

Primary Care Doctors Advised Not to Prescribe Antidepressants to Patients on First Visit for Mild to Moderate Depression

Advisory adds to concerns that there is insufficient benefit to offset the risk of serious side effects when taking or discontinuing antidepressants.

WASHINGTON, DC, US, May 25, 2023 /EINPresswire.com/ -- Researchers are advising primary care doctors not to prescribe antidepressants to patients with mild to moderate depression on their first visit because of the drugs' limited effectiveness and risks of significant side effects. [Their conclusion](#), based on reviews of the available evidence on antidepressants, was published in *World Psychiatry*, the journal of the World Psychiatric Association.



Researchers suggest that instead of antidepressants, which have limited benefit to patients and carry the risks of serious side effects, doctors could prescribe physical activity first for treating mild to moderate depression.

Noting that most depressed patients in primary care settings have mild to moderate depression, the researchers cite recent research that found the benefit of antidepressants for such patients is so small that it may not be clinically significant. Instead, the researchers suggest non-drug approaches for these patients.

"Antidepressants should not be prescribed at the first visit if the patient has mild to moderate depression, because they have a limited efficacy and may have significant side effects," according to lead author Bruce Arroll, professor in the Department of General Practice and Primary Health Care at the University of Auckland in New Zealand.

Even for a first visit to primary care by severely depressed patients, antidepressants may not be the best treatment, the researchers say. "The best strategy may be to reframe some of the negative cognitions of the patients and advise physical activity," writes Arroll, with follow-up to track the patients' results.

This advice is similar to [guidance](#) issued in 2021 by the organization that develops standards for health care practices in England. The London-based National Institute for Health and Care Excellence advised doctors not to routinely prescribe antidepressants as first-line treatment for people with less severe depression, but to offer a variety of non-drug treatment options and to respect the patients' right to decline treatment.

Recent studies have found little, if any, benefit to antidepressants over placebos. Researchers led by Marc B. Stone of the FDA's Center for Drug Evaluation and Research combined the results of 232 randomized controlled trials reported to the FDA from 1979 to 2016 that compared the effect of

selective serotonin reuptake inhibitor (SSRI) antidepressants with placebos for patients with depression. Publishing their report in 2022 in the British Medical Journal, the researchers found that a benefit from antidepressants over placebos was limited to just 15% of the patients, while the other 85% experienced [no benefit](#) as compared to placebos. The placebo effect was powerful, with roughly two-thirds of the depressed patients given placebos getting better.

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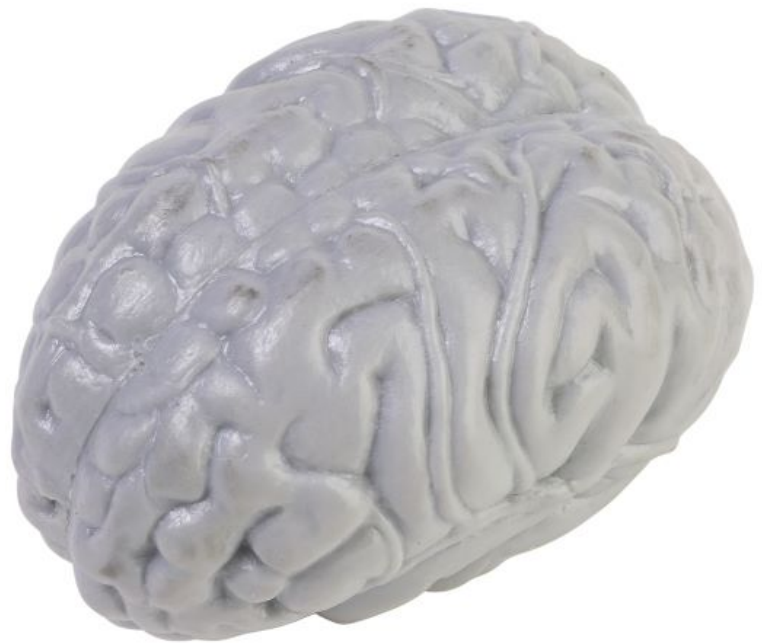
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*Professor Bruce Arroll, M.D.,
University of Auckland*

Another 2022 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 depression severity of the study participants. [1]

Some 45 million Americans are currently taking one or more antidepressants, including 5.7 million children and young adults under the age of 25, for whom the FDA requires a warning on the drug's prescribing information of the increased risk of suicidal thoughts and actions.

Other adverse effects of antidepressants include weight gain, nausea, insomnia, agitation,



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emotional blunting and sexual dysfunction. One recent study found that half of antidepressant users experience sexual problems that can strain their relationships and lead to a worsening of their depression. [2] In a survey of antidepressant users, 44% of respondents reported the drugs negatively impacted their sex lives, 27% their ability to work or study, and 21% their relationships with friends or family. [3]

Those who used antidepressants any time during the 30-year period of another recent study had an 81% greater chance of having more severe depression symptoms at the end of the study. [4]

Antidepressants may be prescribed to prevent suicides, but an examination of coroner inquests in which the decedents used antidepressants revealed that about half of the deaths were determined to be suicides. One in eight of the deaths involved an overdose of antidepressants. [5]

Discontinuing antidepressants can bring on serious symptoms during withdrawal, including electric shock-like sensations (“brain zaps” and “body zaps”), muscle spasms and tremors, hallucinations, confusion, irritability, and mania. One study found that more than half (56%) of people attempting to come off antidepressants experience withdrawal symptoms, with nearly half (46%) of them describing those symptoms as severe, and the symptoms can last for weeks or months. [6]

More fundamentally, a landmark 2022 study questioned the prescribing of antidepressants at all, after finding the common reason for taking them – to correct a chemical imbalance in the brain – had no scientific basis. The study investigated whether evidence supported the theory that a low level of the brain chemical serotonin causes depression. [7]

“The serotonin theory of depression has been one of the most influential and extensively researched biological theories of the origins of depression,” the researchers wrote. “Our study shows that this view is not supported by scientific evidence. It also calls into question the basis



CCHR recommends a complete physical examination with lab tests, nutritional and allergy screenings, and a review of current medications to identify any physical causes of depression, which might otherwise be misdiagnosed and wrongly treated as a psychiatric disorder.

for the use of antidepressants.”

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.

The Citizens Commission on Human Rights (CCHR) continues to raise public awareness of the risks of serious side effects and withdrawal symptoms from antidepressants and other psychiatric drugs, so that consumers and their physicians can make fully informed decisions about starting or stopping the drugs. CCHR supports safe and science-based non-drug approaches to mental health.

CCHR also recommends a complete physical examination with lab tests, nutritional and allergy screenings, and a review of all current medications to identify any physical causes of depression or other unwanted mental and behavioral symptoms, which might otherwise be misdiagnosed and incorrectly treated as a psychiatric disorder.

The Citizens Commission on Human Rights 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. CCHR has been instrumental in obtaining 228 laws against psychiatric abuse and violations of human rights worldwide.

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://dtb.bmj.com/content/60/1/7>

[2] <https://www.sciencedirect.com/science/article/pii/S0941950019301708>

[3] <https://www.sciencedirect.com/science/article/abs/pii/S0165178117305371>

[4] <https://pubmed.ncbi.nlm.nih.gov/29680831>

[5] <https://connect.springerpub.com/content/sgrehpp/25/1/8>

[6] <https://www.sciencedirect.com/science/article/pii/S0306460318308347?via%3Dihub>

[7] <https://www.nature.com/articles/s41380-022-01661-0>

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