

Long-Term Antidepressant Use May Double the Risk of Heart Disease, Researchers Say

New study adds to the harms associated with antidepressants; other research debunks the chemical-imbalance rationale for prescribing them.

WASHINGTON, DC, US, October 6, 2022 /EINPresswire.com/ -- The long-term use of antidepressants may double the risk of heart disease, according to the results of the most comprehensive study to date to investigate the health consequences of using antidepressants for ten years. This is an important finding for the increasing number of patients who have been taking the drugs for long periods of time - many because of the physical dependency and withdrawal symptoms that have prevented them from stopping. Those concerned by the new research should speak with their physician before discontinuing their antidepressants

Researchers emphasize the importance of proactive cardiovascular monitoring in patients taking antidepressants long-term because of the higher risk to heart health associated with the drugs.

because of the risk of serious withdrawal symptoms.

The British researchers who conducted the study wrote that "little is known about the health consequences of long-term antidepressant treatment" and expressed concern that "most of the substantial increase in prescribing [antidepressants] in the past 20 or more years is in long-term repeat prescribing."

Examining the health records of 222,121 patients, researchers compared the health of people taking any of eight commonly prescribed serotonin reuptake inhibitor (SSRI) and other antidepressants with those not on the drugs. The results, published in the British Journal of Psychiatry Open, show that after ten years, "long-term antidepressant use was associated with an increased risk of coronary heart disease, a higher risk of death from cardiovascular disease

and a higher risk of death from any cause."

Those taking SSRI antidepressants were nearly twice as likely to die from heart disease and 73% more likely to die from any cause. For other classes of antidepressants, the risks were roughly doubled compared to non-users. [1]

"Our message for clinicians is that prescribing of antidepressants in the long term may not be harm-free," wrote lead author Narinder Bansal, PhD, Honorary Research Fellow at the University of Bristol in the U.K.



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Narinder Bansal, PhD, University of Bristol in patients who have depression and are on antidepressants, given that both have been associated with higher risks," Dr. Bansal added.

Researchers noted that they could not be certain that antidepressants were causing the higher risk of heart disease, rather than the patients' depression itself. What was not mentioned is that worsening depression and suicidal thoughts and behavior are known side effects of antidepressants, so that the drugs could still be a root cause of depressed patients being more likely to develop and die from heart disease and other causes.

What's more, a growing number of long-time users who are no longer depressed have been unable to come off their antidepressants because of the severity and duration of the withdrawal symptoms they experienced when trying to stop, even when under the supervision of a physician.

"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 added. [2]

Common withdrawal symptoms include dizziness, fatigue, headache, nausea, insomnia,

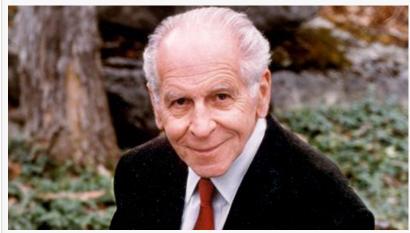
irritability, confusion, electric shock-like sensations ("brain zaps" or "body zaps"), mania, depression, and suicidal thoughts.

A 2019 study found that more than 56% of people who attempt to come off antidepressants experience withdrawal effects, with nearly half (46%) of them rating those effects as "severe." [3] A 2018 study found that the average duration of withdrawal symptoms when discontinuing SSRI antidepressants was 90.5 weeks, and 50.8 weeks for serotoninnorepinephrine reuptake inhibitor (SNRI) antidepressants. [4] Researchers have underscored the urgent need for further studies to try to determine effective guidelines for reducing the risk, severity and duration of antidepressant withdrawal symptoms.

Psychiatrist Peter Breggin, M.D., says that "when many patients try to stop taking their [antidepressants], the withdrawal syndrome produces such torture-like emotional and physical reactions that they think they need to keep taking the medication to control the 'mental illness."



Anyone wishing to discontinue or change the dose of an antidepressants is cautioned to do so only under the supervision of a physician because of the risk of withdrawal symptoms.



Dr. Thomas Szasz, co-founder of Citizens Commission on Human Rights

"What you see is the number of long-term users just piling up year after year," said Dr. Mark Olfson, a professor of psychiatry at Columbia University, quoted in Carey's article.

The prescribing of antidepressants as first-line treatment for depression has been challenged by research showing the drugs are not effective. A 2021 study found no clinically significant difference in measures of depression symptoms between adults treated with antidepressants and those taking placebos, whether over a shorter or longer time frame and regardless of the study participants' depression severity. [5]

Still more fundamentally, recent research has questioned any prescribing of antidepressants.

Given that the rationale for prescribing SSRI antidepressants is to correct a chemical imbalance in the brain, a team of researchers led by Joanna Moncrieff, a psychiatrist and professor at University College London, conducted a comprehensive review, which for the first time integrated all relevant research, to evaluate whether scientific evidence supported the theory that a low level of the brain chemical serotonin caused depression.

"The serotonin theory of depression has been one of the most influential and extensively researched biological theories of the origins of depression," wrote Moncrieff in Molecular Psychiatry in July. "Our study shows



that this view is not supported by scientific evidence. It also calls into question the basis for the use of antidepressants." [6]

The Citizens Commission on Human Rights (CCHR) recommends that those experiencing depression get a complete physical with lab test and allergy screening to identify any physical causes of their mental symptoms. CCHR advocates for the full disclosure to patients of the risks of antidepressants, so that consumers and their physicians can make fully informed decisions. CCHR supports non-drug approaches to mental health.

WARNING: Anyone wishing to discontinue or change the dose of an antidepressant or 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) 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.

The CCHR National Affairs Office in Washington, DC, has advocated for mental health rights and protections 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 to the present day of abusive and racist psychiatric practices, has been displayed at the Congressional Black Caucus Foundation Annual Legislative Conference in Washington, DC, and at other locations.

- [1] https://pubmed.ncbi.nlm.nih.gov/36097725/
- [2] <u>https://www.nytimes.com/2018/04/07/health/antidepressants-withdrawal-prozac-cymbalta.html</u>
- [3] https://www.sciencedirect.com/science/article/pii/S0306460318308347?via%3Dihub
- [4] https://pubmed.ncbi.nlm.nih.gov/29758951/
- [5] https://pubmed.ncbi.nlm.nih.gov/34930807/
- [6] https://www.nature.com/articles/s41380-022-01661-0.pdf

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