randomisation to placebo were then interpreted by SmithKline Beecham as evidence of new illness episodes, and the company has subsequently responded to enquiries about the risk of withdrawal reactions and physical dependency, typically by stating that any such problems experienced by patients are simply a recrudescence of their original nervous problem.

Basic pharmacological principles, epidemiological studies on depression, as well the evidence from their own healthy volunteer studies strongly suggest that such an interpretation of these data was and is quite unjustified.

Against this background SmithKline Beecham launched paroxetine in the UK with disclaimers on the datasheet to the effect that, as with any drug acting on the brain, some care needs to be taken on discontinuation. The data available to SmithKline before launch indicated problems occurring at a significantly greater rate and to a markedly more severe degree than any psychiatrist at the time would have had reason to expect either from an antidepressant or from such warnings.

Post-marketing surveillance surveys and other studies undertaken since have indicated much greater withdrawal problems with paroxetine than with the previous generation of tricyclic, MAOI and non-tricyclic or non-MAOI antidepressant drugs. A randomised controlled trial undertaken with funding provided by Eli Lilly (Rosenbaum et al, 1998), indicated rates of problems on discontinuation of paroxetine in over 30% of patients with many patients having multiple symptoms, including many novel and disturbing symptoms.

For Dr Wheadon and the company therefore to characterise paroxetine withdrawal reactions as very rare, transient, mild and/or virtually impossible to detect and distinguish from underlying psychiatric illness is simply an untenable position. It follows that I have real concerns about SmithKline promoting paroxetine for the prophylaxis of depressive disorders and other psychiatric illness, on the basis of data that are more sensibly and credibly explained in terms of physical dependence and withdrawal symptoms.

David Healy MD FRCPsych.

Truth Withdrawal
David Taylor Experienced SSRI Withdrawal
“It's Not Quite Like The Standard Texts Say”

The most recent edition of the British National Formulary states that withdrawal of some antidepressants, the newer specific serotonin reuptake inhibitors (SSRIs), for example, can cause headache, nausea, paraesthesia (tingling or numbness in the extremities), dizziness and anxiety. That doesn't sound too bad does it? Other standard texts assure us that antidepressant withdrawal syndrome is usually mild and short-lived. Even better, you might say.

While this advice is more or less true, it gives us almost no insight into the reality of withdrawing from antidepressants. I know this, not because I have read about it, but because I speak to people every day who are going through it and, perhaps most importantly, because I have experienced antidepressant withdrawal myself.

The real truth is that, for many people, antidepressant withdrawal syndrome is neither mild nor short-lived. For six weeks or so, I suffered symptoms which were at best disturbing and at worst torturous. This was despite following a cautious, decremental withdrawal schedule. Whilst I did not experience headache or paraesthesia, the severity of other symptoms certainly made up for it. The dizziness I felt varied from a slight wobbliness to a frightening inability to stand up without support. For most of the time, I could not turn my head without inducing a paralysing nausea. Alongside this, I endured a more-or-less continuously pounding heartbeat and a close facsimile of influenza. When all of this subsided, I was short-tempered and moody, and remained so for a further two weeks or more.

None of my conversations with others who have withdrawn from antidepressants leads me to believe that my experience is unique or even unusual. In fact, this severity of symptoms seems to be par for the course with some drugs (for example paroxetine and venlafaxine). Older tricyclic drugs are often very toxic and have lots of side-effects, but they don't seem to induce such severe reactions on stopping them (I have experience of this, too).

So why isn't this problem more widely appreciated? Why do clinicians continue to tell people that withdrawal symptoms are mild and really nothing to worry about? Maybe it's because there is a tendency for clinicians to want to believe that new drugs are innocuous panaceas. We would do well to remember that Valium and Ativan were long felt to be the answer to almost every problem. And that Prozac and similar drugs are still widely held to be the perfect cure for just about any mental health condition you care to mention.

Perhaps all this wishful thinking blinds clinicians to the negative aspects of new drugs. We become so convinced that new drugs must be better in every way than the old ones they replace that we fail to see what is before us - that new therapies can have disadvantages too.

