

## ■ Antidepressants: overused unnecessarily?

A study reported in the March 2002 issue of the *American Journal of Psychiatry* makes an interesting point. Most of the patients who are currently on antidepressants do not present enough symptoms of depression to even qualify to participate in studies involving antidepressants. This has raised questions about whether or not antidepressants are being overused in the general population.

According to the author of the study, Dr. Mark Zimmerman of Brown University School of Medicine in Providence, Rhode Island, in general, 86 percent of depressed patients treated in a typical clinical setting would be excluded from antidepressant studies using generally accepted criteria.

He goes on to say that because drugs like Prozac and Wellbutrin were only tested in very select groups of people, there is not much data proving that they actually benefit most depressed patients.

Zimmerman worries that doctors and patients are relying too heavily on “miracle pills to cure depression,” which can be just as easily treated with talk therapy or in many cases, no therapy at all. He also worries that patients using powerful antidepressants are being exposed to unwanted dangerous side effects such as suicidal thoughts and impaired sexual function.

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## ■ Consumer advocacy group: ban anti-depressant

A petition filed with the United States Food and Drug Administration (FDA) by the consumer advocacy group Public Citizen contends that the anti-depressant Serzone should be withdrawn from the U.S. market because it has been associated with 11 deaths from drug-induced liver failure.

According to the petition, Serzone “appears to be one of the most dangerous antidepressants marketed.” Dr. Sidney Wolfe, author of the petition, writes that the FDA has counted 53 cases of severe liver damage, including the 11 deaths since the drug was introduced in 1994.

The FDA estimates that less than 10% of adverse drug events (ADEs) are reported to its monitoring system.

## ■ Britain Issues Warning To Teens Taking Drug Paxil

The Associated Press reported on June 10, 2003 that the British Department of Health has issued a warning that children and adolescents should not take the drug Paxil. Recent research indicates that children taking the drug run a higher risk of suicidal behavior and other emotional side-effects.

Paxil is called Seroxat outside the United States. Many doctors have been using the drug to treat depression in kids even though it is not licensed for use in children anywhere in the world.

Research showed that in 1000 children studied, emotional side-effects such as increased crying, mood swings, suicidal thoughts and self-harm were twice as high in the Paxil/Seroxat group as in the placebo group.

According to the Department of Health report, “It has become clear that the benefits of [Paxil/Seroxat] in children for the treatment of depressive illness do not outweigh these risks.”

An expert advisory panel has recently been set up to examine whether these side-effects occur in adults as well. It has been estimated that 17 million people worldwide have been treated with Paxil/Seroxat.

## ■ Psychiatrists "create" new disorders

In the October 27, 1997 internet issue of *U.S. News and World Report*, author John Leo reports that the American Psychiatric Association is busy defining new mental disorders. New psychiatric disorders are listed in the psychiatrist's bible, the Diagnostic and Statistical Manual of Mental Disorders, known as the DSM

The problem according to the author, “is the DSM is converting nearly all of life's stresses and bad habits into mental disorders.” He goes on to say that “the language of the DSM makes it impossible to tell the normal from the disordered.”

Why “create” new disorders? Because they give the psychiatrists more conditions to treat. “Psychiatrists are free to declare as many people disordered as they wish,” the author writes. “But the effort and the concepts behind this are seeping deep into the culture, reinforcing the victim industry and teaching us to look for psychiatric answers to every social and personal problem. It's easier to sedate an alleged ADHD youngster with Ritalin than to do something about the environmental or family problems that might explain his behavior.” ▲

## ■ Optimistic, hopeful teens less likely to use drugs

An almost unsurprising study reported on in the January, 1999 issue of *The Journal of Social and Clinical Psychology* finds that teenagers with high levels of hope, optimism and self-esteem are less likely to use drugs, cigarettes or alcohol.

The students were tested for their individual levels of optimism (defined as positive feelings about one's future), hope (confidence that problems in life can be overcome) and self-esteem (a positive assessment of one's own worth).

