Samizdat Health Writer’s Co-operative Inc.

The Children of 329: Seroxat Hell

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A Bob Fiddaman Riff on “Children of the Cure”

Bob Fiddaman has been an activist and blogger on drug-related injuries and death for well over a decade

In 2006 I created my blog ‘*Seroxat Sufferers Stand Up and be Counted’*. It was a long title that I later shortened to ‘Seroxat Sufferers’; Today it is simply known as ‘The Fiddaman Blog’; because it covers a wide variety of risky drugs pushed as ‘treatments’; by the pharma industry. I’ve met countless victims of prescribed harm since my first blog was published. Many victims I will never have a chance to meet given that they died from their ‘care’. I share the lived experiences of real people, including my experiences, because I believe doing so can help people be safer.

I’m often asked what prompted me to start blogging nearly 15 years ago; here’s my answer.

Seroxat Hell

In the late 90s, I was prescribed Seroxat for work-related issues. I had developed osteoarthritis in my hip and could no longer meet the demands of working on a track, a job that required repetitive heavy lifting. Despite x-rays that showed the onset of bilateral osteoarthritis, the company’s Department of Occupational Health deemed me fit enough to continue working on the production line. My GP disagreed and suggested they provide light-duties work. After my employer refused, my GP signed me off work to protect my health.

I had dozens of other tests, cortisone injections, more x-rays, and tried physiotherapy. My home was moderated with risers on chairs so I could follow doctor’s orders to keep my hips above my knees when sitting. Nothing seemed to help alleviate the pain, some things made the pain worse, and walking was increasingly difficult.

One year later, the work issue was still unresolved, my sick pay stopped, and I was put on a ‘long-term absence register’. As bills mounted, so, too, did arguments between my then-wife and me. The situation worsened, and I fell into despair. I wouldn’t call it depression—it was an understandable and reasonable response to situational trauma.

Predictably, my doctor prescribed drugs. The first was amitriptyline, which just seemed to sedate me. Weeks later, he told me of a relatively new antidepressant called Seroxat. I don’t recall the starting dose but do remember the packaging and accompanying patient information leaflet. I remember feeling that my doctor’s prescription somehow acknowledged and justified my feelings of despair, given there was supposedly a pill to treat it.

Seroxat numbed my emotions for nearly four years. It didn’t take away the despair—it robbed me of almost all feelings and cares. Walking around as a numbed-out emotional zombie isn’t what most people would define as treatment success. I didn’t care about much. My house and marriage were in disrepair, I was gaining weight despite my diet hadn’t changed, and I developed an intolerance to sudden loud noises. An adverse drug effect like sound intolerance might sound like a minor annoyance. However, when you have three small children baying for attention and making lots of noise as they played, this intolerance created significant problems for my family. I would shout at my kids because I thought they were too noisy, but the reality was that they were simply playing as healthy kids play.

Things grew worse between my wife and me, and the adverse effects I experienced from Seroxat played a role in these marital problems. One night when I was experiencing a Seroxat-induced slumber, I climbed on top of my wife and put my hands around her throat. She threw me off and later informed me that after the delirious attack, I simply rolled over and fell back to sleep. I have no recollection of this event.

Other common adverse effects of all SSRIs are increased weight gain, sleep apnea, and sexual problems, including the inability to climax, all of which I experienced. A sleep clinic investigated my breathing troubles and recommended a CPAP machine to keep my airways open and help me breathe while sleeping. I hoped the device would also reduce the concurrent, vividly terrifying nightmares that began after I started Seroxat.

On the legal front, eventually, a lawyer helped sort out my work-related issues and that employment saga officially ended. I told my GP I no longer wanted to take the Seroxat he prescribed me four years earlier. He directed me to gradually taper off the 40mg per day. I think he recommended splitting the pill in half.