David Taylor is Chief Pharmacist at the Maudsley Hospital, London

Taylor D: Truth withdrawal, Open Mind (National Association for Mental Health, London E14), September/October 1999, 16

World Health Organisation (Anon)
Selective serotonin re-uptake inhibitors and withdrawal reactions
WHO Drug Information, 1998, 12, 3, 136-138

There is obviously some confusion about the concept of dependence ... The simplest definition of drug dependence given by WHO is 'a need for repeated doses of the drug to feel good or to avoid feeling bad' (WHO, Lexicon of alcohol and drug terms, 1994). When the patient needs to take repeated doses of the drug to avoid bad feelings caused by withdrawal reactions, the person is dependent on the drug. Those who have difficulty coming off the drug even with the help of tapered discontinuation should be regarded as dependent, unless a relapse into depression is the reason for their inability to stop the antidepressant medication.

In general, all unpleasant withdrawal reactions have a certain potential to induce dependence and this risk may vary from person to person. Dependence will not occur if the withdrawal symptoms are so mild that all patients can easily tolerate them. With increasing severity, the likelihood of withdrawal reactions leading to dependence also increases. Although reporting rates of SSRI withdrawal are low in comparison with prescribed doses, it is prudent to recommend the monitoring of patient withdrawal symptoms even when SSRIs are prescribed at modest doses.

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Dear Doctor,

Yellow Card reports: antidepressant withdrawal reactions

Over the past decade, the Committee on Safety of Medicines (CSM) has received unprecedented numbers of reports from doctors and patients about withdrawal and dependence-related problems with paroxetine (Seroxat), venlafaxine (Efexor) and similar anti-depressants. A review of the [ADROIT database](#), requested by Social Audit (July 2002), shows that SSRI and similar anti-depressants account for five of the top six drugs for which such reactions have been reported. See CSM/MCA [Guidance on Interpretation](#).

Drug substance	Number of UK reports of withdrawal reactions
PAROXETINE	1281
VENLAFAXINE	272
TRAMADOL	117
FLUOXETINE	91
SERTRALINE	81
CITALOPRAM	49
ZOPICLONE	44
LORAZEPAM	38
FENFLURAMINE	28
DIAZEPAM	24
NITRAZEPAM	21
BUPRENORPHINE	19
BUPROPION	18
CIMETIDINE	18
CLOMIPRAMINE	18
AMITRIPTYLINE	15
BACLOFEN	15
TRIFLUOPERAZINE	14

CLOZAPINE	13
FLUVOXAMINE	13
MIRTAZAPINE	13

These reports tally closely with reports on the WHO database of withdrawal and dependence-related adverse reactions, compiled from over 60 countries, the UK among them. See <http://www.socialaudit.org.uk/5016-SKB.htm#DRUGS>

The CSM will shortly be reviewing this matter and would surely welcome any observations from you, based on your clinical experience with such drugs. We urge you to report any concerns you may have – via email to info@mca.gsi.gov.uk or to CSM FREEPOST, London SW8 5BR - and specifically to advise on the following:

1. Do you consider it appropriate that the officially approved Patient Information Leaflet for paroxetine (Seroxat) should continue to advise users that, *"These tablets are not addictive" ... "remember that you cannot become addicted to 'Seroxat'", and that the withdrawal symptoms some people experience when stopping paroxetine "are not common and (they) are not a sign of addiction"*? If not, what warning would you suggest?
2. Would you think it appropriate now to include a prominent warning in the prescribing advice for professionals, drawing attention to the likelihood of confusing withdrawal symptoms with 'relapse' or recurrence of an underlying condition?
3. Is it in your view appropriate that, under [European regulations](#), fluoxetine (Prozac) should be exempt from the recommendation to avoid abrupt withdrawal, and that the advice on prescribing all such drugs should state that the available evidence "does not suggest that SSRIs cause dependence"?

In its forthcoming review, the CSM will be considering for the first time the significance of withdrawal/dependence-related problems from patients, many thousands of which can be found on a variety of Internet sites. A selection of such reports relating to user experience with paroxetine may be seen at <http://www.socialaudit.org.uk/43800045.htm> and for your convenience is [attached](#). It would no doubt help the Committee in assessing the relevance of such reports to take account of your own clinical experience. Many thanks for your consideration.