Overall, "55.1%, 36.5% and 8.7% of the participants reported having ever used alcohol, cigarettes and marijuana respectively," say the authors.

But students with the highest levels of optimism had a 20% lower risk of drinking alcohol, 22% lower risk of smoking cigarettes and a 14% lower risk of trying marijuana.

"Adolescents who have more positive expectancies (e.g., I will ensure good things will happen to me in the future)" tend to adopt attitudes "that deter them from using substances (e.g., "I will not become a smoker in response to peer pressure")."

The investigators believe anti-drug programs that raise personal levels of optimism, hope, and self-esteem might be more effective in stopping substance abuse. ▲

## 500,000 children given Prozac-like drugs

In a study presented at the 1999 annual meeting of the Pediatrics Academic Society, researchers concluded that about 500,000 children in the United States had been prescribed selective serotonin reuptake inhibitors (SSRIs), such as Prozac. These drugs have not been approved for use in children.

More than 75% of doctors surveyed reported that they had subscribed SSRIs for children under 18.

As an aside, this study is important especially in light of the fact that in the recent series of high school shootings, the shooters were taking these powerful, mood-altering drugs which have been associated with an increased level of violence in users. ▲

## ■ Number of US kids on behavioral drugs triples

The May 2002 issue of the *Journal of the American Academy of Child and Adolescent Psychiatry* reports that the number of children using psychotropic medications for depression, various emotional/behavioral conditions and the dubious condition ADD/ADHD has tripled in the last decade.

Overall, 14 children per 1,000 were using the medications in 1987. By 1996, that number had increased to 39 children per 1,000.

Breaking the numbers down even more specifically, the researchers found that the number of children using Ritalin and Adderall, used for ADD, quadrupled from 6 per 1,000 to 24 per 1,000 between 1986 and 1996.

Children using antidepressants such as Prozac and Zoloft rose from 3 per 1,000 to 10 per 1,000 for the same time period.

Lead researcher Dr. Mark Olfson of Columbia University in New York City summarized the study by saying “An important challenge ahead lies in determining the appropriateness (and ultimately the effectiveness) of the care provided to a large number of children and adolescents who receive prescribed psychotropic medications each year.”

Commentary: We find this report appalling. The use of dangerous psychotropic drugs in children triples in a ten year period and the appropriateness and effectiveness of the drugs hasn't even been determined? Doctors who say they are concerned about the ethics of using children in drug trials apparently have no problem with the ethics of putting those same children on the drugs for extended periods of time without knowing the appropriateness or effectiveness. As we said, appalling.

## ■ Antidepressants Taken By Pregnant Women May Affect Babies

The February 2004 Pediatrics finds that pregnant women who take antidepressants may find that their children exhibit abnormal changes in behavior once they are born.

The research team from the Carolinas Medical Center in Charlotte, NC studied 34 newborns between 14 and 39 hours of age. 17 of the mothers had taken SSRI (selective serotonin reuptake inhibitors) antidepressants (such as Prozac and Paxil) during pregnancy and 17 did not.

During the study, the babies' startle responses, motor activity, heart rate, behavioral states, sleeping states, and number of tremors were measured during an hour-long observation period.

The results show that SSRI exposed infants had significantly more tremors, fewer changes in behavioral states, more active sleep with fewer and shorter periods of REM (deep) sleep. They also experienced more spontaneous startles or arousals than the non-exposed babies.

“The present study provides the first systematic evidence that prenatal SSRI exposure is significantly associated with a wide range of [abnormal nervous system originated behaviors] among healthy, full-birthweight infants,” the authors say.

“In all, results of the present study call into question the conclusion that SSRI use during pregnancy has little impact on the developing fetus and infant outcome,” they conclude.

They close by saying, “it is also unclear whether these outcomes are transient or provide the basis for subsequent [neurological behavior] problems,” that may not be discovered until later in the child's life.

