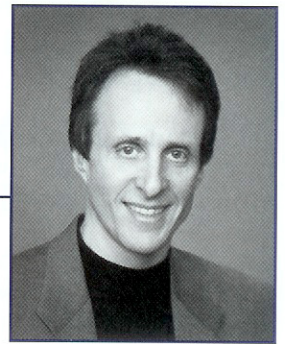


ANTIDEPRESSANTS – OVERRATED AND OVERPRESCRIBED

By Jon Barron



A quick look at the news headlines seems to produce nothing but glowing reports for antidepressant drugs, particularly for helping children and teens. Just consider, for example, these gems: “Study: Risks Worth Child Antidepressants,” “Study: Antidepressants Safe, Effective,” and “Antidepressants Safe for Children, Teens.”

Antidepressants, the Good Study

The thrust of these articles comes from a study published in the April 18, 2007, issue of the *Journal of the American Medical Association (JAMA)*, which concluded that antidepressants are safe and effective for treating anxiety, obsessive compulsive disorder, and major depressive disorder in children and adolescents.

The findings represent an analysis of 27 major studies and call into question the controversial “black box” warnings placed on the drugs by the Food and Drug Administration, which warnings state that antidepressant medications pose a small but significantly increased risk of suicidal thoughts and behavior for children and adolescents.

According to David A. Brent, M.D., professor of psychiatry at the University of Pittsburgh School of Medicine, and one of the researchers connected with the study, “As clinicians, our first concern is for the health and safety of our patients. When the FDA placed the ‘black box’ warning on antidepressants, it raised a great deal of concern about how we were to treat our young patients who [sic] we thought could possibly benefit from antidepressant therapy. Most clinicians, patients and their families found themselves questioning whether or not they should be using treatments out of fear of the risks. By combining data from most of the significant studies of antidepressant use in adolescents and children, we’ve been able to examine a balance of benefits and risks of these medications.”

He goes on to say that, “Antidepressants are safe and effective for treating disorders like anxiety, OCD and depression in children and adolescents. While there is a small, increased risk of suicidal thoughts in those who use antidepressants, it would be much, much riskier to not treat these children and adolescents dealing with these disorders.”

Expressing the contrary viewpoint, quite forcefully, would be Cho Seung-hui, the shooter/suicide earlier this year at Virginia Tech, who was, in fact, on antidepressants at the time of the shootings. I am sure *JAMA* has to be more than a little uncomfortable with the timing of the revelation only hours after they published a study definitively stating that there is no need to worry about this sort of thing ever happening in the first place. As they say, timing is everything.

Antidepressants, the Bad Study

For some reason, the above *JAMA* study has been totally dominating the health news. A suspicious person might almost think that some giant spin machine was put in motion to promote the results. But that, of course, would be paranoid. Then again, it is curious how this particular study is so dominant that it totally pushed into the background a study just published in the *New England Journal of Medicine* (see *NEJM*, 2007 Apr 26;356(17):1711-22; www.nejm.org March 28, 2007), a study that concluded that antidepressants are less effective than placebos in treating bipolar disorder.

Standard treatment for bipolar disorder consists of mood stabilizers such as lithium, valproate, and carbamazepine. Antidepressants are often added to control severe depressive swings, despite concerns that the drugs may trigger a switch to a manic episode. In the study, 366 patients at 22 academic centers in the United States were randomly assigned to receive one of two antidepressants or a placebo for 26 weeks, in addition to their mood stabilizers. Patients also received psychological and social therapy.

Of the 179 participants who received an antidepressant in addition to a mood stabilizer, 23.5% achieved a durable recovery, defined as an eight-week period marked by no more than two depressive or two manic symptoms.

In the placebo group, 27.3% of patients achieved a durable recovery. Think about that. The drug was less effective than the sugar pill!!! Score one for placebos!

Antidepressants, the Missing Studies

But far more interesting is the fact that almost nowhere to be found are any articles on a study released in this last April’s issue of *Archives of General Psychiatry (Arch Gen Psychiatry, 2007;64:433-440)*, which found that about 1 in 4 people who were being treated with antidepressants were, in fact, not clinically depressed at all, but merely struggling with the normal mental fallout from a recent emotional blow, like a ruptured marriage, the loss of a job, or the collapse of an investment.

The study, based on survey data from more than 8,098 Americans found that people who had been through many stressful events frequently had prolonged periods of depression symptoms. Only a small percentage, however, had severe symptoms worthy of being classified as clinical depression that required treatment with antidepressant drugs, according to the researchers. The study concluded that the standard definition of depression should be redrawn

to exclude the reaction to normally stressful events, so that unnecessary stigma and misdiagnoses can be avoided along with the misprescribing of pharmaceutical antidepressants.

