COUNCIL FOR EVIDENCE-BASED PSYCHIATRY

Psychiatric drugs can have effects that include mental disturbance, suicide, violence, and withdrawal syndromes. These can be misdiagnosed as new psychiatric presentations, for which additional drugs may be prescribed, sometimes leading to long-term use of multiple different psychiatric drugs in the same person.

All classes of psychiatric drugs can cause negative effects both as a consequence of taking the drug as directed and upon withdrawal from it. Sometimes these negative effects can be very severe and long-lasting (see 'Long-lasting negative effects' on the CEP website). Often these negative effects can mimic the disorder for which the drug was originally prescribed, or cause new psychiatric symptoms, which are then misdiagnosed as a new disorder. This can lead to instances where the original dosage is inappropriately increased, or new drugs are added. This often results in the potentially harmful use of multiple drugs, known as polypharmacy.

Severe negative effects

Antidepressants are the most commonly prescribed psychiatric drug in the UK, with over 50 million prescriptions dispensed in England in 2012 alone. Antidepressants are known to cause numerous negative effects, some of which are mild and short-lasting. However the link between SSRI-type antidepressants and abnormal behavior, including violence and suicide, is now firmly established. In his review of the literature in 2003 Dr. Peter Breggin writes:

'Evidence from many sources confirms that selective serotonin reuptake inhibitors (SSRIs) commonly cause or exacerbate a wide range of abnormal mental and behavioral conditions. These adverse drug reactions include the following overlapping clinical phenomena: a stimulant profile that ranges from mild agitation to manic psychoses, agitated depression, obsessive preoccupations that are alien or uncharacteristic of the individual, and akathisia. Each of these reactions can worsen the individual's mental condition and can result in suicidality, violence, and other forms of extreme abnormal behavior.'[1]

One key symptom which experts believe contributes to this type of behavior is akathisia, described as an 'an inner sense of unease, unrest, and dysphoria. It can result in an inability to stand, sit, or lie still, and an intense urge to move around'[2]. Akathisia is now known to be a common side effect of both SSRIs and antipsychotics, and is believed to be linked to the drug's interference with the dopamine system[3]. Drug-induced akathisia can be an intolerable symptom, and unsurprisingly psychiatrists will often seek to counter the effects by introducing new medication. In a recent article in the British Journal of Psychiatry, Professor Michael Poyurovsky describes various drug treatments for antipsychotic-induced akathisia[4], including the use of benzodiazepines and antidepressants, which illustrates how patients can be given additional psychiatric drugs in an attempt to treat negative effects.

Psychiatric symptoms caused by withdrawal

Antipsychotics have a well-established withdrawal profile, which includes symptoms of anxiety, agitation, restlessness and insomnia.[5] In addition there is evidence showing that a psychotic episode can occur shortly after the discontinuation of these drugs, especially clozapine.[6]

Benzodiazepine withdrawal is known to comprise an array of symptoms, some of which can be confused with the re-emergence of a pre-existing anxiety state while others are clearly unrelated. Unrelated symptoms include hypersensitivity to sensory stimuli, perceptual distortions, paraesthesiae and muscle twitching.[7] However many patients also complain of extreme dysphoria, an amalgam of anxiety, depression, nausea, malaise, and depersonalization which can easily be misdiagnosed.

Withdrawal from all classes of antidepressants can lead to a range of symptoms, including flu-like sensations, akathisia, agitation, aggression and severe cognitive impairment. SSRI and SNRI withdrawal can also lead to sensory disturbances, gastrointestinal symptoms, headaches and disequilibrium.[8]

Duration of withdrawal

While there is general agreement surrounding the existence of these symptoms, most of the existing literature describes psychiatric drug withdrawal as self-limiting and typically resolving within a few weeks.[9] However withdrawal charities report numerous examples of clients taking one or more years to recover from withdrawal from benzodiazepines and antidepressants. According to Ian Singleton of the Bristol Tranquilliser Project: 'Most people will have symptoms once they come off these drugs for at least a year… the majority will recover in their second year. But there are some who will take several years.'[10]

A longer withdrawal period is more likely to lead to misdiagnosis, especially if it appears to be at odds with reports in the medical literature. For example, Dilsaver and Alessi write: 'A clinically stable patient for whom withdrawal of neuroleptics is indicated who becomes anxious, agitated, restless, and experiences insomnia within the first few days after discontinuing treatment with a neuroleptic is more apt to be suffering from an acute withdrawal syndrome than to be in the process of relapse.'[11] This implies that a person suffering such symptoms after just a few days may in fact be experiencing relapse. However other research points to withdrawal symptoms from antipsychotic discontinuation lasting 6 to 12 weeks[12] and it is known that some patients experience tardive dyskinesia, a long-term or even permanent drug-induced syndrome[13].

