

How Many Americans Are Taking Antidepressants Because Severe Withdrawal Symptoms Are Preventing Them from Stopping?

More than 25 million Americans taking antidepressants face withdrawal symptoms when they quit; for nearly half, the symptoms will be severe, research suggests.

WASHINGTON, DC, USA, October 14, 2021 /EINPresswire.com/ -- Millions of Americans taking psychiatric drugs are facing a risk they may be entirely unaware of: severe and long-lasting withdrawal symptoms when quitting the drugs – symptoms so unbearable that many will be unable to quit, even when the drugs are gradually reduced by a physician.

The fact is, there are no scientifically-validated guidelines on how to prevent withdrawal symptoms. This is cause for concern for the 77 million Americans taking psychotropic drugs in 2020.

All psychotropic drugs can cause withdrawal symptoms when they are decreased in dosage or discontinued, even with slow tapering, researchers found.

A review of the current literature on withdrawal symptoms by Fiammetta Cosci and Guy Chouinard, published in *Psychotherapy and Psychosomatics* in 2020, found that even with a gradual reduction in dosage, [withdrawal symptoms can occur](#) in all classes of psychoactive drugs. These drugs are the primary mode of treatment by psychiatrists.

The researchers took special note of SSRI (selective serotonin reuptake inhibitors) and SNRI



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(serotonin noradrenaline reuptake inhibitors) antidepressants and antipsychotics, which they found were “associated with persistent post-withdrawal disorders and potential high severity of symptoms.”

Some 45 million Americans – roughly one in seven – were taking antidepressants in 2020. Those who decide to discontinue the drugs because of the adverse effects they experienced, the drugs’ lack of effectiveness, or a decision the drugs are not needed for treatment face the risk of possibly severe and long-lasting physical and mental symptoms, even when under the care of a physician.

Researchers James Davies, Ph.D., co-founder of the U.K.-based Council for Evidence-based Psychiatry, and John Read, Ph.D., a professor of clinical psychology at the University of East London, conducted an analysis of 23 earlier peer-reviewed studies on withdrawal from antidepressants. [Their study](#), published in Addictive Behaviors in 2019, found that more than



Patients should be warned about the risk of severe and long-lasting withdrawal symptoms before being prescribed antidepressants. Discontinuing or reducing the dosage of the drugs should be done under a physician’s supervision.

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*Psychiatrist Peter Breggin,
M.D.*

56% of people who attempt to come off antidepressants experience withdrawal effects, with nearly half (46%) of them rating those effects as “severe.”

These figures, when applied to the number of antidepressant users in the U.S., suggest that more than 25 million Americans taking the drugs will experience withdrawal symptoms if they attempt to quit, and for some 11 million of them, the symptoms will be severe.

The United Kingdom took action to inform consumers of the risk of withdrawal symptoms after the Royal College of Psychiatrists admitted in 2019 that coming off antidepressants can cause symptoms that are severe and

long-lasting and that patients should be warned of this risk before being prescribed the drugs.

The Royal College website lists antidepressant withdrawal symptoms that include nausea, dizziness, loss of coordination, sleep problems, difficulty concentrating, headache, the feeling of electric shocks in the body’s limbs and head (“brain zaps”), mood swings, anxiety, panic and depression.

The Cosci and Chouinard study found evidence of more severe withdrawal symptoms following decrease or discontinuation of antidepressants which, depending on the drug discontinued, could include hypertension, seizures, stroke-like symptoms, amnesia, agitation, fear, anger, aggressive behavior, hallucinations, delirium, and suicidal thoughts.

The longer antidepressants were taken and the higher the dose, the more severe and prolonged the withdrawal symptoms are likely to be.

A study published in 2020 in the Journal of the Osteopathic Association, noted that “with extended use, [antidepressants] can be notoriously difficult to quit because they can produce a state of physical dependence.”

This makes withdrawal even more difficult for a large number of antidepressant users.

“Some 15.5 million Americans have taken antidepressants for at least five years,” according to science reporter Benedict Carey, [writing in the New York Times](#) in 2018. “The rate has almost doubled since 2010, and more than tripled since 2000,” he noted.

Long-term antidepressant users face the prospect of being unable to quit. A research team in New Zealand, led by Dr. Dee Mangin of McMaster University, conducted a clinical trial in which subjects who had been on an antidepressant for at least two years, with one-third of them taking the drugs for more than five years, had their dosages slowly reduced and found that some people’s symptoms were so severe, they could not stop taking the drugs.

Research has also shown that adverse effects of withdrawal can last much longer than previously thought. A study by psychiatrist Tom Stockmann et al., published in 2018 in the International Journal of Risk & Safety in Medicine, analyzed withdrawal symptoms reported on an Internet forum and found that the average duration of withdrawal symptoms when discontinuing SSRI antidepressants was 90.5 weeks – roughly a year and nine months – and for SNRI antidepressants, 50.8 weeks. [<https://pubmed.ncbi.nlm.nih.gov/29758951/>]

Compounding the trouble when discontinuing psychotropic drugs, the physical and emotional withdrawal symptoms can be misdiagnosed as relapse, a return of the original mental distress or behavioral problem, which may cause patients to stay on the drugs for the wrong reason.



CCHR was co-founded by the late psychiatrist and humanitarian Thomas Szasz, M.D., recognized by many academics as modern psychiatry's most authoritative critic.

Writing about antidepressants, psychiatrist Peter Breggin, M.D., says that “when many patients try to stop taking their drugs, the withdrawal syndrome produces such torture-like emotional and physical reactions that they think they need to keep taking the medication to control their ‘mental illness.’”

<http://breggin.com/antidepressant-drugs-resource-center/>

Because of the known risk of severe and long-lasting withdrawal symptoms, both patients and their doctors are often reluctant to start and carry through on discontinuation of antidepressants, leading to much longer-term use than is really wanted.

A study by Wentink et al. in the journal BMC Family Practice in 2019 cited evidence that almost 30% of antidepressant users continue to take

the drugs for more than a year and that the steady rise of antidepressant use is mainly the result of the growing number of chronic users. The severity and duration of the withdrawal symptoms these patients face may be an important part of the reason for this increase.

Research has shown that long-term use of psychiatric drugs has far more troubling consequences than originally known. Attempting to come off the drugs without the existence of any medically-validated exit plan has already caused untold suffering, with millions more Americans still facing that risk.

WARNING: Anyone wishing to discontinue or change the dose of any psychiatric drug is cautioned to do so only under the supervision of a physician because of potentially dangerous withdrawal symptoms.

The Citizens Commission on Human Rights (CCHR) continues to make consumers aware of the dangers of psychiatric drugs and to advocate for the full disclosure of the risks of serious side effects and withdrawal symptoms from these powerful, mind-altering drugs, so that patients can make fully informed decisions about taking or discontinuing the drugs. CCHR also continues to press government mental health and drug agencies to issue further warnings about the risks of



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these drugs.

CCHR was co-founded in 1969 by members of the Church of Scientology and the late psychiatrist and humanitarian Thomas Szasz, M.D., recognized by many academics as modern psychiatry's most authoritative critic, to eradicate abuses and restore human rights and dignity to the field of mental health. Since then, CCHR has helped obtain more than 180 laws that protect mental health patients.

The CCHR National Affairs Office in Washington, DC, has advocated for mental health rights at the state and federal level. The CCHR traveling exhibit, which has toured 441 major cities worldwide and educated over 800,000 people on the history of abusive psychiatric practices up to the present time, has been displayed in Washington, DC, at the Congressional Black Caucus Foundation Annual Legislative Caucus and other locations.

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