The study's findings suggest that previous estimates of the number of 30 million Americans who have depression is about 25 percent too high.

The bottom line, when you look at the study, is that some 7 million people (in America alone) are being prescribed antidepressants based on a misdiagnosis. And that's just the tip of the iceberg!

Antidepressants, for All the Wrong Reasons

Even when one can dismiss the possibility of depression arising from a reaction to stressful events, that does not necessarily mean that 75% of cases left are truly the result of clinical depression. As I mentioned back in 2005, diet and nutrition also play a major role. And in fact, a study just released in *Psychosomatic Medicine* (see <http://www.psychosomaticmedicine.org/cgi/content/abstract/PSY.0b013e3180313a45v1>), found that the imbalance of fatty acids in the typical First-World diet is likely associated with the sharp increase in depression (and heart disease) seen over the past century.

Specifically, the study found that the more omega-6 fatty acids people had in their blood compared with omega-3 fatty acid levels, the more likely they were to suffer from symptoms of depression and have higher blood levels of inflammation-promoting compounds. According to the researchers, the amount of omega-6 fatty acids in the Western diet increased sharply once refined vegetable oils became part of the average diet in the early 20th century. Omega-3 fatty acids are found in foods such as fish, flax seed oil and walnuts, while omega-6 fatty acids are found in refined vegetable oils used to make everything from margarine to baked goods and snack foods. (See also <http://www.jonbarron.org/newsletters/05/7-4-2005.php>, where almost two years ago, I highlighted this same problem.)

How many people have unbalanced fat ratios? The answer is: Almost everyone eating a Western diet.

Kind of curious that this study was published with barely a peep from the mainstream press? Is it that fish oil just isn't as sexy as magic-bullet, pharmaceutical drugs?

And what about hormonal imbalance as a factor? Estrogen dominance is a major factor in depression. In many cases, using an all-natural progesterone cream can rapidly improve the situation. It is not for nothing that progesterone cream has picked up the nickname, "happy cream." Low testosterone can also dramatically affect mood. The secret is not to worry about adding testosterone, but rather to unbind the testosterone that's already in your body. (See http://www.jonbarron.org/barron_reports/1-1-2004_2.php) Again, the results can be rapid – just a few days.

Certain vitamin deficiencies and amino-acid deficiencies can also play a major role in depression.

Quite simply, there are a whole host of options to explore before resorting to pharmaceutical antidepressants. True clinical depression that cannot be handled nicely through alternative means probably sits at less than 25% of all cases now diagnosed.

Conclusion

Please keep in mind that I never said in this article, or in my previous article on antidepressants, that they should never be used. I am merely saying that:

- Prescription antidepressants are indeed important for some people in special cases, but that number is far, far less than we find presently using them.
- They can be dangerous. They have side effects, including suicide and violent antisocial behavior. For example, it is certainly not surprising to find out that last April's Virginia Tech gunman was on antidepressants. He joins a long list. And, yes, to state the obvious, based upon the obscene language used in some of the e-mails I have received in response to newsletters I have written on antidepressants, I think people are indeed experiencing some of those "antisocial" side effects – despite their claims as to how much the drugs helped them. Somehow, using obscenities every fourth word is not congruent with protestations of how much the drugs have helped. In fact, it stands as strong evidence of exactly the opposite.
- People should be careful not to confuse temporary depression with clinical depression.
- They should be careful to not confuse dietary and nutritional deficiency depression with clinical depression.
- And even when the diagnosis truly is clinical depression, options such as SAME, in sufficient dosage, should be tried before resorting to prescription drugs. According to a report published by the United States Department of Health & Human Services (see <http://www.ahrq.gov/clinic/epsums/samesum.htm>), SAME is just as effective as standard antidepressant drugs at treating depression. (Or as stated in government talk, "Compared to treatment with conventional antidepressant pharmacology, treatment with SAME was not associated with a statistically significant difference in outcomes.") And the only major side effect associated with SAME is improved cardiovascular health – a much better outcome than murder and/or suicide.

Bottom line: Prescription antidepressants should not be the first thing you reach for when you are depressed. They are definitely an option; **but they should be your last choice, when nothing else works.** ■

Jon Barron is a world-leading nutraceutical researcher and author of the acclaimed health book, Lessons from the Miracle Doctors, found in many U.S. medical school and public libraries. His Baseline of Health Newsletter and Barron Report are read by thousands of doctors, health experts, and nutrition consumers in over 100 countries at www.jonbarron.org.

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