

Antidepressant Dependence & Withdrawal – March 21st 2021

The first antidepressants were released in 1958. By 1961, peer reviewed publications in leading journals linked them to dependence and withdrawal.

There were renewed concerns about this issue with the launch of the SSRIs around 1990 but a vigorous rear-guard action by companies spun any problems as transient and mild and discontinuation difficulties rather than drug withdrawal.

Close to 15% of the population of many Western countries is now on one or other of these drugs. This number is growing not because more people are put on them but primarily because those on them can't get off.

Many view these drugs as life-saving because if they miss a few doses the relief on getting back on treatment is undeniable. But in many cases this relief stems from a treatment of dependence rather than an underlying illness.

People who stay on treatment can often continue working. Others have been persuaded their problems are Treatment Resistant Depression (TRD). TRD did not exist a decade ago. In many instances it is likely a consequence of prior treatment with antidepressants. People with TRD lobby for Medical Assistance in Dying rather than disability payments.

In between, there is a large group of people who link their difficulties in stopping treatment to dependence. Some can stop their drugs by tapering. Others can't with some opioid addicts viewing stopping an SSRI as worse than getting off Heroin or Oxycontin. We don't know what proportion of people fall into either group.

Many normal women no longer try to get off antidepressants they may have been put on for menopausal flushing. These women opt to continue treatment rather than end their career even though this increases their risk of dementia, stroke and other problems.

Others prefer to get off treatment if possible. Tapering over several months or years can work but doesn't help all. If able to get off, some may be unable to work, despite recognising work is likely to be the best therapy for them, because of protracted withdrawal symptoms.

Ongoing treatment that is ineffective because of dependence or difficulties in withdrawal will leave some incapacitated in a manner that warrants disability support. This certificate stating that antidepressants can cause problems that might warrant disability support does not mean that anyone producing it to their doctor, or any agency involved in assessing disability, actually has a withdrawal induced disability that should be compensated.

A doctor who has known the person over time, has access to all their records, and has a chance to assess these issues is best placed to complete any application in respect of disability. Many doctors however may underestimate the problems that dependence on and withdrawal from antidepressants can cause.

David Healy MD FRCPsych