When I started tapering, I felt angry all the time and couldn’t tolerate people and noise. The noise intolerance became worse and fueled my agitation and anger. I started experiencing these strange electric shock sensations. These weren’t the kind of static shocks one gets when touching metal, they were akin to a jab with an electrified stick. It seemed that my eyes didn’t turn in sync with my head; it always took them a split second longer to focus.

In addition to these adverse effects, I lost empathy. I couldn’t relate to people’s feelings anymore. I remember watching a news story about two young girls from Soham that had gone missing. It transpired that they had been strangled to death by the school janitor. I remember being intellectually aware that this was a terrible crime, yet I remember wondering why I, strangely, couldn’t feel sadness and anger in response to the tragedy.

Shortly after 2002, I took an overdose of Seroxat. I think I popped around 14 pills and washed them down with neat whiskey. When I fully realized what I had done, an inner voice yelled at me to call my friend who lived around the corner. My friend came over and phoned an ambulance. I was taken to the hospital and kept overnight. Hospital staff told me Seroxat is safe in overdose. Phew! Lucky me.

The nurse said I had to see the hospital psychiatrist for an assessment the next morning. He asked a series of questions to include what medications I was taking. I told him I had been taking Seroxat for several years but was tapering off. He asked me if I thought I would try and kill myself again. I replied, “probably” and, remarkably, he let me go but said he was going to write my GP.

I continued trying to taper off Seroxat, but it was too difficult. Any large drop in dosage would cause me intolerable suffering. My GP then prescribed liquid Seroxat to help me taper in minute doses. It was an orange sickly-sweet syrup that came with an oral syringe.

With our house fixed and debts cleared, after 19 years of marriage and three children, my wife and I went our separate ways. I left our home with nothing but one suitcase—and my liquid Seroxat. One would think I would have sunk into a deep depression at this time, but I didn't. I realized the marital squabbling was negatively affecting my children, as was my shouting at them for being noisy.

I moved in with my sister, who had a calm place near a country park, a park that would help me during my tapering process. Because of the long distance between my sister's place and my GP's, I was given a repeat prescription for liquid Seroxat. My GP gave me his personal email address and said I should contact him if tapering proved difficult. My GP wrote a letter of support to Birmingham City Council to put my name on the social housing list. About five months later, I moved into a small flat around the corner from my sister so that she could be close by as I continued the challenge of withdrawing from Seroxat.

Having my own place meant I could again see my children, something that made me very happy. My beloved dog, Benn, also brought me joy. The tapering was going well, and I was reducing the drug by 0.5mg per week. I had tried more significant dose drops, but the electric zaps would always retort. Eventually, I got to the stage where I had dropped from 40mg per day to 22mg per day. Rightly, or wrongly, I decided enough was enough and threw away my remaining bottles of Seroxat. I emailed my GP and told him I didn't want this drug to continue its hold on me.

Little did I know then that stopping Seroxat certainly didn't mean the drug would stop having negative effects on me. The following three months were hellish, and that is putting it mildly. I've detailed this horrendous withdrawal experience in my book, 'The Evidence, However, is Clear: The Seroxat Scandal'. Withdrawal side effects seemed to turn me into an agitated, angry monster in search of violence. It took 19 months to taper down from 40mg per day to 22mg per day and three months of going cold turkey.

I was once told that Seroxat came to market in a liquid form for people who had difficulty swallowing the tablets. I think it may have been the MHRA who stated this. The fact that it is a sickly-sweet syrup suggests to me that it was probably marketed for children. (See 329 below.)

After my withdrawal hell (mostly) ended, my previous awareness of everyday joys started returning to my normal, pre-Seroxat state. I remember walking through the country park and looking up at the white, fluffy clouds in the sky. I noticed the songbirds were singing—and this pleasant experience made me weep as I realized how much Seroxat had robbed me of normal emotions. Songs would make me cry; art would make me cry—these were genuine tears of welcome joy as I felt such relief to have regained my ability to feel a range of positive emotions and empathy.