Yours faithfully,

Charles Medawar

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Selection of comments from users of paroxetine (Seroxat, Paxil, Aropax) posted to
discussion boards (1999-2002) at <http://www.socialaudit.org.uk>

Date	Responder	Quote
21 Jan 1999	Anonymous	<i>"I was on Paxil 20mg once per day X's 4 months. Not very long. I stopped taking the medication abruptly because I was not told any different. The warning label on the medication was not significant enough to alarm me. The withdrawal symptoms I experienced were terrifying. Dizziness, chills, very vivid awful nightmares, nausea, anorexia, headache, and diarrhea."</i>
17 Oct 1999	Anonymous	<i>"two weeks ago I stopped taking them. I was fine for the first 5 days other than I began to feel extremely fatigued. On the sixth day, however, I began to feel sick and for the next 8 days experienced the most weird and disstressing physical symptoms I have ever had the misfortune to suffer. These included dizziness, sweating acute nausea, gait instability-like being drunk or walking on the deck of a ship. Also jolts/rushes to the head like being in a lift decending rapidly. There were lots of other insidious symptoms ie visual disturbances etc and to begin with I did not associate these symptoms with seroxate withdrwal, I suspected that there may be a link but after reading the manufactures leflet which accompanied the tablets I dismissed the idea thinking I must be suffering from something much more serious. I made an appointment with the doctor to find out what serious condition I could be suffering from that would cause these very disstressing symptoms and it is at this point I discover through the internet that I am indeed suffering from Paroxetine withdrawal reactions. Having gone through 8 day of withdrawal I have no intention of going back on seroxate to eleviate my present condition in the hope that the worst is over and I will soon be "back to normal" pysicaly. I would not like to predjudice any ones use of seroxate with my experience, no doubt it can and does help some people but I think the manufacturer is guilty of not stating more clearly how bad it can be actually comming off the drug-after all I was only on a low dose for a very short time!"</i>
27 Oct 1999	Kim Andrews	<i>"I have been taking Seroxat for 10 months...I also tried to come off it like so many of you. I can only say it scared me to death. I am now on a half dose but I am experiencing tingling, numbness, ear ache, muscular pains and memory loss. My skin is also very itchy. I feel so mad that I was not</i>

		warned by the makers of this drug"
31 Oct 1999	Anonymous	"I was on Seroxat (40mg) for 1 year when I decided the time was right to start decreasing my dose...I slowly decreased the tablets, this took place over 4 months, not because anyone advised me to withdraw slowly but because I was frightened of spiralling back into depression. Once I was on 10mg (half a 20mg tablet) per day I was advised to take 1 tablet every other day. On my first day without a tablet by 16.00 I started feeling ill - dizziness, sickness, headache etc. This deteriorated until I physically could not get out of bed. I had no idea what was happening. My husband thought I should take a tablet, just in case, and within 3 hours I was starting to recover. Despite this experience I wasn't totally convinced it was the tablets to blame for those symptoms - so I tried again and again. Eventually I returned to my doctor for help. I was told in no uncertain terms it is impossible to be addicted to Seroxat and that 'it was all in my mind'. I was sent away to try again. I tried as many ways as I could to reduce the dose further but I could not decrease my dose below 10mg."
18 Nov 1999	"ppitz"	"I have been taking seroxat for about 9 months. I stopped taking it 14days ago. I feel angry my dr. never told me of the horrific withdrawl symptoms. I have had such a variety of weird symptoms it would be hard to list all of them. The worst has been this tinny electrical swooshing feeling between my ears. It's awful. Also like going down a lift too fast. I couldn't sleep but felt too bad to do anything. Now 14days later it is 3:30am and I still have insomnia. Sometimes my feet feel incredibly cold and last night they felt really hot and itchy. My legs ache something fierce. The latest is for the last 24 hours I have had the strangest still neck. After 2 weeks I am distressed I still feel the swooshing electrical feeling in my head."
23 Nov 1999	Anoymous	"I have taken the seroxat for 10 months...2 months ago i started to come off "it". Almost immediately i had withdrawal symptons, the worst being these "electric shock"/dizziness/disturbances of vision that alot of people above seem to have experienced. I also had nausea, itchiness(several times i combed my hair for nits!!)sweatiness muzziness etc etc...is it naive of me to expect the drug companies to have researched this??"
16 Dec 1999	"Catherine"	"How long does the withdrawl take? Does anyone have an idea? I feel worse now then when I was prescribed Seroxat. I left a happy little message a couple of mths ago 'how nice to smile...the way to re-find myself' lies all lies if I knew then what I know now. I will never again touch anti-depression drugs and if anyone ever asks my advice I'll suggest they get their doctor to try some before they go prescribing these personality sapping horrible things. I want my body to be rid of these chemicals. I want me back. I want to be in control of my emotions. I don't want to be this irrational and sick to the bottom of my stomach. Please can anyone give me an estimate ??? I've been taking 20mg for 6mths now and i'm trying to push my body as far as I can to rid this drug, while still attempting to live a 'normal' life ... I can't believe I'm here trying wean myself off these drugs."
26 Dec 1999	Anonymous	"This is my final withdrawal (I was weaned off)and I definately feel that shaky vision, dizziness, nausea, way irritability and worse- slow, tortuous gray."