## ■ Pre-School Children Fastest Growing Group Given Antidepressants

A study highlighted in the April 2, 2004 issue of Psychiatric Services reports that pre-school children are the fastest growing group of people in the United States being given anti-depressants.

The study covered the period between 1998 and 2002. By examining the insurance records of a random sample of 2 million children researchers found that among children under the age of 5, the number of boys prescribed antidepressants increased by 64% and the number of girls went up by 100%.

On March 22, 2004 the U.S. Food and Drug Administration (FDA) issued a warning that patients taking antidepressants, including children and teenagers, should be very closely monitored for increasing hostility, anxiety, insomnia and other behaviors that may be signs of deepening depression and suicidal thoughts.

# ■ Patient With General Anxiety Disorder Improves Under Chiropractic Care

The September 20, 2004 issue of the Journal of Vertebral Subluxation Research highlights a case study of a 19 year-old woman diagnosed with General Anxiety Disorder (GAD) who radically improved under a course of chiropractic care.

When the patient began her chiropractic care, she was experiencing common symptoms of anxiety disorders: dizziness, trembling, sweating, heart palpitations, sleeping problems, lack of concentration and headaches. As a result, she had endured multiple emergency room visits, medical referrals, medical procedures and expenses. Treatment with Paroxetine (Paxil) caused numerous side effects and little relief. The patient reported that this decreased her Quality of Life and stressed her family relationships.

Her health history revealed that she had numerous physical, chemical and emotional stresses. She had been in multiple car accidents, suffered childhood emotional abuse and smoked daily for the previous two years.

Numerous areas of vertebral subluxation were discovered upon examination along with altered spinal curves in her neck and upper back.

After her first adjustment she reported a 50% reduction in anxiety, a 30% reduction in headache symptoms and more movement in her neck.

After a four-month course of care, she had successfully discontinued her medication, noted an 80% reduction in anxiety symptoms, a 90% reduction in her headache symptoms and an improved Quality of Life.

Anxiety conditions cost U.S. consumers \$42 billion annually in expenses and lost production. The authors conclude that various health care disciplines would be wise to work together and “explore the full range of factors, including vertebral subluxation, which may contribute to negative changes in mental health.” They “also call for research funding to direct attention to studying the benefits, safety, and cost effectiveness of subluxation correction in mental health.”

## ■ Antidepressants Can Cause Abnormal Bleeding

The November 22, 2004 issue of the Archives of Internal Medicine says that selective serotonin reuptake inhibitor (SSRI) antidepressants, such as Paxil and Prozac can cause episodes of abnormal uterine and gastrointestinal bleeding.

It seems that serotonin plays a role in blood clotting and manipulating its levels can lead to the bleeding.

The study examined 64,000 patients from 1992 to 2000. 196 of them suffered from abnormal bleeding.

The researchers noted that the higher the degree of serotonin reuptake inhibition the antidepressant exhibited, the higher the risk of bleeding. In fact, high degree level of activity drugs were as much as 2.6 times more likely to cause bleeding than low level activity drugs.

Commentary: No mention was made whether an already depressed and anxious patient's concern over abnormal bleeding would cause more depression and anxiety.

## ■ Antidepressants Linked To Abdominal Bleeding

Various wire services reported on May 16, 2005 on a study that was presented at Digestive Disease Week 2005, a gastroenterologists convention in Chicago. The study found that people taking antidepressants such as Paxil, Zoloft and Prozac experience an increased risk of abdominal bleeding.

The concern is about the class of drugs known as selective serotonin reuptake inhibitors (SSRIs) which keep the body from reabsorbing serotonin, a chemical that helps brain cells communicate with each other.

Normally, platelets in the blood need to absorb serotonin to allow normal clotting to occur. The researchers found that SSRIs can cause abdominal bleeding because they interfere with the blood platelets ability to absorb serotonin.

Lead researcher Dr. Michael Jones of the Northwestern University Medical School says “we found the overall risk for gastrointestinal hemorrhage for SSRIs was almost double, compared with control subjects.” He goes on to say, “the risk appears to extend not just to bleeding in the upper GI tract, but in the lower GI tract as well.”