The Blog

I have always been a writer, and before my Seroxat ordeal, I won the "Poetry Slam Champion of Birmingham" title and wrote an underground employee newsletter that used humor to address workplace ironies and injustices. I chose to write about my adverse drug experiences in part because writing was something I always enjoyed and can be therapeutic. Blogging was a relatively new communication tool in 2006, one which had a simple interface and was akin to writing in a journal, so blogging seemed like a logical next step.

I had in my possession a series of emails from Kent Woods, the CEO of the MHRA. I and another member of the online Seroxat Support Group (SSG), had emailed Woods about our experiences taking Seroxat. He seemed disinterested and complained about returning from his holiday to see his inbox filled with our emails. While it is possible he just didn't like being bothered by having to respond to the public he was supposed to serve, I suspect Woods also didn't like the content of our emails, content that he didn't want to address.

While researching Seroxat in response to my adverse experiences, I soon learned I was far from alone. It is, perhaps, easier to accept the destruction and havoc a pharmaceutical product reeks on one's life if it is affirmed that these effects are rare and that the victim of prescribed harm just happened to be among the unlucky few. But my research uncovered the opposite: thousands of people around the globe who were similarly harmed by the same product.

I learned Seroxat was sold in the US under the brand name of Paxil. Using Yahoo to search back then didn’t return much info regarding the drug’s side effects. But I stumbled on a brilliant article by an investigative journalist in Wisconsin, named Evelyn Pringle. The title will always remain with me: “Drip, Drip, Drip, Paxil Info Leaks Out.” This one article convinced me something was afoot with Seroxat and those who regulated it. Hand on heart, I can honestly say that if it weren’t for Evelyn Pringle, there would be no Fiddaman Blog. Sadly, Evie passed away earlier this year. I shall forever live in her debt.

Armed with a new brand name to search, “Paxil,” I stumbled on story after story about patients suffering severe withdrawals. There was even a forum called “Paxil Progress” which was explicitly dedicated to advising people who were trying to taper. It was removed from the internet some years later, perhaps because the moderator couldn’t dedicate her time to the increasing number of people in need of withdrawal help. It was a useful website and spun many others. Nowadays, these types of withdrawal help forums appear as Facebook Groups.

It was on the Paxil Progress site that I learned of a fellow Brit called Charles Medawar and his “Social Audit” website. Charles had been at loggerheads with the MHRA for many years. His emails to and from the MHRA showed that he had been informing them about Seroxat withdrawal problems for a long time. I never got to correspond with Medawar because shortly after finding his minefield of information, he retired from the advocacy scene.

I continued my research and soon learned more about the Professor who had appeared in the BBC Panorama shows about the difficulties of Seroxat withdrawal, Dr. David Healy, and he is the reason I am writing this today. David has been in the thick of it longer than most, and being upfront has cost him in various ways, yet he still keeps plugging away to make medications safer for all. I’ve read his books, watched his professional talks, and have met him on a few occasions. He’s a decent guy with a caring heart. Drug companies, particularly

GSK, don’t like him, of course. But anyone who pisses off a multi-billion-dollar drug company, a company convicted of criminal activity, simply because they share factual data, is okay by me.

Soon other blogs about Seroxat risks started appearing. They include Seroxat Secrets and GSK Licence To Kill, both of which are by anonymous authors who seldom post today. I have met these bloggers and fully understand why they don’t publish as often. Nevertheless, they are sadly missed.

Reading these blogs and continuing my research, I learned that many people experienced sexual “side effects” whilst taking Seroxat. Some lost interest in sex and some were unable to climax. Others never recovered their normal sexual desire and functions even after they stopped Seroxat. This is called Post-SSRI sexual dysfunction (PSSD)

Many people also described the debilitating ‘head zaps’ whilst trying to taper, and one person caught my attention. His name was Rob Robinson, and he had a website that was a researcher’s dream: It included internal documents from GSK that were used in US litigation. He also had names and addresses to contact GSK employees.