28 Jan 2000	Anonymous	<i>"I have been taking Paxil for about 7 years. I just keep getting refills and nothing else. I have tried several times to wing myself, but no luck. When I decrease the paxil I immediately have horrible headaches, nausea, and dizziness."</i>
30 Mar 2000	"Kristin"	<i>"Went OFF the Paxil 2 months later. It's been 10 days, and it's also been a living hell. Someone here compared the feeling in the head to being dropped in an elevator... EXACTLY... extreme mood swings, amazing rage and anger ... nausea. The worst side-effect is definitely that strange floaty head-thing. Feel like I'm going crazy...Not until I began looking around at sites like these (thank goodness for them) did I feel that people out there understood how I was feeling and that Paxil was definitely the culprit."</i>
20 April 2000	Roger Bradley	<i>"I've been taking Seroxat for 5 years. I started out taking 20mg/day which was reduced to 10. My GP wrote to me three weeks ago asking me to go and see him regarding my continuing use of Seroxat. When I saw him I described the results of a previous attempt to stop, vertigo, mood swings etc. He stated he had never heard of any withdrawal effects related to this drug!!!...I'm now taking 2.5mls/day. Yet the symptoms of withdrawal are if anything worse than they were before if, as I did the other day, I miss a dose. Within 24hrs of missing the 2.5ml dose I was feeling suicidal, aggressive, sick, dizzy and exhausted. I don't know where to go to get advice on how long these effects are likely to last. My GP is the last person I can turn to. Does anyone know where I can get the help I need? I don't ever want to feel the way I felt a couple of days ago again."</i>
2 May 2000	Susan Smith	<i>"After a year and a half I am now coming off seroxat. I took my last tablet - 20mg - about a week ago. My GP (doctor) advised me that there should be no adverse symptoms if I tailed off gradually, which I did. Two days ago I experienced disorientation and dizziness, and nausea. I am also experiencing extremely vivid dreams and cannot sleep, and these symptoms continue. I was relieved to read on this site that I am not alone..."</i>
1 June 2000	Sean Moore	<i>"Oh my God, I cannot believe how many others are/have experienced the hellish withdrawal effects of coming off Paxil!?! I have been going through a personal hell the past 5 days as I have discontinued my Paxil addiction...I feel like I am going insane and have no one to turn to for help. No one can understand the horrendous effects of coming off Paxil unless they themselves have experienced it. Over the past 5 years of taking 10-30 Mg of Paxil, I have failed 3 times at coming off it. I am not going back this time, despite having every withdrawal symptom described by others. My life is hell right now and I am gathering every ounce of strength I can muster to get through this on my own. Work is impossible- I just sit at my desk. I can barely walk, never mind partake in my usual physical activities!! I am alone and need help, yet there is none. I HATE EVERY SINGLE PERSON INVOLVED IN DEVELOPING AND PRESCRIBING PAXIL AND I HOPE THIS HORRIBLE ADDICTIVE DRUG IS TAKEN OFF THE MARKET ASAP!!!"</i>
7 June 2000	Anonymous	<i>" have been taking Paxil for three years now - 20-30mg - and would like to get off it. I have already tried to taper the dose on a number of occasions and had horrible side-effects within days."</i>