Professor Heather Ashton, a leading expert on benzodiazepines, writes that most estimates in the literature suggest that the duration of benzodiazepine withdrawal is between 5 and 28 days. However she notes numerous cases of withdrawal symptoms continuing for much longer: 'For some chronic benzodiazepine users, withdrawal can be a long, drawn-out process. A sizeable minority, perhaps 10% to 15% develop a "post-withdrawal syndrome" which may linger for months or even years.'[14]

According to the withdrawal charities, SSRI and SNRI antidepressants often have an even longer withdrawal syndrome than benzodiazepines. Ian Singleton of the Bristol Tranquilliser Project explains: 'Antidepressants seem to cause just as many problems as benzodiazepines... many of the symptoms are the same as benzodiazepine withdrawal… In many cases we have found that the symptoms of antidepressant withdrawal go on for even longer than benzodiazepine withdrawal.'

Dr. Stuart Shipko, a Californian psychiatrist who has published on benzodiazepine and antidepressant withdrawal, opens up the possibility that withdrawal from SSRIs may even lead to a permanent state of what he describes as 'tardive akathisia'. He writes that: 'The problems that sometimes occur when people try to stop an SSRI antidepressant are much more severe and long-lasting than the medical profession acknowledges, and there is no antidote to these problems… My clinical observation is that long lasting symptoms occur even in patients who taper very slowly, not just those who stop quickly, and that there is no guarantee that these symptoms will go away no matter how long the patient waits.'[15]

It is clear that the lack of consensus surrounding the duration of withdrawal symptoms leads to confusion for many doctors and patients, increasing the likelihood of misdiagnosis and the addition of unnecessary medication. In addition, the extreme nature of the symptoms can lead to alternative medical explanations leading to unnecessary tests and treatments. For example, Dr. Peter Haddad describes two patients who withdrew from antidepressants and were misdiagnosed as having suffered a stroke; the symptoms were so severe that neither could walk unaided. [16]

In another paper, Haddad describes five ways in which antidepressant discontinuation symptoms can lead to misdiagnosis and unnecessary treatment. This includes misdiagnosis as a recurrence of the underlying psychiatric illness: 'Discontinuation symptoms that follow recovery from a depressive illness and termination of antidepressant treatment may be misdiagnosed as a recurrence of depression, i.e. a further depressive episode. This may lead to unnecessary reinstatement of the antidepressant and a more negative prognosis, with significant social implications.'[17]

Dr. Joanna Moncrieff believes that psychiatric drugs may, over time, perpetuate the very disorders they were intended to treat. She argues that 'the problems that occur after discontinuation or reduction of long-term psychiatric drug treatment may be caused by the process of drug withdrawal itself… the recurrent nature of psychiatric conditions may sometimes be iatrogenic.'[18]

Polypharmacy

Despite relatively few studies considering the safe interaction of different psychiatric drugs, multiple drug therapy is commonplace in psychiatry. According to a paper published in 1995 in the US, patients seen by a psychiatrist were six times more likely to receive multiple psychotropic medications, as compared with those seen by a primary care doctor.[19] A 2010 report revealed that in the US about 60% of patients with psychiatrist office visits leading to a drug prescription received at least two medications in 2005-2006, according to government survey data, up from about 43% in 1996-1997. However the authors warn: 'While some of these combinations are supported by clinical trials, many are of unproven efficacy…These trends put patients at increased risk of drug-drug interactions with uncertain gains for quality of care and clinical outcomes.'[20]

In the UK withdrawal charities frequently encounter patients who have been put on multiple psychiatric medications, often in order to counter withdrawal or other negative effects. As Ian Singleton from the Bristol Tranquilliser Project says: 'It's very common for people in withdrawal to find that doctors ascribe their symptoms to other things, leading to other drugs such as antidepressants and major tranquillisers [antipsychotics] which can be extremely difficult to come off. This means that instead of withdrawal taking a year or two, you might be looking at 5 to 10 years for those people to get fully well. It's a total waste of their life.'[21]

There is clear evidence linking the negative and withdrawal effects of psychiatric drugs with misdiagnosis and the addition of inappropriate medication. Doctors need to be made much more aware of these effects, and more research needs to be undertaken to understand their prevalence and the true risks of psychiatric drug harm.

To contact us or for more information please visit cepuk.org.

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