Rob and I corresponded once before he took his blog down. He had heard about my blog and liked my style of writing, which is best described as “sarcastic with elements of humour.” He wrote me one line: “Keep at it, they hate being laughed at.” I’ve since received another message from Rob via a third party. On the eve of the 2016 Dolin trial in Chicago, I was told, “Rob says hi.”

Suing GSK

During my blogging and research and via the SSG, I learned that a law firm in Wales was looking for claimants who had suffered Seroxat withdrawal. I got in touch and soon became part of a class-action (Group-action in the UK) lawsuit against Seroxat manufacturers, GSK. The law firm wrote all 600 claimants years later to inform us our chances of success against GSK were slim. They advised us to sign forms to say we would no longer pursue a claim. It came as a bitter blow, but I, and nearly 100 others, never signed their document.

I then got in touch with a woman who used to work for the Welsh law firm. She had left them some months prior and was astounded that the case was dropped. Together, we contacted members who hadn’t signed the document. Sometime later, the 100 or so joined another law firm and filed against GSK.

After many years of jumping through legal hoops, the case finally went to trial last year. It lasted three days before the Judge made a ruling that put us in a difficult corner. We appealed her decision but lost. We are now in the position of ending our case against GSK, who, we are told, may try to come after us for costs. It is surreal, isn’t it?

Here I am many years after suffering from tortuous Seroxat withdrawal. I filed against a drug company because their product caused me untold problems, many of which were problems noted in their own internal company memos. Yet, that company can possibly sue those who were harmed by its product. This is how the system “works” for those who make the rules! One adverse effect I developed while taking Seroxat still exists to this day—an intolerance to sudden loud noises. But given that I am still alive today, I realize I am one of the “lucky” victims of prescribed harm.

GSK settled similar cases in the US back in the early 2000’s. More than 3,000 plaintiffs accepted compensation, although the amount is not publicized because these agreements often come with a gag order, which seems to help companies continue harming for profit. But while these plaintiffs can’t publicly discuss their harms, at least they had some form of retribution. GSK is a British company that seems only to settle withdrawal disputes with American lawyers and plaintiffs. They never once made an offer to the Seroxat 100, and perversely, today they may now be in a position where we must pay them!


CHILDREN OF STUDY 329
PILLS
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Study 329

For two years, I had been asking the MHRA uncomfortable questions about the withdrawal effects of Seroxat. I was focused on Seroxat withdrawal because of my own adverse experiences. However, in 2008, my blog expanded coverage when I learned about a teenager from Ontario, Canada. A beautiful teenager named Sara Carlin ended her life whilst taking Seroxat. I read the articles in the Canadian press and felt compelled to reach out to Neil, her father. Until this point, I didn't know that Seroxat could induce a psychotic reaction and make people kill themselves. As is often typical in akathisia-induced deaths, Sara was found hanging in the basement of her family home. My work on Sara's case was spread far and wide, and the public grew angry as they learned more about how a drug that was marketed to protect people from suicidal thoughts and actions can produce the opposite effect.

I covered Sara's inquest, which resulted in a jury of laypeople making 14 recommendations. GSK lawyers were present throughout the inquest. They didn't need to attend, but this was a high-profile case, and GSK wanted to protect their brand.

During my research, I found hundreds of cases of Seroxat-induced "suicide." I then came across a notorious study that GSK had carried out in the late 90s, a study they termed "329." The study's outcome had been posted in a journal online, and all seemed to be well and good. It appeared that Seroxat showed remarkable efficacy in children and adolescents. Why then were children and adolescents dying violent deaths whilst taking it, I wondered?

It turns out the journal piece was ghostwritten by a firm GSK hired to spin the clinical trial's results. Seroxat never did show remarkable efficacy. It was the complete opposite: Adolescents in the clinical trials became suicidal on the drug. But this didn't stop GSK from promoting Seroxat as a safe and effective product. It left me wondering if Sara Carlin's prescribing doctor had been duped by the fraudulent claims, claims that, to this day, still appear in the Journal of the American Academy of Child and Adolescent Psychiatry (JAACAP). And if he was duped, how many other prescribers around the world were similarly prescribing teenagers such harmful products?