14 June 2000	"Sally"	<i>"After three or four failed attempts to come off - and plunging into terrible depression/anxiety again - it has now taken me from June 1998 to the present to reduce from 20mg - 7.5mg. I'm having to do this last bit even slower. Recently dropped to 5mg - felt crap - returned to 7.5mg. I'm furious about the whole thing and feel my life has been messed up big time over the last 6 years by this drug. Still I try to keep optimistic and think I'm better off on 7.5 than 20mg. I'm determined to beat this drug - but like you often lose hope. I also wonder can the withdrawal be "sat out". It usually hits me big time about two months after stopping - and then becomes unbearable again. I suppose I'd rather feel ok (and very angry) on it than totally shitty off it. I'm treating it like Valium (ie mega small reductions)- but there doesn't seem to be anyone around to help advise on this (or who's willing to admit it's addictive or just take what the patient is saying as a good indication of what's going on)."</i>
17 June 2000	Nicole	<i>"I was on 20mg Paxil for almost two years ...for the last month I have tapered off and am now at 5mg every 2-3 days. Yes I get the whooshy feeling in my head, dizziness, and a lot of other withdrawal symptoms mentioned here."</i>
20 July 2000	David Watson	<i>"I am, at the present time, trying to come off Seroxat. I was originally on 40mg a day in 1994 but I have reduced this to 15mg one day and 10mg the next (using Seroxat liquid). I am experiencing major sleep problems at the moment, ie, very vivid and frightening nightmares and a feeling of extreme nausea which does not seem to clear until, perhaps, the afternoon. Whenever I have visited my local GP, he is under the impression that there are no withdrawal symptoms coming off Seroxat (Paroxetine). How wrong he is! This is about the third time I have tried to wean myself off these tablets - the two previous times that I have attempted this have failed and I have had to up the dose to the previous level."</i>
16 Oct 2000	"Jane"	<i>"I've now been on paroxetine for 6 years with 3 failed attempts to get off (which I think is due to the withdrawal problems)... All I know is I wish I had known a better alternative, for me, when I started taking Paroxetine ... I was previously on a tricyclic and had no problems with this."</i>
10 Feb 2001	Anonymous	<i>"I'm about 3 weeks out from my last seroxat... tapering down from 10 through 5 mg/s per day, to 5 every other day over 3 weeks. All the symptoms are there. I like the description of wooshes... like being totally decentred, and having your vision flickering in front of you to the pounding of pulses in your head ... I'm still having all the other symptoms mentioned, but particularly the nausea at the moment..Yes I'd like to sue skb for all they're worth and having had no joy or even remote concern from their phone helplines I'm feeling very cross."</i>
16	Martyn	<i>"Like most of you, I was told that this stuff does not lead to dependency. I</i>

March 2001	Guilbert	<i>have been on 20mg for a year ... I reduced to 10mg for about a month, then quit completely 7 days ago. I am now experiencing the full range of withdrawal symptoms, diziness, light headed feeling, inability to concentrate, insomnia, sweating, mood swings, etc.etc ... Reading the literature kindly supplied with our happy pills gives the user absolutely no warning that these withdrawal symptoms are likely - well not good for sales is it! It is certainly comforting to read this message board and know that my symptoms are not unusual. I hope there are lots of folks out there who have succeeded in weaning themselves off. Lets hope I am the same person when I get off the Seroxat carrousel."</i>
20 April 2001	Sharon	<i>"I am on my 9th day of withdrawal from seroxat. I was on (20mg) a day for 14 months after being diagnosed of post-natal depression after my second child, and have been reducing by taking (10mg) a day for the last month i feel extremely ill at the moment and i have experienced nearly every withdrawal on this site. I am getting that buzzing in my ears and electric shocks in my head as i call them as i type this out, i also feel very sick and extremely dizzy. Please tell me how many more days will i suffer ... i don't even remember the depression being this bad."</i>
8 May 2001	"Trudi"	<i>"I am so glad I'm not the only one! After 4/5 years on seroxat, i decided enough was enough ...This was fine for the first 2 days, then.... BANG! Every part of my body felt tingly, numb, like all my nerves were full of electric. Parts of my face/mouth keep going numb, I have chronic headaches, ringing in my ears, throat restriction, and the panics are returning with a vengeance!"</i>
21 June 2001	"Tanya"	<i>"I'm getting to the end of my tether with Seroxat and trying to come off it - been trying for nearly 6 years - including very gradual reduction. Prior to the Seroxat nightmare - I was previously on (seven years before) - prothiadin and had no problems coming off. If only I hadn't been seduced by my GP's promise of no side effects / no risk of addiction to Seroxat!! Can anyone help? Where is the professional help with this and acknowledgement that we all need detailed research and informed guidance to get off this shit!"</i>
25 July 2001	"Anna"	<i>"AT PRESENT I AM SUFFERING FROM THE WITHDRAWAL SYMPTOMS OF SEROXAT (AS WELL AS MY FAMILY). I AM SO RELEIVED TO HAVE FOUND THIS WEBSITE SO THAT I CAN RELATE TO WHAT IS ACTUALLY HAPPENING TO ME. AS ONE OF MY SYMPTOMS IS INSOMMIA I HAVE BEEN DOING A LOT OF RESEARCH LATE AT NIGHT. AT PRESENT I AM VERY ANGRY AT THE PHARMACUTECIAL COMPANY RESPONSIBLE FOR THIS DRUG FOR NOT PUBLISHING THE WITHDRAWL EFFECTS IN THEIR NOTES AND GUIDANCE FOR PATIENTS. I AM GOING TO GO FURTHER WITH ALL THE INFORMATION THAT I HAVE TO A LEGAL REPRESANTITVE AND LET THIS COMPANY KNOW THAT WHILE THEIR PROFITS AND SALARIES ARE SOARING MYSELF AND MY FAMILY ARE CRUMBLING ALL BECAUSE THEY FOGOT TO LET THE ORDINARY PERSON KNOW THAT THE WITHDRAWL SYMPTOMS ARE FAMILY-BREAKERS AND LEAVE PEOPLE WITH A MONSTER IN THEIR MIDST"</i>
28	Anonymous	<i>"I am writing mid withdrawal from Seroxat after being on them for a year</i>