Similar risks have been found with the use of NSAIDs, non-steroidal anti-inflammatory drugs such as aspirin, acetaminophen and ibuprofen. The researchers are worried that patients taking SSRIs might also be taking other drugs such as NSAIDs, blood thinners or other drugs that may compound the bleeding problem.

## ■ SSRI Antidepressants May Increase Nighttime Urination

A Swedish study reported in the April 2005 issue of the British Journal of Urology International finds that the class of antidepressants known as selective serotonin reuptake inhibitors (SSRIs) may be linked to an increase in nocturia, also known as nighttime urination.

A previous study found that major depression was associated with a 600% increase in nocturia in men and a 300% increase in women. The researchers wanted to find out whether or not the nocturia was a result of the depression, the SSRIs, or both.

1375 people were surveyed using a questionnaire. Compared with people not taking SSRIs, twice as many people taking them had two or more nighttime voids.

Commentary: No mention was made whether or not getting up to pee half a dozen times a night because you were taking antidepressants increased depression from the resulting lack of sleep.

## ■ FDA: Antidepressants May Increase Suicidal Behavior

The July 9, 2005 issue of the British Medical Journal reports that the US Food and Drug Administration (FDA) has issued a warning that patients treated with antidepressants should be closely monitored for signs of deepening depression and “increased suicidal thinking or behavior.”

The FDA simultaneously posted new information that a “higher than expected rate of suicide attempts were observed” among patients taking the drug duloxetine, marketed in the US as Cymbalta.

A February 2005 study reported in the British Medical Journal showed that adults taking selective serotonin reuptake inhibitors (SSRIs) were twice as likely to attempt suicide as patients taking a placebo. After that study the FDA initiated a review of all SSRI antidepressants and asked manufacturers to provide all their data from any placebo controlled studies involving the drugs.

The warning states “adults being treated with any type of antidepressant medication, particularly those being treated for depression, should be watched closely for worsening of depression and for increased suicidal thinking or behavior.”

The warning is not, however, limited to the approved uses of the drugs. Studies of women taking Cymbalta for Stress Urinary Incontinence (SUI) found the risk of suicide attempts was twice that of the same age group of women in the general population. Cymbalta is not approved for use in the treatment of SUI.

## ■ Patients With Depression Improve With Chiropractic

A study in the November 7, 2005 issue of the Journal of Vertebral Subluxation Research finds that patients diagnosed with clinical depression experienced a “highly significant” level of improvement in their depression symptoms after a short round of chiropractic care to correct small misalignments of the spinal bones known as vertebral subluxations.

In the study, 15 patients from around the country who were diagnosed as clinically depressed were put under chiropractic care. The study subjects were given the Beck Depression Inventory II (BDI-II) survey to determine the extent of their depression before and after the chiropractic care.

The BDI-II is a questionnaire designed to measure the presence and severity of depression in people 13 or older and is one of the most widely used standards of psychological measures.

In the study, specific attention was paid to the first vertebra in the spine, known as the upper cervical (neck) region. The researchers limited their communications with their patient during the procedures to decrease the possibility of placebo effect. No other relaxation or therapeutic methods such as heat or massage were used in order to decrease the number of variables that might affect the outcomes.

Before the patients had chiropractic care, the mean BDI-II score was 17. After the chiropractic care, the mean score had decreased to 8 (lower is better). 11 of the 15 patients showed marked improvement after care.

Commentary: The authors of this study report that historically, the interest in the effect chiropractic care has on mental health started in the 1920's. Indeed, two chiropractic psychiatric hospitals ran successfully for almost thirty years in Davenport, Iowa. Unfortunately when those hospitals closed in the 1950's most of the patient records were destroyed. Clinical observations during that time suggested that chiropractic was at least as successful as state psychiatric facilities.

Since those early days many studies have reported a connection between chiropractic care and improvement in many mental health issues. This study not only adds to that body of information, it also gives rise to the need for further exploration.