

Researchers Recommend New Approaches to Depression, Replacing Reliance on Antidepressants

Antidepressants lack efficacy for most patients, while exposing them to the risks of serious side effects and withdrawal symptoms, including suicidality.

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/EINPresswire.com/ -- For more than a century, psychiatrists have relied on drugs to treat depression, despite modest results and the risk to patients of serious adverse effects from the drugs that ironically include worsening depression and suicidal thoughts and actions.

Summing up the failure of current psychological and drug treatments for depression to benefit patients, researchers Pim Cuijpers, Ph.D., and Charles F. Reynolds II, M.D., [write](#) in JAMA

Psychiatry that “the effects are modest, relapse rates are high, and many patients do not respond to treatments at all.”

“Current treatments can reduce only an estimated one-third of the disease burden of depression at the population level and only under optimal conditions,” they wrote.

In implicit recognition of this lack of results from current psychiatric practice, researchers recently explored a different approach to treating depression: getting to the root of an underlying problem before it leads to depression.

[Their study](#), published in JAMA Psychiatry, focused on the treatment of insomnia, which the researchers said is experienced by nearly 50% of older adults, putting them at increased risk of developing depression. Psychiatrist Michael R. Irwin, M.D., and colleagues found that treating insomnia, using a non-drug approach centered on personal coping strategies for the problems keeping them awake, significantly reduced the incidence of depression. This preventive approach effectively preempted both depression and the prescribing of antidepressants.



An organization that issues guidance on medical standards in England recommends that people with depression should be able to choose from a variety of treatment options.

The study comes at the same time an organization that researches and develops guidelines and standards for health care practices in England took a stand against prescribing antidepressants as the primary treatment for depression.

In [draft guidance](#) published in November, the London-based National Institute for Health and Care Excellence advised that antidepressant drugs should not be considered first-line treatment. Instead, people with depression should be offered and able to choose from a variety of treatment options, including such non-drug options as exercise and mindfulness, and that the potential harms of the treatments should be discussed as well.



Antidepressants can cause abnormal thinking and behavior that can lead to suicide and violence when taking or withdrawing from the drugs.

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Researchers Pim Cuijpers, Ph.D, and Charles F. Reynolds III, M.D.

psychiatric practice of using stigmatizing labels and drugging depressed individuals with antidepressants fails to get at the underlying cause of the depression and may cause the person to have to deal with that untreated problem at the same time they are experiencing adverse effects from the drugs.

Those side effects include insomnia, sexual dysfunction, anxiety, restlessness, flu-like symptoms, weight gain, fatigue, numbness, suicidal thoughts and actions, and violence.

Psychiatrist Peter Breggin, M.D., describes antidepressants as neurotoxic because they harm and disrupt the functions of the brain, causing abnormal thinking and behaviors that include anxiety, irritability, hostility, aggressiveness, loss of judgment, impulsivity and mania that can lead to violence and suicide.

A 2016 study led by Nordic Cochrane Centre researcher Andreas Bielefeldt found that giving SSRI (selective serotonin reuptake inhibitor) antidepressants to healthy adult volunteers with no signs of depression doubled their risk of suicidality and violence.

Patients taking antidepressants also face the risk of severe and long-lasting withdrawal symptoms when discontinuing the drugs, even when slowly tapering off them under the supervision of a physician. Depending on the drug and the length of time taken, those withdrawal effects may include hypertension, seizures, stroke-like symptoms, amnesia, agitation, fear, anger, aggressive behavior, hallucinations, delirium, and suicidal thoughts.

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

CCHR recommends that individuals experiencing depression should ask their physician for a complete physical examination with lab tests to find any underlying physical conditions that could be causing the mental symptoms that might otherwise be misdiagnosed as a psychiatric disorder.

CCHR supports safer, non-drug approaches to mental health and advocates for the full disclosure of the risks of the serious side effects and withdrawal symptoms of antidepressants, so that patients can make fully informed decisions about taking or discontinuing the 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



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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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