July 2001		<p><i>for depression and anxiety. Although I cut down gradually over a month from 20mg a day (on Doctors advice) I am still having quite awful symptoms: "electric shocks" in my head, "whooshing", dizziness, mood swings, uncontrollable crying, upset stomach, tremors, swelling of my face and incredibly vivid nightmares! It has been a week now since my last tablet and the withdrawal seemed to start 2-3 days after that. I just hope that these symptoms go soon. This site, and others like it, has been invaluable as the doctors and even psychiatrists that I know had never heard of Seroxat withdrawal and thought I had a virus! I was so scared of the weird feelings in my head that I decided to search the web and here I am feeling 100% better just from knowing that I am not going mad!"</i></p>
9 Aug 2001	Anonymous	<p><i>"I have been on Seroxat for 18 months and have tried on three failed occasions to come off. The first time I reduced my dosage very carefully over a two month period but the side effects/withdrawal just kept getting worse and worse. Elec shock sensations in my head, joints aching, very very depressed feeling of going to have a convulsion or stroke or something horrible. A very clear feeling of death. I ended up in A&E ST Mary's London and was told by the Doctor to go back immediately onto seroxat to help my problems...I did and within hours I was fine again. The second time I thought I'd give it another go and failed again due to the impossible strain of the side effects. The third time I knew what to expect and decided to go hell for leather and this time it was not going to beat me. The first three weeks without a single tablet was very hard similar to the other two occasions but the weeks following other symptoms started to appear that hadn't before. Like my hand going numb in the night. My sleep felt so weird like I was going into unconsciousness I was terrified of going to sleep in case I didn't wake up. I wasn't sure if this was the discontinuation of the tablets or was there something else wrong with me...it was very worrying. I went to see a private GP ... He was very understanding but again I have been told to go back on Seroxat. In my hour of desperation on Monday gone I took a tablet and hey presto after seven weeks of going through hell my symptoms all disappeared...How the hell can one get off these cursing tablets???? I have tried and tried in a number of different ways."</i></p>
28 Aug 2001	Michael Thomas	<p><i>"I have become unwittingly a Seroxat 'junkie', having been on it for over seven years. My dose was increased from 20 to 30mg daily in 1996. I was never told about dependency, yet I find now that it is the most addictive antidepressant. I get nasty dizzy spells and other symptoms when going over a day without it. I feel that I am now totally dependent on it for the rest of my life."</i></p>
8 Sept 2001	Adrian Keefe	<p><i>"I took Seroxat for 6 months (20mg/day)...I tapered off of seroxat fairly gently (2 weeks of alternate 10mg/20mg, 2 weeks of 10mg, 1 week of alternate 10mg/0mg). About a week later I started getting the following symptoms:</i></p> <ul style="list-style-type: none"> <i>-Vertigo</i> <i>-Strange pulsing sensations, starting in the head and going round</i>