I dug deeper into the 329 study and learned that many doctors were prescribing kids this risky drug, which had never been approved for kids. A website called “Healthy Skepticism” picked up my work surrounding Sara and made me an honorary member. Their website was an invaluable tool, and I learned more about GSK’s infamous 329.

The rest, as they say, is history. RIAT came along and showed once and for all how GSK hid suicidal events, hired a PR company to turn GSK’s shit into gold, and created and paid so-called “key opinion leaders” to put their name on a fraudulent journal article. I believe the 329 journal article played a role in the avoidable suffering and deaths of many adolescents who were prescribed Seroxat and other SSRIs after doctors read the 329 study. This published study led prescribers to more likely prescribe SSRIs to children “off label.”

I have met many parents of children who died akathisia-induced deaths precipitated by SSRIs that were prescribed not long after the 329 rubbish was printed. It begs the questions: Does the aftermath of publishing this false study in a scholarly medical journal include the body bags of children? Will there ever be a public acknowledgment out of respect for these young victims and their families?

As I wrote more about 329 and the ghostwriting of Sally K. Laden, the blog became more popular. The BMJ invited me to a conference call announcing the publication of the “Restoring Study 329: efficacy and harms of paroxetine and imipramine in treatment of major depression in adolescence.” The press announcement was by phone, and many top journalists from the British media were present. I can only imagine their surprise when we were each asked to introduce ourselves. So and so from The Daily Mail, so and so from the BBC, so and so from the Guardian and “Bob Fiddaman, author of “The Evidence However is Clear: The Seroxat Scandal” and publisher of the ‘Fiddaman Blog.’” Despite inviting me to the press announcement, the BMJ refused to publish any Rapid Responses I submitted regarding the Restoration Study and never provided me with any reason for their refusals.

After reading ‘Children of the Cure’ (Healy, Le Noury, Wood), I now more clearly see several possible reasons why the BMJ refused to publish my Rapid Responses. BMJ fears Big Pharma and their lawyers. While I am glad they eventually published the Restoration study, I can’t help but feel that they are just another wolf in sheep’s clothing. The BMJ claims to be an advocate for evidence-based medicine, but the validity of such a claim lies in whose evidence they choose to include and whose evidence they exclude.

The Future

I never set out to be a drug safety advocate, never had dreams of liaising with regulators, covering wrongful death trials, and meeting families whose loved ones suffered and died avoidable iatrogenic deaths. I never imagined experiencing suicidality as an adverse drug effect, being threatened by a criminal company, and stalked online. These are just a few things that transpired from my initial search to simply better understand how it was made possible that I was prescribed harm.

My blog is only one part of my advocacy work. I still have my blog online, but don’t post as often anymore. Some advocacy groups seem only to cover people living with prescribed harm and shy away from discussing those who died. Other advocates who are new to this smoke-and-mirrors arena use an increasingly wide variety of social media tools, and I’m not much interested in the antics of social media metrics. However, I will forever be pleased that my blog has reached millions of people. I’ve written more than 3000 blogs since I first started researching Seroxat 15 years ago and my blog has had 2.5 million hits. I am grateful I’m still here to tell my story and share the stories of other “real people” who were less fortunate than me.

A 2017 Mad in America interview referred to me as “a rockstar of the movement to expose the truth about psychiatric drugs.” Being a Rock ‘n’ Roll enthusiast, I appreciated the comment. Some historians believe Rock’ n’ Roll helped contribute to the civil rights movement. I think my advocacy efforts have helped expose social justice issues related to health care, but we have more ground to cover. There are many ways we can all bang a drum to alert others.

I hope more people will do so.

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