The rise and rise of antidepressants

"... when patients try to stop, half of them experience withdrawal with agitation, insomnia, and mood swings which many construe as a return of their low mood."

'Safe spaces' are areas at universities that seek to protect students from ideas that they might find 'triggering' and potentially upsetting. Fine in principle, but the unintentional consequence is that this shuts down free speech and discussion. A new authoritarian political correctness, with a simplistic dogma that there is a right and wrong way to think. And this new absolutism is encroaching into medicine. Questioning the current model of mental health leads to angry accusations of dismissing mental health. Yet, as we begin to acknowledge the risk of overdiagnosis generally, there seems an unwillingness to acknowledge this in mental illness. There is no recognition that any illness label has a significant impact on wellbeing, the future, and our relationships. And once labelled we struggle to be unlabelled.

The naturally-intuitive behaviourist model of mental health is all but shut down. For modern psychiatry sees mental health problems as a mere 'imbalance' of neurotransmitters that 'medication' can correct: a financial goldmine of common and chronic conditions requiring multiple medications. Much of the aggressive advocacy for mental health from the psychiatric community and Big Pharma seems little more than raw financial self interest. And this drug-based model is self-fulfilling as medication validates the biological model. 'A pill for every ill' is today's concrete therapeutic mindset. But there is scant evidence to support the reductionist biological neurotransmitter model[1] that dismisses and diminishes the complexity of life as but a mere mix of crude chemical reactions.

Every year newspapers report an annual rise in antidepressant prescribing. But nothing ever changes. Antidepressants prescribing rates have doubled in a decade, to 61 million prescriptions in 2015.[2] Some commentators hail this as progressive care and with much of the increase from long-term use. We are assured antidepressants are not being overused. But this isn't true.

Most patients have mild to moderate depressive symptoms. Some reviews suggest antidepressants are ineffective in this group.[3,4] But assuming antidepressants are effective, the numbers needed to treat is 7,[5] meaning that only 14% of patients actually benefit. A further 75% of the observed benefit of antidepressants is in fact simply a placebo response.[6] Yet there are effective non-drug alternatives that work better.[7]

As for the trend for long-term antidepressants prescribing, there are virtually no studies beyond a few years,[8,9] but antidepressants are being prescribed for decades. And when patients try to stop, half of them experience withdrawal[10] with agitation, insomnia, and mood swings which many construe as a return of their low mood. Patients struggle to stop medication due to these physical and psychological withdrawal symptoms, so isn't this a type of dependence? Anecdotally, patients elect to continue antidepressants, and remain stuck in a loop for years. And how safe are antidepressants when taken for decades? Why is there no systemic attempt to review long-term antidepressant prescribing?

Antidepressants are a problem for millions. The truth is, antidepressants lack efficacy, have a high placebo response and risk a long-term form of dependence.

Sorry to use a megaphone in a safe space of an academic journal, but overdiagnosis and overtreatment of depression is real.

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