		<p><i>the body</i></p> <ul style="list-style-type: none"> -mood swings, unexplained feelings of wanting to sit and cry for no reason (but NOT like my old "black days" feeling) -sharp headaches/migraine symptoms (light/sound sensitivity) - lack of concentration/memory loss - lack of coordination/clumsiness - sudden irritability - stomache cramps - noises in my ears - continuous belching <p><i>This has been going on for four weeks. I can hardly work, and cannot drive since my sense of distance is affected. I have no idea how long it may go on for."</i></p>
9 Sept 2001	"Annie L"	<i>"I have unwittingly become addicted to Seroxat - it no longer treats my depression but despite 2 attempts I have been unable to come off it as the withdrawals are so bad (panic attacks, complete and utter distress, palpitations, sweating etc). I am very angry and frightened."</i>
17 Oct 2001	"TB"	<i>"Following three unsuccessful attempts to come off Seroxat, I have now been told by both my doctor and my psychotherapist that it would be best for me to stay on it as the withdrawal symptoms are too extreme. Despite the fact that I prescribed it for anxiety and not depression and have now dealt with the issues causing the anxiety attacks and no-one believes they will come back or that I need any medication to stop anxiety."</i>
3 Nov 2001	"Kathy"	<i>"I have also been on Paxel and have weened myself off. I have not been on it for 3 weeks now and still get the crazy sensations. Shocks, dizziness, grumpiness, etc. How long does it take for this to go away. My physician says this is not associated with Paxel. This is the only thing I have taken. I am now scheduled for a CT Scan. HELP!!! What to do? Can't stand this anymore"</i>
28 Dec 2001	"Attila-Bondi"	<i>"I've just started coming off Aropax about 2 weeks ago. Dropping from 1 tablet; to half; to half every 3 day & now to none. (about 5 days ago)... No one ever told me the hell of the accompanying withdrawal symptoms. I was going to admit myself to hospital again today as I couldn't take the side-effects anymore. Then I went net surfing this morning to get more info in discontinuation & came across this site. Oh..., how exact some of you have described these dreadful symptoms ... God, give those doctors and medical practitioners a good kick up the arse for their lack of assistance and support. If only they went through what we have had to endure. Thank you all for giving me hope in life once again."</i>
31 Dec 2001	"Tad"	<i>"I have been trying to get off Paxil for several months now. Even did 5 mg for 30 days before going to zero now for 3 weeks. I have extreme headaches, extreme nausea, tingling in my extremitities (when I don't have head aches only)... Taking 5 mg again helps but I desperately need to get past this and not getting any better."</i>
1 Jan 2002	Susan Hucklesby	<i>"I've been on seroxat for about 10 years, and have tried to come off of them on many occassions. Only to find myself back to my original dosage of 30mg because of the horrible withdrawals. Which i was assured when talked into taking anti-depressants in the first place were one of the mildest and non addictive so called "wonder-drug" in modern psychiatry."</i>

