

SSRI Antidepressant drugs: Prozac, Paxil, Effexor, Zuloft and Wellbutrin.

Initially we thought SSRI drugs were safe

In the early 90's, Peter Kramer's book, *Listening to Prozac*, suggested that Prozac and other SSRI drugs were safe, non-habit forming and even suitable for only mild social phobias. (2)

Kramer also speculated that this SSRI drug invites a future possibility of "cosmetic psychopharmacology", in which the patient becomes more confident, articulate and less bashful and shy while on the drug. Prozac would produce a "more socially confident" personality

Adverse Side effects

Of course, we know now the hidden dangers of the SSRI antidepressants that experts like David Healy (*Let them Eat Prozac*), Joseph Glenmullen (*Prozac Backlash*) and Peter R. Breggin (*Talking Back to Prozac*) have been writing about for years. (3)(4)(5)(6)

Adverse side effects of SSRI drugs include involuntary facial movements, tics, and mouth and tongue movements. These movements are also called "**Tardive Dyskinesia**" and include rhythmic involuntary movements of the tongue, face, mouth, or jaw. This may cause frequent poking out of the tongue, chewing, puckering, or blowing out of the cheeks. (1)

Tardive dyskinesia is a dreaded complication of anti-psychotic medications like prolixin and haldol, in the past associated with institutionalized patients. This tardive dyskinesia is actually an iatrogenic form of Parkinson's disease with a tremor upon initiation of voluntary motion and the classic pill rolling hand tremor. In its early stages, the SSRI induced dyskinesia effect can be subtle. (1)

Not only do the SSRI drugs cause **akathisia**, a form of agitation which drives people to commit suicide, they also cause sexual dysfunction (impotence), tremor, involuntary body and facial movements, tardive dyskinesia, and hyperactive reflexes indicating a hyperactive nervous system. The SSRI induced **loss of sexual function may be irreversible** even after discontinuation of the drug. (7)(8)(9)(10)

Are SSRI Drugs Selective?

As pointed out by David Healy, the SSRI drugs (selective serotonin reuptake inhibitors) are by no means selective in their actions on brain neurotransmitter systems. Imagine a pinball let loose in the pinball machine. Most of the time the pinball hits the correct bumpers and lights up the scoreboard. However, in a small percentage of patients the pinball bounces around affecting the wrong neurotransmitter systems in the brain, causing the machine to go "tilt". These are the "akathisia", agitation cases estimated by the FDA to affect 1 in 50 patients, some of these inflicting self harm or committing suicide. (11)

The drug companies who finance the research have simply avoided the question of why this happens. For example, what are the preliminary lab tests to identify the subpopulation at risk for these adverse effects? We don't know. Currently the only test is a trial of the SSRI medication to find out. As pointed out by Healy during FDA testimony, we track postal parcels 100 times better than we track adverse side effects from SSRI drugs.

Do SSRI Drugs Work Any Better Than Placebo?

Dr. Jon Jureidini, in a comprehensive review of the available data, found only minimal benefit from the SSRI drugs in children. He writes, "The magnitude of benefit is unlikely to be sufficient to justify risking those harms, so confidently recommending these drugs as a treatment option, let alone as first line treatment, would be inappropriate." (12)

According to Irving Kirsch in *Prevention & Treatment*, "there is now unanimous agreement that the mean difference between response to antidepressant drugs and response to inert placebo is very small. It is so small that, despite sample sizes involving hundreds of participants, 57% of the trials funded by the pharmaceutical industry failed to show a significant difference between drug and placebo. Most of these negative data were not published and were accessible only by gaining access to US Food and Drug Administration (FDA) documents. The small difference between the drug response and the placebo response has been a "dirty little secret". It was not known to the general public, depressed patients, or even their physicians". (13)

Drug Company Gimmicks to get FDA Approval

Various methods were used to manipulate the results of SSRI drug studies to insure a favorable outcome:

- 1) Responders to the placebo are eliminated at the beginning of the study. (Placebo washout)
- 2) Benzodiazepine sedatives were given to mask the SSRI induced agitation.
- 3) Unfavorable drug studies are buried in the file cabinet and not disclosed to the public.

4) Miscoding suicidal events as "emotional lability", and homicidal events as "aggression" to hide suicidal events from regulators.

5) False attribution of suicide to the placebo arm.

6) Hiring ghost writers to make the medical articles more favorable.

7) Cash settlements for SSRI drug litigants which seals records and withholds unfavorable drug studies from the public.

Using these and other gimmicks, the drug industry managed to gain FDA approval for the SSRI class of drugs. Since the FDA approval is the foundation of our medical system, the first step in restoring integrity is to halt the "waiver system" which gives doctors immunity from prosecution for conflicts of interest. The system allows doctors to deliberate on FDA advisory committees while receiving money from the drug industry, a conflict of interest that is also a federal crime. (16)
(17)

Direct to consumer advertising of SSRI drugs presents the message that depression is a disease caused by a chemical imbalance in the brain, namely a deficiency of serotonin, which is cured by the SSRI drug . (18)

Safer Alternatives

The precursor to the neurotransmitter serotonin is tryptophan (5-HTP), a naturally occurring amino acid. Unfortunately, the serotonin deficiency concept as presented by the DTC advertising is poorly supported by medical science. (19)

In addition, it is well known that brain serotonin can be increased safely with ingestion of a food supplement, 5HTP, available at the health food store. Why risk the adverse side effects of SSRI drugs when a safer alternative is available?
(14)

The unfortunate soul who loses his job, gets divorced or experiences the grief of a death in the family now has a "disease" caused by a chemical imbalance which requires him to be prescribed an SSRI drug. This is not a description of a disease state. This is a description of a life event which makes anyone depressed, and the treatment is the support of friends and family through a difficult time. Perhaps the depressed individual bears inner turmoil of unresolved conflicts with work or family, and the SSRI drug "numbs" the individual to this unbearable inner conflict, allowing continuation of the job or unhappy home. Perhaps this is the true utility of SSRI drugs in our society.

We have known about **SSRI drug induced suicide** since Teicher's landmark article in 1990. (20)

Where is the overpowering sense of public outrage that should have banned these drugs in children years ago? The drug industry, the FDA and the medical profession continue the widespread drugging of our children with addictive toxic placebos in an uncanny similarity to the classic Lucas film THX 1138, a science fictional remake of Orwell's 1984 which paints a totalitarian world of enslaved citizens controlled by drugs. (21)(22)

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