The SSRI Story
Serotonin Master Controller

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(Excerpt from *Break Your Prescribed Addiction*)

Selective serotonin reuptake inhibitors (SSRI's) are not the magic bullets the drug companies would like you to believe they are. They all have multiple adverse side effects that influence the way you think, feel and act.

SSRI's were designed to block the removal of the neurotransmitter serotonin from the brain synapse. Blocking reuptake causes an increased firing of serotonin nerves; this is an attempt to trick the brain into thinking it has more serotonin than it does. Serotonin is the master controller in the brain as it influences levels of the other neurotransmitters. It is manufactured in the brain from the amino acid tryptophan or more directly from 5-HTP. SSRI's do not provide the raw materials necessary for the brain to produce more serotonin and by blocking the reuptake vesicles they stop the brains natural recycling ability. The net effect of these drugs is to further deplete serotonin levels that are already low.

Research has documented many people taking SSRI's never improve; instead they have increased anxiety, depression, agitation, insomnia and weight gain. According to Peter Breggin, M.D. Prozac, an SSRI grossly impairs the process of neurotransmission and disrupts the brains normal activity. As Dr. Breggin's research indicates, taking Prozac or any of the other SSRI drugs, introduces a toxic interference into the brain this is due to drug induced emotional blunting or euphoria.

In March of 2004 the Food and Drug Administration (FDA) requested drug companies change the label on ten widely used antidepressants including all SSRI's, to include warnings for the increased possibility of suicide. Of major concern is the effect on the brains of children and teens. SSRI's can spark agitation and impulsive acts that can lead to suicide attempts; children are more susceptible to this effect. Why is the FDA just now taking action to require these label warnings? According to Peter Breggin, M.D. and Jay Cohen, M.D., it is common knowledge that antidepressant drugs can induce mania. The DSM-IV, the diagnostic bible of psychiatric disorders, makes multiple references to the fact that antidepressants can cause mania.

The use of SSRI antidepressants in children has soared over the past few years with more than one million prescriptions for children and teens being filled. This rise has occurred even though the vast majority of clinical trials have failed to prove the medications are helpful in depressed children. Paradoxically, drugs that have never shown benefits for depressed children have some of the largest increases in prescription rates. Pediatric prescriptions for Paxil doubled between 1998 and 2002, despite the fact it failed to show it was any better than placebo in three different trials. In the March 2004 FDA letter it states: "Among antidepressants, only Prozac (fluoxetine) is approved for the treatment of pediatric major depressive disorder. Prozac (fluoxetine), Zoloft (sertraline), and Luvox (fluvoxamine) are approved for pediatric obsessive-compulsive disorder. None of these drugs is approved as monotherapy for use in treating bipolar depression, either in adults or children."

The story of Matthew, a 13 year-old boy, is a classic example of the damage that can be done by giving SSRI's to teens. After a family move Matthew was having trouble adjusting in a new school. The counselor suggested he see a psychiatrist. His parents complied and at the conclusion of the doctor's visit he was given an SSRI antidepressant to take. His parents reported the medication made him fidgety and restless. The morning after Matthew took his seventh pill his mother found him hanging by a belt from a laundry hook in his closet. His parents were not provided a package insert with prescribing information because the doctor gave them samples and set the dose. An autopsy revealed Matthew's body had SSRI levels that would be given to a 250-pound person. Matthew weighed less than 100 pounds.

This is only one example of a child being hurt by SSRI's. Obviously there was gross negligence on the part of the prescribing physician who as a psychiatrist should have been better informed about dosing and should have known to warn patients of possible adverse side effects. But it seems the drug companies have done such a good job marketing SSRI's that everyone, doctors included, fail to look at them as the powerful psychiatric drugs they are. There have been no long-term studies to reflect the safety of SSRI drugs in children.

August 22, 2003 the manufacturer of Effexor issued a "Dear Doctor" letter warning of the increased

risk of "hostility and suicide-related adverse events, such as suicidal ideation and self harm in children age six to seventeen". Joseph Glenmullen, M.D., a Harvard psychiatrist, reported in his best selling book *Prozac Backlash*, that as early as 1990, two Harvard psychiatrists, reported in the *American Journal of Psychiatry* that Prozac could induce "intense violent suicidal preoccupation." Dr. Glenmullen's book documents the dark side of SSRI's and their long list of dangerous side effects.

The FDA has finally requested drug label changes that warn of potentially dangerous side effects. The FDA action is intended to protect adults and children, but especially the potential of possible harm to children, teens and younger. Jay Cohen, M.D. in an article posted on his web site www.MedicationSense.com states this action from the FDA is 16 years overdue. He further comments many doctors do not know how to properly prescribe antidepressants. Drug company sales reps have vigorously pushed antidepressants at family practitioners, pediatricians, and gynecologists, physicians who are not typically trained in the complex prescribing of antidepressant drugs. Consumers are inundated with television commercials that leave the impression antidepressant drugs are the perfect solution for a happy life.

Dr. Glenmullen wrote of the 10-20-30 year pattern typically seen in the life of psychiatric drugs. He says initially a new drug is actively marketed as being a revolutionary breakthrough in the treatment of depression, far superior to their predecessor drugs. The new drug moves out of the realms of psychiatry and begins to be prescribed by general practitioners for any number of maladies. After about ten years on the market problems begin to surface with the drug, which the drug manufacturers and proponents deny. It is usually around the twenty-year mark that enough evidence surfaces that a significant number of doctors begin to sound the alarm about safety. But historically it is another ten years, for a total of 30 years on the market, before steps are taken to curtail over prescribing. By that time the manufacturers patents have long been expired and they are well into the next latest, greatest drug.

At sixteen years in the marketplace Prozac is nearing the twenty-year mark, and with these new FDA warnings it looks like things are right on schedule. We can learn from history, we don't have to let these drugs continue to be over prescribed for ten more years.

The key is to put back in the brain the nutrients that belong there!

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