3 Jan 2002	"Amber"	<i>"I have been trying to get off of Paxil for about two years now. (I have been on it for 4.) This is by far the hardest thing I have ever been through. I thank God for you all who willingly share your stories, because I think it has kept many people from taking their own lives. At least your stories show us that we are not alone, and we will not go quietly. I have been having hallucinations, vertigo, "zaps", fear (debilitating), tingling in my tongue and limbs, sensitivity to noise, paranoia, and depression just to name a few. It is by far a crime what this company has put us through."</i>
26 Jan 2002	Felicity Main	<i>"I'm also a 2 year user of Seroxat and have been trying to come off it the last couple of weeks. Week one went from 30 to 20mg with headaches being the only problem, but week two when I actually missed it for a couple of days and then was taking 10mg a day was when the 'flashing', dizziness, flu symptoms etc started. And I thought the side effects on the drug were bad enough!! I'm...desperate to come off this so I can start a family. I'm positive that the side effects on the drug were causing more distress and depression and upset in my life than the original anxiety/depression ever did!!!! I think the drug company and GP's do have a lot to answer for and would like to see GP's looking at alternative ways of treating depression/anxiety than by prescribing pills straight away."</i>
7 Feb 2002	"Bev"	<i>"After taking paroxetine for 9 months i went to see my gp who told me how to cut my dosage (20mg a day) - i followed his instructions to the letter. After a month i am completely off the drug & have been experiencing horrible dizzy spells for the past week & a half. The headaches are pretty nasty too. felt sure i had a brain tumour so back i went to my 'helpful' gp who said (a) could be pregnant (b) could be a virus (c) could be the paroxetine withdrawal. After reading some of the comments on this site i am convinced its withdrawal. i am determined to stick with this because one of the solutions the doc gave me was to go back on the tabs & try a slower withdrawal. does this sound crazy or what? if i do that i think i'll NEVER get off these damn things. Oh yeah, this is after i was told that they are DEFINITELY not addictive."</i>
18 March 2002	Lorraine Love	<i>"I have been taking the terrible drug for 4 years now and have tried many times to give up but because of the horrible withdrawel symptoms I experienced, I had to go straight back to them. Thank god for finding this site. I didn't understand any of the symptoms I was experiencing. When I went to my doctor she told me that it couldn't be the seroxat because they have no side-effect...after reading this I realise that is not the case at all."</i>
30 March 2002	"Una OM"	<i>"I've just come off Paroxetine 12 days ago. I have been on 40mg for over a year. Having stopped taking them gradually I've had all the totally weird symptoms described on this bulletin board- whooshing in my head, tingling. electric shocks, stomach problems, bizarely muddled thought processes. I can still just about function, although my job requires me to be pretty analytical and 'together'- two things I'm not feeling at the moment. Others out there might find this interesting- I've never suffered from depression, I was put on paroxetine for ME. But boy did I feel totally emotionally shatterd when I came off the medication- I've never felt so unable to cope in my life."</i>
26	"Vanessa –	<i>"I have been taking 20mg seroxat for 3 years - I have been trying to come off it for two</i>

April 2002	UK"	<i>years!!! My last attempt started 8 months ago and after a lot of pain and grief I am down to 2mg. I thought I was safe to stop it - how wrong I was! I started to feel confused, irrational and hopeless-as well as crying uncontrollably. I rang my doctor in tears and begged him to help me- he advised to take 2mg straightaway - I felt better almost immediately. I then went to see him - he wouldn't believe that it was the withdrawal- he tested me for underactive thyroid - tests normal! He has never heard of this problem and tells me it could be my depression coming back - I couldn't believe it - doctors need to be told! I am so angry - I sometimes feel I'll never be off it - thank God for this website!"</i>
29 April 2002	"Libby"	<i>"it seems to me there is a jarring difference between the academic research findings on withdrawal effects and people's lived experiences. If researchers had experienced some of the severe SSRI withdrawal symptoms themselves, they would not be discussing whether they are 'psychological', symptoms of depression being unmasked, or the result of having a 'dependent personality'. About five years ago, I suddenly stopped taking paroxetine, which I'd been on for a few months. I'd had no advice that I should taper them off and at that time I had not heard of withdrawal effects from SSRIs so when I started to get symptoms I did not relate them to stopping the drug. Within a few days I started to get an occasional sensation that the floor was rising up in a wave beneath me, coinciding with parasthesia over the top of my tongue... Over two or three days symptoms worsened until not only was the floor going up and down and my tongue constantly tingling but things around me also appeared in a state of flux moving in and out and I soon found myself cowering in the corner of the staircase at work, two unsteady to move. A particularly strange and disturbing symptom was that every time I moved my eyeballs there was a 'whooshing' noise *inside my brain*... Quite a bit later I read about withdrawal effects and recognised these symptoms for what they were."</i>
8 May 2002	Joanne Dean	<i>"I am now 2 weeks into withdrawal and since my last posting can honestly say that I feel worse. My head spins so fast sometimes that I am physically sick. Every morning I wake up thinking that today might be the day when I feel slightly better but so far that is not to be. I still can't believe that a drug that was prescribed to help depression can make you feel like this. I only wish that my doctor had been more honest with me. If it hadn't been for this web site then I would really think I was going mad."</i>
9 May 2002	"Vivian"	<i>"I am two weeks into Seroxat withdrawal, after having been on it for a year and a half. I tried six months ago to reduce the dose (20mg daily to every other day) and had to go back to the original dose after severe depression and horrible physical symptoms. This time I've gone cold turkey and am on a deeper level much more emotionally positive. On the surface though I have become a ratty, short tempered individual, although I think that this is due to the constant horrendous physical symptoms of withdrawal (I found giving up smoking after 10 years less physically traumatic). I have near constant dizziness, nausea, insomnia, jumpiness and extreme irritability."</i>

